

Southern Africa COVID-19 Response

March – September 2020



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COVID-19: The first six months

Since the COVID-19 pandemic gained a foothold in Southern Africa in March 2020, there have been 767,314 reported confirmed cases of the virus across the 16 countries covered by UNHCR's Regional Bureau for Southern Africa (as of 28 September 2020). To limit the spread of the virus, Governments in the region have implemented precautionary measures including lockdowns, movement restrictions, social distancing and hygiene practices, as well as closure of borders, schools and shops. From the outset, UNHCR has focused its COVID-19 response in communities hosting people of concern – refugees, asylum-seekers, internally displaced people (IDPs) and stateless people. UNHCR has worked to ensure people of concern are included in national preparedness and response plans, stepped up support to Governments and host communities to reinforce their response to the crisis, and worked alongside the World Health Organization, other United Nations agencies and non-governmental organizations (NGOs) to respond to the needs of people of concern and their host communities during the COVID-19 pandemic.

Achievements

Throughout the first six months of the COVID-19 response, UNHCR and partners in Southern Africa have committed to a 'stay and deliver' approach, continuing to provide critical protection services and assistance. Programmes have been adapted to observe social distancing and other COVID-19 mitigation measures such as screening, handwashing and wearing masks, with strict protocols in place at registration and distribution points. In many countries, UNHCR's registration and identity management tools were adapted to allow for remote registration and case management as well as the touchless verification of identity using biometric tools at assistance and distribution points. Hotlines and community protection structures have been utilized to report protection issues and assistance needs and provide referrals for assistance – including for gender-based violence (GBV). UNHCR has focused heavily on risk communication and involved the community to enhance outreach to spread information about COVID-19 prevention and services. Health systems strengthening has been a priority, equipping health centres and training health workers, and establishing isolation and quarantine centres to reduce the risk of transmission, particularly in camps and transit centres. Additional handwashing facilities have been installed in public spaces frequented by people of concern, and additional soap has been distributed to promote good hygiene practices. UNHCR has also been providing cash assistance and core relief items (CRIs) to those worst impacted by lockdowns and other restrictions, while children and youth have been supported with virtual and home-based learning to continue with their studies.

From March to September 2020 in Southern Africa¹:

 <p>2.5 million people reached with COVID-19 risk communication</p>	 <p>122,137 people reached with GBV messaging linked to COVID-19</p>	 <p>27,797 people received cash or voucher support</p>
 <p>1,905 health workers trained on COVID-19</p>	 <p>45 isolation and quarantine centres established</p>	 <p>77 health centres provided equipment and supplies for COVID-19</p>
 <p>53,693 families received additional core relief items</p>	 <p>235,892 people received reusable cloth face masks</p>	 <p>455,433 people received extra soap for handwashing</p>
 <p>13,990 people received hand sanitizer for personal use</p>	 <p>4,436 additional handwashing facilities installed</p>	 <p>18,305 students supported with home-based learning</p>

¹ All indicator figures in this report are as of 28 September 2020. All population figures in this report are as of 30 September 2020.

Challenges

While numbers of confirmed COVID-19 cases continued to rise in September 2020, the speed and scale of the spread slowed in many of the worst affected countries. This has been accompanied by eased restrictions and precautionary measures, presenting a risk of resurgence. UNHCR, partners and Governments have grappled with securing stocks of medicines, medical supplies and equipment for COVID-19 due to delays in delivery of international orders and lack of local suppliers. This has, in some cases, hindered a timely response to COVID-19, and also impacted health services' ability to treat other medical needs that arose. Slowness and sparse coverage of COVID-19 testing has also been a concern, linked to shortages of test kits, limited laboratory capacity, and delays in results being shared. This gap is particularly worrying in densely populated areas such as refugee and IDP camps, as well as some urban areas.

Months of COVID-19 restrictions have had severe economic impacts on vulnerable populations, including people of concern. Lost income as a result of limitations on movement and economic activity have led to an increase in the number of people seeking assistance from UNHCR. Concerningly, this includes those who had previously been self-sufficient but began to struggle to put food on the table, pay rent, or cover the cost of utilities. This has meant that in addition to direct COVID-19 assistance, there has been a spike in demand for social assistance, which has far outweighed the available resources. At the same time, reports of rising xenophobia and stigmatization of refugees has been noted, impacting the physical safety of people of concern as well as social cohesion and peaceful coexistence with local communities.

Despite innovative approaches to remote work, access to populations remains a concern and the number of interactions with UNHCR's populations of concern has decreased. This is evidenced by the sharp drop in registration regionally over the past six months. There is also more recently notable fatigue amongst people of concern and host communities with COVID-19 prevention measures, leading to complacency or non-compliance in wearing masks, respecting self-isolation, social distancing and other measures. UNHCR and partners are renewing efforts in risk communication and community engagement and seeking innovative approaches to strengthen impact. This is especially important as people are returning to work and school.

Finally, while UNHCR and partners have been working tirelessly to reach people of concern and host communities with scaled-up assistance and services, funding shortfalls across the region have taken a toll. For example, funding gaps have resulted in cuts to radio programming in UNHCR's risk communication campaign in the Democratic Republic of the Congo (DRC), hindered UNHCR's ability to provide the resources for home-based learning in Zambia, and halted UNHCR's cash assistance programme in South Africa. Nearing the end of the year, funding is still required to sustain critical COVID-19 programming and maintain important protection and basic service delivery.



Above: Refugees from the Central African Republic queue socially distanced in Mole camp, DRC ©UNHCR/ M. Vaillant
Front Page: A refugee woman used a recently installed handwashing station in Inke refugee camp, DRC ©UNHCR/ G. Nentobo

Angola



55,983 refugees, asylum-seekers, and other people of concern



7,062 people reached with COVID-19 risk communication



7,062 people reached with GBV messaging linked to COVID-19



800 families received additional core relief items



2,877 people provided with cloth face masks



2,701 people received soap to promote handwashing



494 additional handwashing facilities installed



650 students supported with home-based learning



23 health workers trained on COVID-19



1 quarantine and **1** isolation centre established



1 health centre supported with equipment and supplies to respond to COVID-19

Operational Context

The Government of Angola declared a State of Emergency in response to COVID-19 on 27 March. While the State of Emergency has been renewed several times, restrictions on movement, economic activity and livelihoods have been gradually lifted. Meanwhile, area-specific restrictions and procedures have been introduced in the most affected provinces, including areas hosting refugees and asylum-seekers. According to the State of Emergency Decree, humanitarian agencies have been allowed to continue delivering assistance to beneficiaries.

Throughout the period of lockdown, UNHCR maintained a reduced presence in Lóvua refugee settlement complemented by remote systems for protection and assistance delivery. For services that continued during lockdown, preventive measures were in place to ensure social distancing and hygiene protocols. In Luanda, the epicenter of the COVID-19 crisis, UNHCR advocated for and expanded service delivery to cater for the growing needs of the urban refugee population. Refugees in urban areas, many of whom already struggled with poor access to water, sanitation and health services, were particularly impacted by the economic impacts of the lockdown as well as heightened protection risks, such as GBV, harassment, arbitrary detention and exploitation.

Health

Health services continued to be delivered in Lóvua refugee settlement, targeting both refugees and local populations in four surrounding villages. UNHCR supported expansion of the health clinic in the settlement and rolled out training for 25 health workers on identification and referral of COVID-19 cases. A differentiated triage system for respiratory illness was also established at the health centre. In addition, UNHCR procured infrared thermometers and personal protective equipment (PPE) including 400 safety goggles to strengthen preparedness in fighting COVID-19.

UNHCR established one quarantine centre for individuals and families with suspected COVID-19 symptoms, and one isolation centre to treat people who test positive for COVID-19. The centers were furnished with an initial capacity of 25 beds each, with the possibility of expanding to 48 beds each if the need arises. Laundry facilities were also installed at the quarantine and isolation centres, along with three water tanks for preparing chlorine solutions for disinfection purposes. In support of urban refugees in Luanda, UNHCR's health partner recruited two nurses and two refugee health monitors to assist with monitoring vulnerable people and to facilitate medical referrals related to both COVID-19 and general healthcare.

WASH

New water points, including 'tippy taps' – homemade water dispensing devices – were installed for handwashing in Lóvua settlement and in the host community. A total of 494 additional handwashing stations were installed, including 471 in the settlement and 23 in the host community. All

refugees received doubled monthly rations of soap (500g per person per month), as well as 370 heads of households in the host community, while all eligible refugee women and adolescent girls received dignity kits.

Protection and Risk Communication

Throughout the pandemic, UNHCR and its partners worked to keep protection services running in the settlement and in urban areas, despite lockdown and reduced staff presence. In coordination with the UNHCR protection team, a list of refugees with specific needs was referred to benefit from additional CRIs, food assistance and closer monitoring during COVID-19. UNHCR and partners carried out regular joint border monitoring missions in Lunda Norte Province, bordering DRC's Kasai regions. No new refugee arrivals were observed, nor any incidents of deportation reported.

In Lóvua settlement, people with specific needs were provided with shelter assistance and were visited once per week to monitor and address their situation.

Protection incidents continued to be monitored in the settlement by refugee mobilizers and followed-up through remote and online coordination meetings, including incidents of GBV. Unaccompanied and separated children (UASC) were also monitored by community members. A UNHCR and NGO team trained teachers and refugee teaching assistants to identify signs of GBV and abuse and mental health issues amongst students. The four training sessions covered communication and familiarization with referral pathways for each of the different cases.

In the settlement, UNHCR also streamlined protection and other services to minimize the need for refugees to make specific trips to seek UNHCR services. For example, UNHCR coordinated with partners to decentralize and streamline services during general food distributions (GFD) into two different sites, with an even number of beneficiaries allocated for each site. During GFD, UNHCR Registration and Protection teams worked in parallel to attend to protection concerns and registration issues such as loss of ration card, case re-activation and registration of newborns. This helped to ensure solutions were expedited and households could access protection services at the same time as the GFD. This also served to minimize potential backlog that may have been created by the reduced UNHCR presence in the settlement during COVID-19 lockdown.

In Luanda, UNHCR's protection partner ensured that 382 vulnerable urban refugee households received food baskets, cleaning material and monitoring visits during the period of heightened vulnerability. UNHCR established a Protection Task Force for COVID-19 aimed to coordinate efforts of organizations responding to the impact of the pandemic and the State of Emergency in urban refugee communities. UNHCR's protection partner in Luanda ensured remote case management through the establishment of six helplines, and when movement restrictions were gradually lifted from late April, outreach volunteer workers carried out home visits.

Risk communication and awareness-raising about COVID-19 has been a critical component of UNHCR's response in Angola. At the onset of the pandemic, information campaigns were conducted including distribution of Q&A leaflets on the State of Emergency and about Government, UNHCR and partner helplines for COVID-19. These were distributed during household visits from UNHCR's protection partner, through volunteer networks, as well as through WhatsApp information trees established for information dissemination.

As the response continued, refugee journalists were trained by UNHCR and partners in Lóvua settlement to lead a mobile radio campaign about COVID-19 prevention. Information and awareness-raising campaigns were also rolled out in urban refugee-hosting areas of Luanda, Dundo and N'zagi, focusing on the need for social distancing and hygiene practices such as handwashing to avoid spreading of the virus. Further, UNHCR's protection partner, in cooperation with a health partner, trained 12 community mobilizers to conduct a door-to-door information campaign to promote handwashing, social distancing and use of face masks for both refugee and host communities. Information material was also developed, translated into four languages and disseminated the settlement and in Lóvua municipality. Through this campaign, 7,062 people, including members of host communities, were reached.

Core Relief Items

At the request of local government, UNHCR provided support through CRIs to the communities surrounding Lóvua settlement, contributing 100 jerry cans, 200 sleeping mats, 100 kitchen sets, 50 family tents, 100 plastic tarpaulins, 10 refugee housing units to be used as quarantine areas, 100 blankets, 100 buckets of 14-liters each, and 100 mosquito nets. A total of 800 vulnerable households received additional CRIs. A double distribution of soap to address the need for increased handwashing during the COVID-19 crisis was organized alongside the general food distribution in Lóvua settlement.

Education

UNHCR's education partner supported 650 refugee students with remote learning packages through a group of 34 teachers, including 18 refugees. Weekly assignments were distributed to all children enrolled in Lóvua settlement schools, from 3rd to 6th grade and secondary education students in 7th grade. As a result, while children were encouraged to stay home, they remained motivated to continue studying, despite of the fact that schools were closed in line with the State of Emergency.

With upcoming school re-opening in mind, UNHCR has been engaging stakeholders to identify priority actions and interventions to ensure students return to classes in a safe and healthy environment. Buckets for hand washing have been distributed to schools scheduled to re-open, along with plans for increased hygiene promotions and setting up classrooms to ensure social distancing.



A refugee in Lóvua settlement, Angola, has her token scanned by UNHCR registration staff at a distribution site, where COVID-19 prevention measures are observed. @UNHCR/ O. Akindipe

Democratic Republic of the Congo



5.5 million IDPs, **548,136** refugees and asylum-seekers, **2 million** returnees and other people of concern



1.6 million people reached with COVID-19 risk communication



33,701 people reached with GBV messaging linked to COVID-19



16,508 families received additional core relief items



76,982 people provided with cloth face masks



264,323 people received soap for handwashing



3,400 additional handwashing facilities



1,594 students supported with home-based learning



529 health workers trained on COVID-19



14 isolation and **10** quarantine centres established



61 health centres supported with equipment and supplies to respond to COVID-19

Operational Context

More than 5.5 million people have been uprooted by conflict within the DRC, the largest internally displaced population in Africa. The country also hosts more than half a million refugees, fleeing unrest and persecution in the neighbouring countries. Although a peaceful transition of power followed the presidential elections in the DRC in December 2018, the security and humanitarian situation continued to deteriorate, mainly in the east, in what is one of the most complex and long-standing humanitarian crises in Africa. Ongoing attacks by armed groups have hampered humanitarian access, hindered assistance to displaced people, and made COVID-19 prevention and awareness-raising activities particularly challenging. UNHCR's internal level 3 declaration for the DRC, which mobilized additional capacity in the context of the complex emergency, ended in August 2020. In addition, the DRC has been contending with Ebola outbreaks, putting additional strain on health systems.

As confirmed cases of COVID-19 continue to rise in the DRC, UNHCR is working closely with other UN and humanitarian partners to prevent the spread of the disease among refugees and the internally displaced. At the same time, UNHCR continues its regular activities to protect and assist refugees and internally displaced people and is redoubling its efforts to implement prevention and response measures in refugee camps and sites.

Health

UNHCR has supported the inclusion of refugees and IDPs in the DRC's national preparedness and response plan against COVID-19 and is following up with authorities to ensure that they are fully taken into account in the implementation of preparedness, prevention and response activities. Along these lines, UNHCR focused on the resilience of the national health system in 12 health districts where refugees are living.

To this end, UNHCR is reinforcing the national health system with lifesaving medication and critical medical equipment, so far reaching 61 health centres and hospitals including Government health facilities. In addition to basic medicines and medical supplies, UNHCR's support has included medical ventilators, 60 oxygen concentrators as well as an ambulance to bolster the national response capacity. Furthermore, UNHCR has supported training for over 500 national healthcare workers, as well as 1,269 community health workers, hygiene promoters, and community leaders who are participating in the Government's response effort covering both refugee and host communities in those districts. UNHCR has also established 14 isolation and 10 quarantine facilities across the country to prevent the spread of COVID-19 from suspected cases and new arrivals, and to treat confirmed cases as applicable.

WASH

UNHCR has installed approximately 3,400 handwashing stations in refugee camps and IDP sites across the DRC, as well as distributed soap and disinfected community infrastructures. UNHCR has also increased the frequency that refugees can pump water, to reduce queuing at water points and to allow for social distancing around the WASH facilities. UNHCR has also trained and supported refugees in setting up homemade 'tippy tap' handwashing stations using recycled materials, to promote handwashing at the household level.

Protection and Risk Communication

Throughout the COVID-19 pandemic, UNHCR has continued its protection and assistance activities in the DRC, making adjustments to systems of service delivery, reducing the number of people of concern received in UNHCR offices and adjusting activities to promote social distancing between staff and people of concern, as well as between people of concern. Handwashing and social distancing, as well as masks, are mandatory during any distribution or group activity.

The DRC has rolled out UNHCR's largest risk communication and awareness-raising campaigns in the Southern Africa region, reaching approximately 1.6 million people between March and September 2020 through community-based protection groups and community mobilizers, information sessions, flyers and leaflets. For example, UNHCR has translated information material prepared on behalf of the Ministry of Health into languages spoken by refugees and has supported the distribution across the country. Community-based groups conducted awareness-raising sessions in groups of less than 15 people, keeping at least two meters distance from each other. Thousands of people were reached through radio messaging in refugee and IDP-hosting areas, including in Kasai, Haut-Katanga, Tanganyika, Nord Ubangi, Sud Ubangi, North Kivu, South Kivu, Ituri and Haut Uele Provinces.

In addition to general messaging about COVID-19, UNHCR has additionally focused on sharing specific messaging on GBV risk and prevention, as well as how response services can be accessed. Since the beginning of the response, UNHCR and partners have reached more than 33,700 people across the country with messages on GBV related to COVID-19.

Core Relief Items and Cash-Based Interventions

In Bunia, Ituri Province; Kalemie, Tanganyika Province; and Kananga, Kasai Province, UNHCR and partners distributed core relief items as part of the COVID-19 response, which included bars of soap, surgical masks, pairs of gloves, hand washing facilities, wheelbarrows, shovels, megaphones, chlorine powder, mats, blankets, jerrycans and buckets. Overall, more than 16,500 families received additional core relief items from UNHCR during the COVID-19 response.

In addition, UNHCR has rolled out cash distribution using mobile banking. This allows UNHCR and partners to transfer money to refugees without physical contact. All refugees located in Kinshasa were targeted for this assistance and 269 households have now opened a bank account through this process. A similar process of setting up mobile cash assistance transfers is ongoing in Goma, Bukavu and Uvira towns.

Education

The COVID-19 pandemic has led to an unprecedented situation whereby schools have been closed, including those in refugee camps as the Government enforced full closure in an effort to contain the spread of the virus. UNHCR is among the agencies assisting refugee and host community children and teachers in five different provinces across the DRC (Nord Ubangi, Bas Uele, Haut Uele, Ituri and South Kivu) with home-based, remote and small-group learning. So far, UNHCR has supported 1,594 students. The project also targets children with specific needs and supports the expansion of distance education activities – for example radio-based learning programmes and ready-to-disseminate lessons – as well as the safe reopening of schools in line with COVID-19 mitigation measures.

Moreover, in northern DRC, more than 600 refugee students from the Central African Republic (CAR) were able to prepare for the national primary school final test. UNHCR and partners organized outdoor lessons which allowed physical distancing between students. Finally, UNHCR and a private sector partner organized lessons in centres

equipped with mobile technology, which allowed 46 refugee children from the CAR as well as 50 children from the host community to prepare for the primary school final exams.

Livelihoods

UNHCR has supported South Sudanese refugees in Haut-Uele Province, and refugees of different nationalities in Goma, North Kivu Province in the production of face masks. This is part of UNHCR's objective to facilitate access for vulnerable people to quality masks at an affordable price while creating a source of income for refugees during this period where other sources of income – especially in the informal sector in which many refugees work - have drastically reduced. So far, UNHCR has distributed almost 14,000 reusable masks produced by refugees to IDPs staying in the Kigonze and ISP IDP sites in Bunia, Ituri Province. The distribution targeted displaced people aged four and above in the three displacement sites in Bunia, which is the city with the most COVID-19 cases in the province. UNHCR is also supporting associations of tailors composed of refugees and host community members, to sew and distribute reusable masks in and out of camp at Bili, Nord Ubangi Province. So far over 1,000 masks were locally produced with cash assistance provided by UNHCR have been distributed. In Ituri, Nord Ubangi and Sud Ubangi, more than 220 refugees received agricultural assistance to support their livelihoods in a context of restricted movements and price hikes.



A South Sudanese refugee in Bele settlement, Democratic Republic of the Congo, uses a 'tippy tap' station he made from recycled materials, to help prevent COVID-19. © UNHCR/Jean-Jacques Soha

Malawi



47,205 refugees, asylum-seekers, and other people of concern



120,000 people reached with COVID-19 risk communication



18,200 people reached with GBV messaging linked to COVID-19



10,000 people received personal hand sanitizer



70,000 people provided with cloth face masks



52,000 people received soap to promote handwashing



180 additional handwashing facilities installed



500 students supported with home-based learning



157 health workers trained on COVID-19



1 isolation centre established to treat COVID-19 cases



1 health centre supported with equipment and supplies to respond to COVID-19

Operational Context

The Government of Malawi declared a State of Disaster in response to COVID-19 on 20 March 2020. While progressively stricter prevention measures and closures were introduced over April and May, a planned nationwide lockdown did not end up being implemented. Throughout the pandemic, Malawi has maintained its long-standing open-door policy to asylum-seekers, providing a site for new arrivals to be screened and quarantined before joining the rest of the refugee community. When UN agencies moved to teleworking arrangements in early April, UNHCR formed a team of critical staff who continued operating in the camp to ensure delivery of protection and other essential services. NGO partners also gradually reduced their footprint but maintained a minimal presence at all times and have since resumed regular presence. Based on government directives, UNHCR and its partners instituted hygiene and safety measures including social distancing and handwashing at all distribution points and during all direct assistance activities.

Health

With continuous new arrivals to Dzaleka refugee camp, UNHCR prioritized scaling-up COVID-19 screening and quarantine capacity. In partnership with the Ministry of Health and Population, UNHCR constructed a new reception centre equipped with 41 tents, 18 latrines, showers and water to accommodate up to 200 new arrivals, along with a shaded area for waiting at the registration office where new arrivals are registered and placed under self-quarantine for 14 days. An isolation facility was also established to isolate and treat suspected and positive COVID-19 cases consisting of two rub halls with 60 bed capacity, water, nine latrines and showers and a kitchen to provide hot meals for the patients.

Services at Dzaleka health centre continued for both refugees and host community during the pandemic through UNHCR's partnership with the Ministry of Health and Population. This includes primary health care, GBV, HIV, sexual and reproductive health, vaccination, nutrition, mental health and psychosocial support, and palliative care. Referral to secondary and tertiary facilities continued, however, it has been limited to only the most critical cases due to restrictions at those health facilities.

UNHCR also supported training for 157 health staff on COVID-19 prevention and case management. This included 61 health workers from Dzaleka health centre in the refugee camp, 62 from Dowa District Hospital, and 34 from other health facilities in Dowa. A total of 24 additional health workers were recruited in the health facility, including one clinical officer, six nurses, one sexual and reproductive health nurse, one adolescent and youth nurse, three medical assistants, six cleaners, one data clerk, one pharmacy assistant, two pharmacy volunteers, one psychosocial counsellor, one nutrition technician and one laboratory technician.

WASH

Water provision is a challenge in Dzaleka refugee camp, and while UNHCR has increased daily water supply from 6 litres per person to 8.6 litres per person, this still falls short of the standard 20 litres per person, per day. In order to promote handwashing as a COVID-19 prevention measure, 180 additional handwashing facilities were installed in public spaces in Dzaleka refugee camp. WASH promoters through community health clubs provided continuous information on COVID-19 to the community, emphasizing the importance of handwashing, social distancing and respiratory hygiene.

Protection and Risk Communication

UNHCR and partners have continued protection and assistance activities during the COVID-19 pandemic, including registration of new arrivals, and GBV and child protection services. This was achieved through teams of critical staff from UNHCR and partners maintaining presence in the camps, through community-groups supported remotely, through hotlines for remote registration and for reporting protection issues, as well as adapted referral pathways. Community groups learned about case management and protection services including the GBV and child protection hotline. Some activities also continued at the Community Centre and Youth Friendly Space in Dzaleka refugee camp following COVID-19 prevention protocols. UNHCR set up handwashing facilities, soap and chlorine, and provided volunteers working at the Community Centre with PPE.

Risk communication and awareness-raising has been a priority in Dzaleka refugee camp, in order to share accurate information about COVID-19 prevention and response measures and to counter false information and debunk myths circulating in the communities. This has been achieved through direct engagement with community structures, as well as jingles, messages and live broadcasts on Yetu Community Radio and public address systems. Radio and public address messages were also developed on GBV prevention and response, in recognition of the heightened risk amidst the COVID-19 pandemic. SMS messages were sent out to the refugee community in Swahili, French and Kinyarwanda reaching 1,000 refugees in each round of messages. UNHCR also provided COVID-19 information posters and referral mechanism leaflets in various languages, which were put up and disseminated in the camp with the assistance of UNHCR's protection partner and community-based organizations. This included 500 child-friendly information kits and 100 GBV community-based referral management posters. Over 45,000 refugees were reached through this messaging campaign, and approximately 75,000 people in the host community.

Core Relief Items and Cash-Based Interventions

Additional CRIs were procured for the new reception centre in order to ensure immediate access to basic items for new arrivals to the camp. Items included 500 blankets, 500 sleeping mats, 200 buckets of 20-litres, 200 jerry cans of 20-litres and 200 plastic sheets. These supplies have so far benefitted 180 newly arrived families. A total of 100 additional dignity kits were also handed over to Dzaleka health centre for survivors of GBV, in light of the heightened risk amidst COVID-19.

While UNHCR did not roll out a specific CBI programme for COVID-19 due to lack of resources, it was ensured that 6,000 refugees normally receiving cash assistance would continue to receive it without interruption during the period of COVID-19 closures and restrictions.

Education

UNHCR engaged with relevant stakeholders to secure the inclusion of refugees in the government's COVID-19 Education Preparedness and Response Plan ensuring continuity of learning. This included free online, radio and television lessons aimed at helping children keep up with their studies at home during the period of school closures. UNHCR supported 500 refugee students by coordinating with government to receive copies of the radio lessons, which were re-broadcasted in Dzaleka refugee camp over Yetu Community Radio. UNHCR also distributed 500 radios to refugee students, as well as to selected students from the host community, to facilitate their participation in the radio lessons. Radios work with batteries, electricity or solar energy. A total of 27 secondary teachers and two preschool social workers were also trained in using radio broadcasting for their lessons.

Through its education partner, UNHCR supported remote implementation of the Digital Inclusion Programme beginning in April as a temporary measure to support tertiary education. The 15 best performing students and six teachers received laptop computers, internet data bundles and mobile WiFi. This will also help refugee students to work online in the future.

Livelihoods

Livelihoods activities including livestock production, crop production and business enterprises continued during the COVID-19 lockdown period while observing strict precautionary measures. WhatsApp groups were created to facilitate continuous engagement with the participants and to monitor activities remotely. Furthermore, refugee participants in the Graduation Approach programme, who are families living in extreme poverty, were provided with additional support through lump sum amounts covering three months at a time, instead of monthly payments, to provide them with a cushion during COVID-19 restrictions.

UNHCR engaged a bank in Dzaleka camp to restructure loans to reduce cash demands on low-income households by delaying and/or reducing loan repayments and service fees on transactions, to ensure that the cash available to households can focus on smoothing consumption and supporting health care costs. Furthermore, refugees have been included in the national COVID-19 response plan of the Government, and subsidized fertilizer and maize hybrid inputs were provided to 1,041 refugee households and 759 host community households.



A refugee woman involved in the production of cloth face masks in Maratane refugee settlement, Mozambique ©UNHCR/ A. Lima

Mozambique



369,220 IDPs, and
26,496 refugees and
 asylum-seekers



12,710 people reached
 with COVID-19 risk
 communication



2,400 people reached
 with GBV messaging linked
 to COVID-19



3,912 families received
 additional core relief items
 for COVID-19



7,000 people provided
 with cloth face masks to
 prevent COVID-19
 transmission



12,000 people received
 soap to promote
 handwashing



5 additional handwashing
 facilities installed



80 health workers trained
 on COVID-19



1 quarantine centre
 established to prevent
 COVID-19 transmission



1 health centre supported
 with equipment and
 supplies to respond to
 COVID-19

Operational Context

The Government of Mozambique announced on 20 March a set of measures to limit the spread of COVID-19 in the country, followed by the Declaration of a State of Emergency approved by the National Assembly as of 1 April. COVID-19 has presented an additional strain on a system already grappling with pre-existing needs following droughts, food insecurity, disease outbreaks such as cholera, natural disasters and violence. In addition to the refugee operation in Maratane, IDPs in Cabo Delgado displaced by ongoing violence have limited or no access to health services – particularly concerning given that Cabo Delgado has been a hotspot for COVID-19 in the country. Humanitarian access to many of these communities is extremely constrained due to security concerns, with the COVID-19 situation presenting further challenges. As of 26 March, all UN offices in Mozambique were instructed to work from home, however some UNHCR staff in Nampula continued working on critical activities for refugees and asylum-seekers in Maratane refugee settlement.

Health

To ensure compliance with mandatory 14-day quarantine for all foreigners entering in the country, as per Government regulations, UNHCR supported construction of a quarantine centre in Maratane refugee settlement. The centre has 12 rooms, five latrines and a water supply system. To equip the quarantine centre, UNHCR provided tents, mats, buckets, and kitchen sets, as well as construction materials. UNHCR further supported to establish an isolation and treatment centre at Maratane clinic, providing tents, essential medicine and supplies.

Furthermore, 20 members from the refugee and host community were recruited as health mobilizers to strengthen the capacity of Maratane refugee settlement in preventing and responding to COVID-19. UNHCR supported the Maratane health centre with staff training on COVID-19 reaching 40 staff. In total, 80 health workers and volunteers were trained.

WASH

To strengthen hygiene promotion, UNHCR trained 20 health mobilizers in Maratane refugee settlement, on good hygiene and sanitation practices, COVID-19 prevention, and the importance of water and water treatment. Three boreholes were also dug to enhance the settlement's water supply.

UNHCR took the opportunity of general food distributions to distribute packages of soap to refugees and asylum-seekers as a way of promoting handwashing and good hygiene to prevent the spread of COVID-19. More than 12,000 refugees and asylum-seekers received additional supplies of soap through this process. UNHCR also supported installation of five additional handwashing facilities in public spaces in the settlement to promote frequent handwashing. An additional 512 IDP families in Sofala Province also received soap to help promote handwashing and good hygiene.

Protection and Risk Communication

While UNHCR's in-person protection counselling services in Maratane refugee settlement were suspended in late March, remote services were put in place to maintain essential protection services. This included a protection line that allowed refugees to reach UNHCR, with a dedicated line for women to speak with female protection staff, either over the phone or via WhatsApp. A communication campaign was rolled out to inform refugees and asylum-seekers about the phone line, using WhatsApp and affixing posters in public spaces. Refugees and asylum-seekers raised their protection concerns and received protection counselling, as well as information about COVID-19. A WhatsApp tree system was also put in place in the settlement to circulate critical messages, while Social Assistants from UNHCR's partner, who live in Maratane, were supported and coached remotely by UNHCR.

UNHCR also worked in coordination with the Ministry of Health to draft additional COVID-19 prevention messages and have them translated into the different languages spoken by refugees and asylum-seekers. The messages were disseminated through several channels in urban and rural areas, such as community radio, graphic posters, and mobile units consisting of vehicles with mounted megaphones. Overall, approximately 9,500 refugees and asylum-seekers in Maratane were reached through the ongoing risk communication and awareness-raising campaigns supported by UNHCR, as well as an estimated 3,000 in the host community. In addition, approximately 2,400 women and girls were reached in Maratane refugee settlement with specific messaging on GBV in the context of COVID-19, including about risks and referral pathways.

With regards to the IDP response, UNHCR worked with health and WASH partners in IDP sites in central and northern Mozambique to strengthen protection and ensure highly vulnerable individuals received priority assistance and access to health facilities. UNHCR also worked with 21 Community-Based Protection Focal Points (PFP) in 10 IDP resettlement neighbourhoods to ensure that remote protection monitoring was maintained during COVID-19 movement restrictions affecting humanitarian staff. The PFPs, trained on protection, case management, child protection and GBV, received additional training on COVID-19 remotely. They were equipped with notebooks and pens, as well as mobile phones and airtime to collect information on IDPs' concerns and to support awareness-raising and information-sharing with vulnerable communities. Among the initiatives was a door-to-door information campaign about COVID-19 prevention and referral pathways, with each PFP reaching approximately 10 households per day. UNHCR provided 142 posters to support the campaign. UNHCR has reached an estimated 210 IDP families per day with COVID-19 messaging.

Core Relief Items

To support families with basic necessities during the challenging times of COVID-19, UNHCR distributed non-food items including blankets, mats and kitchen sets to 3,400 families in Maratane refugee settlement in Nampula Province, and as well as to 512 IDP families in IDP resettlement neighbourhoods in Sofala Province, in collaboration with Government, as well as other UN and NGO partners.

Livelihoods

The Graduation Approach livelihoods project in the Maratane refugee settlement was adapted to the COVID-19 context, with 166 participants receiving cash-in-hand through a modified distribution respecting COVID-19 preventive measures and conducting coaching sessions by telephone. UNHCR also identified refugees and asylum-seekers with healthcare background in Nampula and Maputo provinces for recruitment to support COVID-19 prevention and response activities.

Following the Government's instruction in Mozambique to wear masks in public, UNHCR worked with the District Health Department in Nampula to identify and hire 50 tailors among refugees, asylum-seekers and members of the host community in and around Maratane to produce 30,000 cloth masks as an income-generating activity. The masks were distributed by community health mobilizers to the refugees and asylum-seekers living in Maratane refugee settlement, as well as to people in the host community. In addition, UNHCR's engagement with the development sector resulted in the inclusion of 220 refugee and IDP households in Nampula to benefit from solar-powered sewing machines for mask production to generate income.

Republic of the Congo



40,475 refugees and asylum-seekers, and **304,430** IDPs and other people of concern



153,816 people reached with COVID-19 risk communication



6,250 people reached with GBV messaging linked to COVID-19



8,591 families received additional core relief items



20,158 people provided with cloth face masks



22,738 people received soap for handwashing



200 additional handwashing facilities installed



13,517 students supported with home-based learning



573 health workers trained on COVID-19



4 isolation and quarantine centres established



8 health centres supported with equipment and supplies for COVID-19

Operational Context

The Republic of the Congo (RoC) established a State of Health Emergency on 31 March 2020 to address the COVID-19 pandemic. Regulations to reduce the spread of COVID-19 included lockdown and movement restrictions, closure of shops and schools, and curfew among others – with exceptions for those providing essential goods and services. Like many nationals, refugees and asylum-seekers have been impacted by increased food prices and loss of livelihoods due to the restrictions, notably in the trade, agriculture, animal husbandry, fishing and informal sectors. Access to testing has also been a challenge, as it has not been available in certain refugee-hosting areas, with testing centres hours away. UNHCR has coordinated with government to ensure refugees are included in its services for vulnerable people during the COVID-19 lockdown, while continuing to work with partners to adapt programming and ensure continuity of protection and basic service provision in both sites and urban areas. To support the ongoing work of partners, UNHCR provided masks to partner staff. In addition to the COVID-19 pandemic, RoC faced the risk of an Ebola outbreak arriving from neighbouring areas in the DRC, for which a preparedness plan was put in place.

Health

From the beginning of the COVID-19 response, UNHCR prioritized support to the health services and hygiene promotion in refugee-hosting areas of RoC. UNHCR supported health facilities with medicines, medical consumables and PPE, as well as soap, handwashing facilities and single-use towels. In addition, UNHCR installed 20 refugee housing units (RHUs) at the Bouemba site to serve as a reception centre for suspected COVID-19 cases, equipping the facilities with beds, water supply and latrines. In Gamboma, UNHCR also supported the rehabilitation of the COVID-19 patients isolation site. Overall, UNHCR equipped and supported 8 health centres during the COVID-19 response, as well as established four isolation and quarantine centres, with room for a total of 60 patients. UNHCR also equipped an additional three isolation centres in areas hosting refugees and asylum-seekers.

UNHCR invested in training for administrative authorities, health workers and community volunteers on COVID-19 prevention and response. This included specialized training for health practitioners, on respiratory hygiene and capacity reinforcement for rapid intervention teams in secure sampling, management, and transport of suspected COVID-19 cases. During the response, 573 health workers received training related to COVID-19 from UNHCR and partners.

WASH

UNHCR has promoted handwashing as key to limiting the spread of COVID-19 in refugee-hosting areas by installing handwashing kits in places frequented by refugees and the host community, and by organizing demonstrations on appropriate handwashing procedures. A total of 200

additional handwashing stations have been installed since the beginning of the COVID-19 response. Soap distributions have also been carried out regularly to promote frequent handwashing, for 22,738 refugees and asylum-seekers as well as people in the host community. UNHCR further supported several rounds of disinfection in markets, administrative buildings, public latrines, hospitals and other areas frequented by refugees and host community members in Betou, Bouemba, Gamboma and other areas.

Protection and Risk Communication

UNHCR invested in communication and information-sharing with refugees and host communities to reduce the risk and spread of COVID-19. In Betou, awareness-raising sessions were held in refugee-hosting sites and urban areas about the Government's regulations and measures to prevent the spread of the virus, as well as COVID-19 prevention measures that should be adopted. This was achieved through workshops and focus group discussions targeting community leaders and teachers, and sessions for primary and secondary school students.

The risk of child exploitation in fishing activities increased during the COVID-19 period, and UNHCR with support from partners conducted outreach for parents at the asylum-seekers' site in Bouemba, to raise awareness about the risks children face. UNHCR's medical partner in Bouemba also organized awareness-raising sessions at the health post of the site for both asylum-seekers and the host population, and conducted routine door-to-door awareness campaigns for people living in refugee sites in the area.

In Brazzaville, awareness-raising activities focused on the most vulnerable refugees, including people with specific needs. This was done through community outreach workers who conducted home visits on prevention and mitigation measures as well as on Government regulations, curfew and movement restrictions. The latter information was particularly important from a protection point of view, to ensure that refugees understood and followed the regulations to avoid charges or arrest. The community outreach workers also distributed flyers in Sango, Lingala and Kinyarwanda with the same messages sent to the communities through WhatsApp groups. UNHCR and its partners also conducted awareness-raising sessions for refugees and local children at eight orphanages in Brazzaville.

Given the heightened risk of GBV during the period of lockdown, UNHCR in coordination with its partners organized specific awareness-raising sessions for out-of-school girls and primary school students. Overall, 6,250 people of concern and people in host communities were reached with information specific to GBV prevention, referral and response during the COVID-19 response. UNHCR also organized a training session in Brazzaville for focal points in partner organizations on prevention of sexual exploitation and abuse (PSEA). This training sought to improve the capacity of PSEA focal points to identify abusive sexual behaviour during the period of COVID-19, and to ensure refugees, especially the most vulnerable, know where to make a complaint and get help.

Overall, 153,816 refugees, asylum-seekers and people in the host community were reached with weekly COVID-19 messaging. Based on monitoring conducted by UNHCR and partners, the awareness-raising and risk communication initiatives have had an important impact, with refugees and host community observed to increasingly adhere to COVID-19 prevention measures over the course of the past months.

Core Relief Items and Cash-Based Assistance

During the COVID-19 lockdown, UNHCR and partners identified vulnerable individuals and households to receive additional assistance. In total 326 refugee households received cash, while 8,591 refugee and host community households received additional CRIs. In Betou, extremely vulnerable people received cash, while a general distribution of hand-washing kits was organized for refugees and asylum-seekers (plastic kettles, bowls and soap). In Gamboma, 70 vulnerable asylum-seekers at the Bouemba site received essential household items consisting of mats, blankets, kitchen sets and jerry cans. At the same site, 5,000 pieces of soap were distributed to 2,725 asylum-seekers and 400 vulnerable people from the host population. In addition, 468 women and adolescent girls received menstrual hygiene kits.

UNHCR, along with Government, identified elderly people amongst the refugee community who were particularly vulnerable to exposure to COVID-19, and as well as those particularly affected by lockdowns and other regulations. These individuals received supplementary food parcels as well as soap. Food items included salted fish, salt, sugar,

rice, oil, and sardines. This distribution has continued throughout the COVID-19 period. A total of 150 elderly people were reached through this initiative. Distributions of cloth masks often accompanied COVID-19 awareness-raising activities, while targeted distributions of cloth masks for people with specific needs were also carried out throughout the response, reaching 20,158 people.

Education

A home-school education project initiated by the Government for pupils preparing for exams was launched in April, and UNHCR provided support for students in refugee-hosting areas to access this service. Overall, UNHCR and partners supported 1,372 refugee and asylum-seeker students, along with 12,145 students from host communities with remote learning. UNHCR supported remote learning through the provision of books and educational materials to students preparing for national examinations, who followed national broadcasts of school curriculum content on community radio in the Betou and Impfondo areas.

When Government announced plans to re-open schools and resume classes in June, UNHCR took steps to help ensure schools in Betou, Bouemba, Impfondo, Makomtimpoko and Brazzaville attended by refugee and asylum-seeker students would be prepared. This included fumigation and disinfection, as well as mask and sanitizer distribution. UNHCR also installed additional handwashing facilities in schools to promote good hygiene and reduce the possibility of a COVID-19 outbreak.

Livelihoods

UNHCR's field office in Gamboma launched a cash-for-work project in Bouemba for the production of masks to help guard against COVID-19. A group of eight tailors and seamstresses, including one from the host community, received financial support to produce 9,000 masks that were distributed to vulnerable people in the communities. Sewing machines were provided to the participants of the project. A similar initiative was also launched in Betou, where a co-operative of seamstresses was employed to produce 17,250 washable and reusable masks that were distributed to refugee and asylum-seeker communities in the Likouala department. In Brazzaville, another co-operative of seamstresses produced 1,750 masks that have been distributed to refugees and host communities in the city. Both projects, while implemented within the context of the fight against COVID-19, also provided an opportunity for people of concern and host communities to earn money and provide for their families.



A refugee girl washes her hands at a handwashing stations at a school in Brazzaville, Republic of the Congo © UNHCR/ S. Duysens

South Africa Multi-Country Office



276,173 refugees, asylum-seekers, and other people of concern



446,495 people reached with COVID-19 risk communication



4,981 people reached with GBV messaging linked to COVID-19



1,919 families received additional core relief items



12,716 people provided with cloth face masks



18,752 people received soap to promote handwashing



1,995 people received hand sanitizers for personal use



12,728 people receiving cash or voucher support



19 health workers trained on COVID-19



8 isolation and quarantine centres established



10 health centres supported with equipment and supplies to respond to COVID-19

Operational Context

States of Disaster and Emergency for COVID-19 were instated across the nine countries covered by the South Africa Multi-Country Office (SAMCO) – Botswana, Comoros, Eswatini, Lesotho, Madagascar, Mauritius, Namibia, Seychelles and South Africa – in March and April. In most cases, these remained in place into September. International borders closed, and heavy lockdowns with restrictions on all but essential movement and curfews were imposed in most countries.

South Africa was particularly affected by COVID-19, with the highest number of cases on the continent throughout the southern hemisphere winter, peaking as the fourth worst-affected country globally in June and July. The virus spread quickly in the densely populated townships where the majority of refugees and asylum-seekers live, as social distancing was near-impossible, and access to hygiene and sanitation facilities was insufficient.

By the end of September, the rate of new cases dropped significantly due in large part to the lockdowns and restrictions. However, this came at a heavy price for national economies, businesses and individuals, including refugees and asylum-seekers. There remain concerns of a resurgence, particularly in South Africa, as ‘pandemic fatigue’ is leading to complacency and non-compliance with social distancing, mask-wearing and handwashing.

Health

People of concern were included in the national health responses to COVID-19 in SAMCO countries, with additional support provided by UNHCR and partners for camp-based and centre-based populations in Botswana, Eswatini, Lesotho and Namibia. UNHCR supplemented government health response by establishing isolation and quarantine centres, supporting health centres with equipment and supplies, and conducting training for health workers on COVID-19 prevention, identification and treatment.

WASH

UNHCR also distributed soap to 18,752 individuals along with 12,716 face masks and 1,995 sanitizers for urban and camp-based refugees in Botswana, Eswatini, Lesotho, Namibia and South Africa to help prevent the spread of COVID-19. Additionally, in South Africa, approximately 16,160 people of all nationalities in refugee-hosting communities received soap donated by a private sector partner, disbursed from elderly, children’s and care homes and homeless shelters, as well as distributed door-to-door.

Protection and Risk Communication

Frustrations stemming from the socio-economic impact of the pandemic stoked tensions within refugee-hosting communities, with pre-existing tensions bubbling to the surface in some cases. In South Africa, strikes and protests with anti-foreigner rhetoric took place in Gauteng, KwaZulu Natal and the Western Cape Provinces. Foreign-owned businesses, including those owned by refugees and asylum-seekers, were targeted by looters, and in some areas shut down temporarily. Reports of protection concerns increased during the lockdown, most notably GBV. Movement restrictions also compromised UNHCR's access to people of concern, and their access to counselling and protection services. In response, UNHCR redoubled efforts to reach people with GBV messaging, reaching 4,981 people through information networks. Legal and counselling services continued remotely, with UNHCR's partners enhancing their hotline capacity, conducting virtual court appearances, and providing people of concern with data bundles to facilitate attendance and participation in community consultations.

Access to asylum and protection were heavily compromised in the nine countries by border closures. The Refugee Reception Offices in South Africa closed in March and will remain so until early in 2021. Asylum-seekers whose permits expired during lockdown were granted a universal extension by the Department of Home Affairs, although they continue to face difficulties gaining or keeping employment, or face eviction from rental accommodation, because of the status of their permits. UNHCR and partners have followed up on these issues on a case-by-case basis.

Thanks to well-established information networks within refugee communities and between refugee leaders and UNHCR and its partners in the SAMCO countries, UNHCR was able to disseminate essential information about COVID-19 prevention and response across the population of concern in the nine countries. This was achieved largely through WhatsApp networks, SMS messaging systems, and e-mail circulars, as well as virtual meetings with community leaders. The high proportion of people of concern who have access to mobile data for email and social media significantly facilitated information-sharing and awareness-raising, allowing UNHCR to reach more than 445,000 people in South Africa with key messages about COVID-19 prevention and services in South Africa.

Core Relief Items and Cash-Based Interventions

UNHCR rolled out one-off CBI payments aimed at those most in need in refugee-hosting communities in Eswatini, Lesotho and South Africa. The criteria to receive CBI were grounded in people's vulnerability and not their nationality, and distributions targeted refugees and citizens alike. By not singling out refugees and asylum-seekers, distributions shored up social cohesion efforts in communities where pre-existing strains and vulnerabilities were compounded by the hardships of the pandemic. In South Africa alone, nearly 12,000 people received one-off cash assistance. In Madagascar, 108 refugee and asylum-seeker families living in the capital, Antananarivo, and other urban areas received three rounds of cash assistance between April and June, while some 24 urban refugee families in Botswana also received one-off cash assistance.

The camp-based refugee and asylum-seeker populations in Botswana, Eswatini, Lesotho and Namibia continued to receive food and household items in accordance with regular monthly schedules, despite some pipeline breaks for certain items in Namibia in the first couple of months due to restrictions on cross-border movements. An additional 1,919 families in urban areas also received food and essential household and hygiene items to support them through the COVID-19 lockdowns and restrictions.

Education

In light of COVID-19 school closures, UNHCR helped refugee youth attend online and televised school programmes organized by the education authorities in South Africa by providing additional data bundles. This not only served to ensure students did not miss out on their education, it also helped to ease the financial burden placed on their parents, many of whom had lost their jobs during the COVID-19 lockdown. UNHCR also supported the return to school for refugee children in Botswana and Namibia by installing handwashing facilities and taking other measures to ensure classrooms were compliant with social distancing and hygiene guidelines.

Livelihoods

Measures to manage the COVID-19 pandemic came at a heavy socio-economic cost, especially for the poorest members of society. In low-income communities, tens of thousands who rely on work in the informal sector found themselves out of work and struggling to get by as the hospitality and personal care industries were forced to shut down in the tightest phases of lockdown. These communities also host the majority of refugees and asylum-seekers in SAMCO countries, who were as badly affected as their hosts. In the first month of lockdown, 3,000 refugees and asylum-seekers called UNHCR's toll-free helpline in South Africa, almost all of them needing help to buy food and pay rent. Over 95 per cent of callers had been self-sufficient prior to the onset of the pandemic.

The South African government rolled out a COVID-19 Relief Grant for individuals and businesses that included refugees and, following successful advocacy by civil society organizations, extended its purview to include asylum-seekers. Despite their official inclusion, many asylum-seekers reported difficulty in accessing the grants, requiring UNHCR's intervention on the regional and national levels. Furthermore, through the support of the Banking Association of South Africa, member banks have allowed refugees with expired permits to access their bank accounts during the lockdown period. This is critical to ensure households and small businesses have access to their finances.

Some refugees saw within the pandemic opportunities to give back to their host communities, in the name of social cohesion as well as job creation. With the support of UNHCR, two refugee-run organizations in South Africa's Western Cape employed refugee and South African women from the local community to manufacture face masks, which were distributed free of charge to almost 14,000 people of all nationalities in the townships.



Women hold food items they received from the Somali business community in Pretoria, South Africa. Refugees have been giving back to host communities during COVID-19 by distributing assistance to local families in need. ©UNHCR / H. Caux

Zambia



93,008 refugees, asylum-seekers, and other people of concern



154,107 people reached with COVID-19 risk communication



42,769 people reached with GBV messaging linked to COVID-19



17,221 families received additional core relief items



34,217 people provided with cloth face masks



7,925 people receiving cash or voucher support



68,667 people received soap to promote handwashing



101 additional handwashing facilities installed



485 health workers trained on COVID-19



3 isolation and quarantine centres established



11 health centres supported with equipment and supplies to respond to COVID-19

Operational Context

Like many countries in the region, the Government of Zambia began implementing restrictions on movement and business in the month of March to limit the potential spread of COVID-19. While Government maintained access to asylum in Zambia and new arrivals continued, restrictions were placed on movement from areas of arrival into the refugee settlements, with new arrivals relocating to one of the three settlements only after periods of screening and quarantine. UNHCR engaged with the Government, as well as UN partners, to ensure that refugees and host communities were included in COVID-19 preparedness and response plans in the refugee-hosting areas – including Mayukwayukwa refugee settlement in Kaoma District in Western province; Meheba refugee settlement in Kalumbila district in North-Western Province as well as relatively new Mantapala refugee settlement in Nchelenge district in Luapula Province.

Health

To strengthen the capacity of the health responses, UNHCR supported training for health staff in the settlements and local health districts where the refugee settlements are located. 485 health personnel and community health volunteers have been trained across all three refugee settlements and in Lusaka, covering surveillance, infection prevention and control, case management, safe transport, and risk communication and community engagement. UNHCR also equipped health centres in the three settlements with thermo-scanners, surgical masks, surgical goggles, face shields and hand sanitizer. Materials to clean and disinfect ambulances were also provided. Support was also provided to front line health workers in Lusaka, including 20,000 medical masks and 9,000 surgical gloves, as well as eight megaphones to reinforce communication activities. In total, UNHCR provided support to 11 health centres to strengthen their preparedness and capacity to respond to COVID-19.

Entrances to the settlements, as well as the Makeni transit centre in Lusaka, were equipped with thermometers to conduct entry screenings. Isolation units and quarantine centres were established in the three refugee settlements for possible COVID-19 cases, for which UNHCR contributed 10 RHUs, as well as furniture and other equipment. The isolation units served to isolate and accommodate potential suspected cases until they were transferred to the government-designated isolation and treatment centres in keeping with the national policy. The quarantine centres accommodated asylum-seekers who arrived directly from border entry points or transferred from other reception centres.

WASH

UNHCR doubled the monthly ration of soap to 500 grams per person. Soap was also distributed to people of concern in Lusaka residing in Makeni transit centre and Chalala health centre, at an increased quantity of 1,000 grams per person. In total, 61,518 refugee households and 6,998 host community households received additional soap to promote good hygiene

during the COVID-19 pandemic. Intensive hygiene promotion also featured in the response, with 60 hygiene promoters conducting awareness-raising sessions in the settlements. UNHCR and partners also installed more than 100 handwashing stations in public places to promote handwashing in locations such as food distribution points, schools, markets and health facilities.

Protection and Risk Communication

In light of COVID-19 restrictions in Zambia, UNHCR and partners began implementing remote protection service delivery in April. UNHCR rolled out a protection hotline for refugees to communicate with UNHCR and partners, as well as a network of mobile phone communication with refugee community leaders to maintain regular channels of communication with the communities. Remote counselling and GBV case management was rolled out via phone hotlines, staffed by both UNHCR and partners, averaging over 100 cases per month.

To strengthen the spread of information about COVID-19, UNHCR launched a training programme for teams of community development workers and GBV monitors, who then supported outreach and awareness-raising campaigns. UNHCR and partners distributed over 7,000 posters and leaflets in the settlements with health messages from the Ministry of Health and WHO translated into seven languages spoken by refugees. UNHCR and child protection partners developed child-specific COVID-19 messaging to more effectively reach children with key messages. A total of 1,000 child-friendly posters were distributed in schools and other public places frequented by children, in English, French, Swahili, Lingala and Kinyarwanda.

In Zambia, radio and television stations were mandated to broadcast COVID-19 prevention-oriented messages, and UNHCR worked with stakeholders to develop messages specifically targeting refugees and host communities. UNHCR engaged with local musicians to produce COVID-19 prevention radio and social media spot messages, and a COVID-19 prevention-themed song in Bemba – spoken by refugees and their Zambian hosts – was composed and disseminated as part of this initiative. UNHCR also partnered with a mobile provider to send SMS messages about COVID-19 to refugees. In order to ensure two-way communication, small focus group discussions were also held in the settlements, following COVID-19 mitigation protocols, to share information, answer questions and address concerns. Overall, UNHCR and partners' COVID-19 risk communication and awareness-raising campaign reached 68,669 refugees, and 85,405 people in the host community.

Specific initiatives were also undertaken to address the heightened risk of GBV and SEA during the COVID-19 pandemic. UNHCR organized local radio messaging in all refugee-hosting areas on GBV and prevention of SEA in the context of COVID-19. The messages were also circulated by bulk SMS system. Outreach initiatives, including group discussions and training for community leaders and mobilizers was carried out on GBV and COVID-19, reaching 38,763 refugees and asylum-seekers as well as 3,759 people in host communities.

Core Relief Items and Cash-Based Interventions

UNHCR scaled up its targeted cash assistance to vulnerable individuals, increasing the amounts provided to individuals and families already part of the CBI programme while actively seeking out additional people who were particularly vulnerable – such as new arrivals, elderly people, single-parent households – to begin receiving CBI. A total of 7,925 refugee households received cash assistance through UNHCR's CBI programme for COVID-19. In addition, some participants in the Graduation Approach programme received extended consumption support, namely additional CBI, beyond the usual six months. This was not a blanket measure, but rather reserved for those whose livelihoods situation was assessed to be fragile as a result of COVID-19.

UNHCR also distributed additional CRIs to refugee households to help them through the period of COVID-19 restrictions. The CRI packages included tents, cooking utensils, mats, blankets and mosquito nets, and benefitted 17,221 refugee households. Additionally, in Lusaka, it was assessed that many people in the refugee community could not afford masks required to be worn in public. Further, in the refugee settlements, many refugees did not have access to masks. UNHCR funded the distributions of cloth face masks for refugees and vulnerable people in the host community through a combination of direct procurement and support to mask-making under livelihoods initiatives. A total of 9,217 refugees and approximately 25,000 people in the host community received cloth masks through these programmes.

Education

In view of the prolonged closure of schools, the Government introduced online and digital television learning. However, limited access to technology was a challenge for refugees in the settlements, who did not have access to public broadcast or pay-to-view television. For learners in urban areas, the challenge was frequent power cuts. While UNHCR made plans to support remote learning, funding gaps meant the plan could not be implemented until much later in the response. As of September, UNHCR is initiating a project for printing and distributing self-study kits to schools and pupils in the three refugee settlements for students in non-examination classes – for whom school has not yet resumed – as well as procuring and distributing solar powered radios for self-study and catch-up learning for refugee pupils. Upon the Government’s announcement in June that schools would be re-opening for examination classes, UNHCR ensured that schools in the refugee settlements were compliant with COVID-19 prevention measures, providing masks for students and teachers, hand washing buckets with stands, soap, bleach, brooms, mops, bins, thermal scanners and sprayer equipment for disinfecting classrooms.

Livelihoods


Refugee traders and others running businesses in Meheba settlement saw dwindling sales during COVID-19, which negatively impacted their ability to provide for their families. UNHCR referred some of the most affected people for social assistance, including cash assistance. Notably, small-scale meat processors reported loss of business during COVID-19, resulting in their meat products spoiling due to low turnover. To address this issue, UNHCR’s livelihoods partner supported 10 meat processors in Meheba settlement to take up meat smoking as a way of preserving and extending the shelf life of meat products. The partner made available two meat smokers for use by fresh meat traders based in the settlement and the initiative was highly welcomed by residents and traders alike.

UNHCR also scaled-up livelihoods opportunities within the COVID-19 response, supporting mask production under the livelihoods sector to produce 15,000 face masks by 30 Lusaka-based refugee tailors. A similar initiative was introduced in Mantapala settlement to produce 10,000 masks, and in Meheba settlement to produce 15,000 masks. The masks were distributed free of charge to vulnerable refugees and people in the host community, as well as sold for a small fee to other residents in the settlements. Finally, identification and selection of beneficiaries for UNHCR’s livelihoods programme for 2020 was severely hindered by COVID-19 restrictions, however, UNHCR and partners took steps to mitigate the potential impacts. In Mayukwayukwa settlement and Lusaka, the selection process continued through phone interviews guided by a vulnerability and viability livelihoods identification tool.



Health promoters in Tongogara refugee camp, Zimbabwe, using bicycles to distribute face masks. Photo: World Vision/ M. Maworera


Zimbabwe




21,000 refugees and asylum-seekers, and **270,122** IDPs and other people of concern



18,799 people reached with COVID-19 risk communication




6,774 people reached with GBV messaging linked to COVID-19




4,742 families received additional core relief items




12,904 people provided with cloth face masks




13,740 people received soap to promote handwashing




50 additional handwashing facilities installed




1,599 students supported with home-based learning



39 health workers trained on COVID-19



1 isolation and **1** quarantine centre established to prevent COVID-19 transmission



7 health centres supported with equipment and supplies to respond to COVID-19

Operational Context

The Government of Zimbabwe launched a COVID-19 National Preparedness and Response Plan on 20 March 2020 and announced a lockdown from 30 March. Tongogara refugee camp was designated a potential COVID-19 hotspot due to the high number of people living in the camp, and UNHCR and partners worked swiftly to put in place preparedness and mitigation measures. The lockdown meant limited movement for UNHCR and partners, meaning a reduction of staff in Tongogara camp. UNHCR and partners adapted programming to ensure a scale-up of activities under the COVID-19 response, as well as continuity for protection and basic services.

Health

The Tongogara refugee camp clinic remained operational 24-hours a day throughout the COVID-19 response, with staff conducting daily spraying of the facility for infection control. Handwashing, footbaths and temperature checks were standard protocol for patients and any other people entering the clinic. Hand sanitizers were placed in all consultation rooms and health staff were provided with medical facemasks, gloves and other PPE. UNHCR facilitated additional doctor visits to the camp given the challenges faced by refugees to access medical services in the District Hospital during the lockdown. Daily health education sessions were held at the clinic, teaching patients about COVID-19 with an emphasis on personal hygiene and social distancing. Overall, UNHCR equipped and supported seven health centres in Zimbabwe, including six in the local communities.

UNHCR supported training for health staff and refugee health workers on infection prevention and control, PPE use and disposal, and preparation of disinfectant solutions. UNHCR also provided 3,000 surgical face masks, 20 pairs of goggles, 100 theatre caps and 100 disposable gowns to the clinic. UNHCR and its health partner rolled out COVID-19 training at the clinic in Tongogara refugee camp and six host community health care facilities. In total, UNHCR reached 39 health and support staff with training on COVID-19 prevention and response measures.

UNHCR established an isolation centre in Tongogara refugee camp, with 10 RHUs installed to serve as health staff accommodation, storeroom, a mortuary, a kitchen and six wards, and an additional 18 RHUs later provided to expand the centre. The site was fenced, water systems put in place, and electricity installed. The isolation centre was equipped and furnished including with ICU beds and medical equipment. UNHCR procured and provided 500 gowns, 12,000 masks and 20 scrubs for the health personnel, as well as 90 blankets, 200 mosquito nets, 10 kitchen sets and 20 jerry cans. In addition to the isolation centre, UNHCR supported the establishment of a quarantine centre with medicines, PPE and other supplies continuously delivered throughout the response.

WASH

Due to the high population density in certain sections of the camp, water was pumped for additional hours each day. UNHCR also installed 85-litre foot-powered handwashing stations in public spaces, including primary and secondary schools, the early childhood development centre, poultry and piggery projects, transit centre, restaurants, vocational training centres, police post, clinic, partners' offices and shopping areas. Handwashing stations were also provided to clinics and schools in villages surrounding the camp. With the directive from the Government for churches to resume operations including in Tongogara camp, UNHCR installed 20 handwashing stations in different churches. In total, UNHCR installed 50 additional handwashing stations in the camp and host community, to reduce the spread of COVID-19.

Trained refugee health and hygiene promoters and 10 volunteers worked to promote handwashing and social distancing at water points in the camp, with hygiene awareness also conducted at the various water points. Double soap rations were distributed across the camp to 13,740 individuals. Clean-up exercises were regularly conducted throughout the camp, along with disinfecting public places in the camp, such as shops and marketplaces.

Protection and Risk Communication

UNHCR and partners adapted protection programming in Tongogara refugee camp to ensure a continuation and scale-up of services, despite lockdown and movement restrictions. 20 members of the GBV committee were mobilized to identify GBV cases and report to UNHCR and protection partners to ensure follow-up through established referral pathways. A GBV WhatsApp platform was utilized to encourage reporting of GBV cases. Community focal points identified and trained by UNHCR played a pivotal role in identifying children at risk, while community case workers, GBV community focal points and community leaders disseminated information to the refugee community on how to report incidents and access referral pathways. Community case workers also reported child protection cases through the GBV WhatsApp group run by UNHCR's protection partner.

UNHCR and partners focused on reinforcing COVID-19 awareness-raising in the refugee community through various means. Focus group discussions were held with different members of the refugee community to inform them about COVID-19 and address questions. Information about COVID-19 was circulated during food distributions and UNHCR made use of protection mobile phone lines and suggestion boxes, which were checked daily. UNHCR's protection partner distributed COVID-19 awareness posters and pamphlets in the camp. Awareness-raising materials on COVID-19 such as short videos on preventative measures, TedTalks, GBV information clips, inspirational stories and anti-fraud messaging were circulated via a youth platform. Mass awareness campaigns were carried out in the camp using loudhailers to spread messages on social distancing, hygiene promotion and wearing masks. UNHCR, in collaboration with an NGO partner and the Government hosted a mass COVID-19 awareness campaign which included a live broadcast on local radio engaging Tongogara refugee camp and the host community. Overall UNHCR and partners reached 18,048 refugees and asylum-seekers with regular COVID-19 prevention and response messaging, as well as 751 host community members.

Campaigns on child protection and GBV risks in the context of COVID-19 were conducted in the 10 residential sections of Tongogara camp. Messages were conveyed using a loudhailer system, urging the community to stay home, maintain social distancing and to keep women and children safe. Community volunteers also distributed flyers with key messages on PSEA, GBV and COVID-19 prevention and response mechanisms. In total, UNHCR and partners reached 6,774 refugees and people from the host community with specific messaging on GBV linked to COVID-19.

Core Relief Items

UNHCR facilitated distribution of CRIs to 13,217 refugees and asylum-seekers, or 4,742 households, in the camp, including supplementary blankets as a mitigation measure against cold-induced ailments during the upcoming winter, which might make refugees more vulnerable to COVID-19. Newly arrived asylum-seekers were supported with cooking utensils, food and blankets. To address immediate shelter needs, new arrivals were allocated RHUs. 12,904 people also received reusable cloth face masks through the livelihoods initiatives supported by UNHCR, in order to reduce the spread of COVID-19.

Education

UNHCR supported schools in the camp to prepare and distribute home study kits for primary and secondary learners, with an emphasis on students in examination classes to ensure they completed their syllabi before the exam period. UNHCR also provided solar lamps for 395 families with exam-writing students and with students in tertiary education to assist with home-based study in the evening. Overall, UNHCR supported 1,599 students with home-based learning. Further, to ensure inclusive education and support to learners with disabilities during, seven pre-school learners with hearing impairment began sign language lessons. In preparation for the re-opening of schools, UNHCR provided sanitizers for 68 classrooms in the Early Childhood Centre, Tongogara Primary School and St Michael's High School, as well as face masks, infra-red thermometers, handwashing buckets and soap.

Livelihoods

The COVID-19 lockdown and preventative measures heavily affected livelihoods activities in the camp, and several initiatives took place to reinvigorate economic opportunities. UNHCR's partner facilitated training under the Savings for Transformation (S4T) programme for 161 participants from 16 savings groups in the camp. The S4T programme is based on a model of member-owned savings groups composed of a small number of people who save together in a safe, convenient and flexible way. The savings groups follow a simple, transparent method to accumulate and convert small amounts of cash into savings that can then be lent to members as credit. UNHCR also supported 72 pig farmers with supplies of pig feed during the lockdown, and increased water supply for the poultry and piggery projects. To help strengthen livelihoods prospects during the COVID-19 period, UNHCR engaged with the Ministry of Agriculture to conduct training for 50 refugee farmers, while UNHCR's partner facilitated animal and crop husbandry training. Distribution of seedlings was conducted for a newly renovated nutrition garden in the camp, with 66 refugees benefitting from 5 beds of onion, beans, cabbage, butternut and green mealies. Borehole repairs were also conducted to ensure sufficient water supply for the gardens within the sections.

Finally, UNHCR supported production of 12,810 washable cloth face masks made by vocational skills training graduates, which were distributed to refugees and 600 people from the host communities. The masks were provided to those most vulnerable to COVID-19, including the elderly, people with disabilities, and chronically ill patients. Distribution of the masks was accompanied by instructions and demonstrations on how to wear and wash the masks. 10 adolescent girls received garment-making training to produce face masks and sanitary wear, while 15 adolescents aged 15 to 19 received training on journalism, advocacy and child protection as a way of involving youth in the response.



UNHCR protection staff speaking with advanced-level students in Tongogara refugee camp, Zimbabwe. Photo: TDH/E. Nyakata

Working in partnership

On 7 May 2020, the UN launched a revised [Global Humanitarian Response Plan](#) seeking US\$ 6.69 billion, including US\$ 745 million for UNHCR's [revised Coronavirus emergency appeal](#).

In Southern Africa, US\$ 31.2 million is needed for UNHCR's COVID-19 response. As of 2 October 2020, the region has received US\$ 8 million, meeting 26 per cent of needs. UNHCR's Regional Bureau for Southern Africa is grateful to key donors supporting the COVID-19 response in the region including the United States of America, European Union, Unilever, Education Cannot Wait, UN Malawi SDG Acceleration Fund and private donors. UNHCR looks forward to further support and partnership as the COVID-19 response continues.

UNHCR wishes to recognize all its partners who have been part of the COVID-19 response in Southern Africa, supporting people of concern and their host communities. UNHCR works in partnership with host governments and host communities, as well as UN agencies, NGOs and civil society, to ensure people of concern are reached with timely and appropriate assistance. Despite the many challenges facing humanitarian staff during the COVID-19 pandemic, UNHCR's partners have played a key role in keeping protection systems and assistance delivery running. In Southern Africa, UNHCR works with more than 80 implementing partners.



UNHCR staff distributes core relief items to a displaced woman in Cabo Delgado Province, Mozambique. ©UNHCR /D. de Souza

The importance of flexible funding: UNHCR is grateful for unearmarked and softly earmarked contributions to its global programme, which allow for critical flexibility to reach people of concern in greatest need and at greatest risk – for example to kick-start an emergency response, or to bolster under-resourced crises. Major contributors of unearmarked funds include governments of Sweden, Norway, Netherlands, Denmark, United Kingdom, Germany, Japan, Switzerland, France, and Italy, as well as private donors. Major contributors of softly earmarked funds include governments of United States of America, Germany, United Kingdom, Denmark, Canada, Spain, Ireland, Finland, Sweden, France, as well as private donors.

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