

Southern Africa

11 June 2020

Highlights

1,681 school children benefitted from school fumigation and disinfection in the Republic of the Congo, including 1,409 host community and 272 refugee children.

6,800 refugees and asylumseekers received soap through a distribution in **Mozambique**, to reduce the risk of COVID-19 in the camp.

2,481 handwashing stations distributed and installed across the Democratic Republic of the Congo since the beginning of the COVID-19 response, benefitting both refugee and host communities.

Population Figures

8,994,955 persons of concern to UNHCR in Southern Africa, including



768,014 refugees and 311,884 asylum-seekers



5,721,781 internally displaced persons (IDPs)



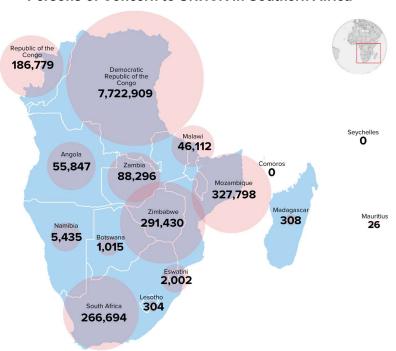
2,134,349 IDP returnees

(as of 10 June 2020)



A refugee woman in Maratane camp, Mozambique, follows COVID-19 prevention protocols during a US-funded livelihoods activity that is part of the Graduation Approach for building self-reliance in refugee and host communities ©UNHCR/A. Lima

Persons of Concern to UNHCR in Southern Africa





Operational Context

As of 9 June 2020, there are a reported 60,340 confirmed cases of COVID-19 in the 16 countries covered by UNHCR's Regional Bureau for Southern Africa, an increase of 16,987 cases over a one-week period. South Africa continues to report the highest number of confirmed cases. Across the region, national efforts to contain COVID-19 have included restrictions on movement, limits on social gatherings, prohibition of public events, suspension of commercial flights, closure of borders, and nation-wide lockdowns. Many governments have spent the past weeks strengthening COVID-19 prevention and response measures, and COVID-19 restrictions are gradually beginning to ease in many – but not all – countries in the region.

UNHCR continues to work with governments, World Health Organization (WHO) and other UN agencies and NGOs to secure the inclusion of persons of concern – refugees, internally displaced persons (IDPs), stateless people and other marginalized communities – in preparedness and response measures for COVID-19.

UNHCR and partners have also committed to a 'stay and deliver' approach, continuing to provide critical services and assistance while adopting social distancing and other COVID-19 mitigation measures. This includes implementation of strict health protocols at distribution points, the use of hotlines to report protection issues and assistance needs, and support to virtual and distance learning and capacity building. UNHCR has also been expanding its outreach efforts in the region with the support of partners and community volunteers to spread the message among persons of concern and their host communities about COVID-19 prevention and services.

UNHCR Response



Health and WASH

UNHCR and partners continued health and water, sanitation and hygiene (WASH) activities across the region, to prevent and respond to COVID-19. In the **Democratic Republic of the Congo (DRC)**, UNHCR has supported government health department training on COVID-19 infection prevention and case management for 126 health workers since April 2020, including for 55 health workers in Sud Ubangi Province and 22 health workers in Haut Uele Province over the past week. UNHCR's health partner has begun construction work on four isolation sites at Inke, Boyabu, Bili and Mole refugee camps in Nord and Sud Ubangi provinces, hosting refugees from Central African Republic (CAR). The partners are however experiencing challenges related to the transportation of building materials from Gbadolite to the various sites, given the very poor road network, compounded by the rainy season. UNHCR and partners also screened 4,230 persons for COVID-19 with thermometers in the four refugee camps hosting refugees from CAR, while 16,843 South Sudanese refugees and Congolese nationals were also screened at checkpoints in areas hosting South Sudanese refugees.

In **Zimbabwe**, health staff in Tongogara refugee camp are providing daily education sessions on COVID-19 to all patients waiting and receiving treatment at the primary health facility. Professional health staff and community health workers lead these sessions. Standard COVID-19 preventive procedures also remain in place at the health facility, including daily spraying for infection control, passing through a foot bath, temperature checks and hand washing with a chlorine-based disinfectant. In **eSwatini**, public health information campaigns on COVID-19 have reached 425 individuals at Malindza refugee camp, while the clinic at the reception centre has received 1,500 gloves to help prevent the spread of COVID-19.

UNHCR also continued its WASH assistance for the prevention of COVID-19 across the region. In the **DRC**, an additional 122 handwashing stations were distributed across the country over the past week, bringing the total to 2,481 handwashing stations distributed and installed country wide. In Kinshasa, 268 households received hygiene kits for COVID-19 prevention between May and early June, as well as four medical centres frequented by refugees.



In **Mozambique**, UNHCR concluded the distribution of soap to approximately 6,800 refugees and asylum-seekers living in Maratane refugee settlement. The distribution was undertaken in line with the COVID-19 prevention measures, including social distancing, hand washing and the use of masks. The protection team ensured that soap was delivered to all camp-based refugees and asylum-seekers. In **Zimbabwe**, UNHCR's WASH partner distributed hand sanitisers to 30 community volunteers comprising health promoters, waste management committee, water assistants and pump minders. Community volunteers also distributed reusable face masks within the camp and disseminated information to reduce the spread of COVID-19. In **Namibia**, installation began on WASH infrastructure in Osire refugee camp, to meet COVID-19 hygiene standards at the site where the new housing units have been installed.



Protection, Communication and Community Engagement

UNHCR continued awareness-raising and risk communications across the region, focusing on reducing the spread and mitigating the impact of COVID-19 and related protection issues, such as sexual and gender-based violence (SGBV). In **Angola**, the SGBV team, made up of UNHCR and partner organizations, held four training sessions with teachers and assistants about identifying and reporting early warning signs of risk and violence related to SGBV, child protection and mental health issues during the COVID-19 period, and to be familiar with referral pathways for each of the different cases. In **Malawi**, UNHCR's protection partner, along with focal persons from community-based structures, conducted a radio session to discuss COVID-19 preventive measures for residents of Dzaleka refugee camp, as well as the new referral management system and the type of cases that should be immediately reported to UNHCR partners and police.

UNHCR also continued a large-scale awareness-raising campaign on COVID-19 in the **DRC**, reaching 254,732 refugees and IDPs with targeted messaging via group discussions, flyers and door-to-door messaging since the beginning of the COVID-19 response. Radio messaging is also being used to reach a broader audience across refugee- and IDP-hosting areas. In Tanganyika Province, four interactive radio programmes were broadcast in Kalemie, Manono and Moba on peaceful coexistence issues related to COVID-19, reaching 738,803 listeners. In Kasai Province, 10 radios spots on COVID-19 were broadcasted in Tshiluba and French, with an estimated 700,000 people reached. In Kasai Central Province, radio spots on 'False rumours related to COVID-19' were broadcast in French and Tshiluba on 3 local radio (total of 588 broadcasts).

In **South Africa**, community risk communication activities are ongoing, with two bulk-SMS messages sent to 5,283 persons each, one on the use of face masks in public and one on reporting fraud. Additionally, through community leaders UNHCR is circulating information through the refugee community on child protection, including how to best support children's educational needs and protect children during lockdown.



Assistance

UNHCR continues to work with partners and government to assist the most vulnerable persons of concern during this period of COVID-19 lockdown and movement restrictions, including with food and cash assistance. In **South Africa**, 17,699 people have received cash assistance from UNHCR through social assistance partners since the COVID-19 response began in March 2020. Meanwhile, the number of calls to the UNHCR Helpline continues to decline, with 29 people referred to social assistance partners by the Helpline in the past week, predominantly those needing help to buy food and pay rent because they cannot return to work under level 3 restrictions.



Meanwhile in **eSwatini**, 746 people have received cash assistance and personal protective equipment (PPE) since the COVID-19 crisis began, and 67 vulnerable camp residents received food parcels. In Kinshasa, **DRC**, 41 vulnerable refugees with health problems, including elderly persons and persons with disabilities, received cash assistance, enabling them to supplement their food amidst limited livelihoods due to COVID-19 related movement restrictions.



Education

COVID-19 lockdowns and restrictions are gradually easing in some countries across the region, and some schools are re-opening in June. UNHCR and partners are supporting preparedness and mitigation measures to reduce the risk of COVID-19 as students return to class. Following the re-opening of schools in **Zambia** on 1 June, both refugee and Zambian students have continued to re-enrol and report for class, with all students undergoing COVID-19 screening to prevent potential transmission. To ensure students and teachers are protected, UNHCR provided COVID-19 prevention items to individuals and schools, including 3,218 masks distributed to schools in Meheba and 1,962 in Mayukwayukwa refugee settlements. Schools also resumed on 2 June in the **Republic of the Congo**. To help prevent the spread of COVID-19, UNHCR and partners fumigated and disinfected a school in Brazzaville benefitting 576 students, including 64 refugees. UNHCR and partners also disinfected the Congo River School benefitting 1,105 students, including 208 refugees.

Meanwhile, schools remain closed in many other countries in the region, and UNHCR and partners continue to take measures to help students keep up with their studies. In the **DRC**, UNHCR and its education partner continued to promote enrolment of children in remote schooling programs, through radio and TV education programs broadcast on Radio Okapi and RTNC.

Challenges

The socio-economic impacts of COVID-19 lockdowns and restrictions are leading to tensions between host and refugee communities in some countries in the region. To mitigate this, UNHCR is working closely with partners and local community structures to promote peaceful coexistence between refugees and their host communities. For example, in Zambia, UNHCR is distributing masks in a refugee-hosting community in Lusaka, benefitting up to 15,000 host community members and refugees. Up to 15,000 masks will be distributed in Lusaka in the coming week as part of a social cohesion initiative.

The economic impacts of COVID-19 lockdowns and restrictions are also impacting households who have lost income as a result of limitations on movement and economic activity. The number of persons of concern seeking emergency assistance from UNHCR has increased significantly since the beginning of the COVID-19 response, concerningly among those who had previously been self-sufficient and are now struggling to put food on the table, pay rent, or cover the cost of utilities. For example, in South Africa, 95 per cent of callers to UNHCR's Helpline during lockdown were previously self-sufficient. UNHCR has been providing emergency cash assistance to help the most vulnerable families, however the demand for assistance far outweighs the available resources.

Radio messaging has played a critical part in awareness-raising campaigns, to spread information among refugee, asylum-seeker, IDP and host communities about COVID-19 prevention and response. However limited funding for risk communication is impacting some of these awareness-raising campaigns. For example, in the DRC, radio spots on COVID-19 are no longer aired on 10 community radio stations used by UNHCR in Nord and Sud Ubangi provinces due to insufficient funds. UNHCR has been using these radio broadcasts three times a day since April to raise awareness on COVID-19 in French, Lingala and Sango, for both refugees and host community members. The spots have the capacity to reach a wide range of people, including in areas with difficult physical access.



Financial Requirements

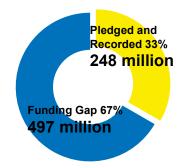
On 7 May 2020, the UN launched a revised inter-agency Global Humanitarian Response Plan seeking US\$6.69 billion, which includes US\$745 million for UNHCR's operations in affected countries through December 2020 and as reflected in UNHCR's revised Coronavirus emergency appeal. US\$248 million has been pledged and recorded towards UNHCR's appeal.

In Southern Africa, US\$31.2 million is needed under the revised Coronavirus emergency appeal. As of 2 June 2020, the region has received earmarked funding totalling US\$429,017, accounting for approximately 1% of financial needs.

CONTRIBUTIONS AND PLEDGES TO THE UNHCR COVID-19 APPEAL | US\$

USA 64M (400,000 earmarked for DRC) | Germany 38.6M | EU 33.5M | UK 24.8M | Japan 23.9M | Denmark 14.6M | United Nations Foundation 10M | CERF 6.9M | Canada 6.4M | Private Donors 4.7M | Ireland 3.3M | Sweden 3M | Sony Corporation 2.9M | Finland 2.4M | Education Cannot Wait 1.8M | Qatar Charity 1.5M | Norway 1.4M | USA for UNHCR 1M

Global Financial Requirements: UNHCR Coronavirus Emergency Appeal



UNHCR is also grateful to the donors that have provided unearmarked support. Contributed without restrictions on its use, unearmarked funding allows UNHCR critical flexibility in how best to reach refugees, the internally displaced, stateless persons and other populations of concern who are in the greatest need and at the greatest risk.

UNEARMARKED CONTRIBUTIONS | US\$

Sweden 76.4M | Norway 41.4M | Netherlands 36.1M | Denmark 34.6M | Private donors Spain 33.1M | United Kingdom 31.7M | Germany 25.9M | Switzerland 16.4M | Private donors Republic of Korea 13.9M

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