


Southern Africa


20 August 2020

Highlights

Since the beginning of UNHCR's COVID-19 response in Southern Africa

 **2.2 million** people reached through COVID-19 risk communication

 **1,885** health staff participating in COVID-19 training

 **7,957** children and youth supported with distance and home-based learning





South Sudanese refugee women transport water to their homes in Bele settlement, Democratic Republic of the Congo, where they live next to one of the 3,300 handwashing devices installed by UNHCR across the DRC. © UNHCR/J.J. Soha


Population Figures

9,465,415 people of concern to UNHCR in Southern Africa, including

 770,347 refugees and 311,778 asylum-seekers

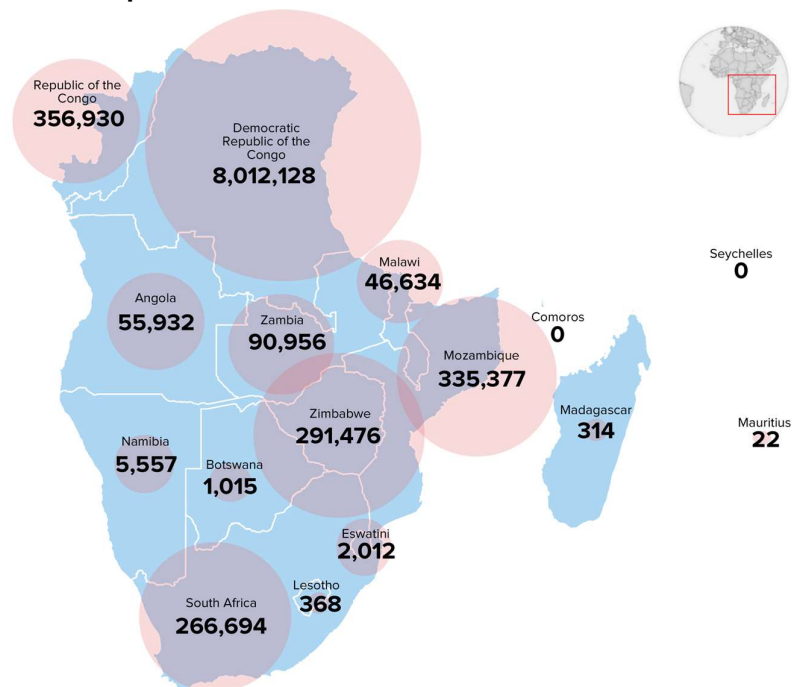
 6,385,489 internally displaced persons (IDPs)

 1,938,223 IDP returnees and 23,248 refugee returnees

 36,330 other people of concern

(as of 19 August 2020)

People of Concern to UNHCR in Southern Africa



Operational Context

As of 18 August 2020, there are a reported 653,800 confirmed cases of COVID-19 in the 16 countries covered by UNHCR's Regional Bureau for Southern Africa. This represents a 15 per cent increase in cases over a two-week period. 90 per cent of all reported cases in the region are in South Africa, which is 5th highest in the world in terms of COVID-19 cases. Governments across the region continue to take precautionary measures to limit the spread of the virus, though many of the stricter measures, such as lockdowns, movement restrictions, and closure of borders, schools and shops, have been gradually eased in recent weeks. However, as case numbers have started to rise again in some countries, such as in Botswana, the Republic of the Congo (ROC) and South Africa, restrictions are being re-introduced to curb the upward trend.

Months of COVID-19 restrictions have had severe economic impacts on vulnerable populations, including refugees, asylum-seekers and internally displaced people (IDPs). Lost income as a result of limitations on movement and economic activity has meant that the number of people requesting assistance from UNHCR has increased significantly, notably among those who had previously been self-sufficient, as they now struggle to put food on the table, pay rent, or cover the cost of utilities. At the same time, reports of rising xenophobia and stigmatization of refugees has been noted in the region, impacting on the physical safety of people of concern as well as social cohesion and peaceful coexistence with local communities. This is not limited to health stigmatization, but also linked to the increasing economic pressures in refugee-hosting areas amidst the impacts of COVID-19 restrictions.

UNHCR is working with governments, the World Health Organization and other UN agencies and NGOs to secure the inclusion of people of concern – refugees, IDPs, stateless people and other marginalized communities – in preparedness and response measures for COVID-19. UNHCR and partners have 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 health protocols at distribution points, the use of hotlines to report protection issues and assistance needs, and support to virtual and distance learning. 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



11 health centres supported and equipped for COVID-19 since March 2020 in **Zimbabwe**



157 health workers trained on COVID-19 prevention and response in **Malawi** since March 2020

UNHCR and partners continued efforts to strengthen health systems and services across the region to prevent and respond to COVID-19. Training of health workers is an important part of this effort, including in **Malawi**, where UNHCR and partners have facilitated training on COVID-19 for 157 health staff since the beginning of the response. Over the past two weeks, UNHCR has sought to strengthen contact tracing in Dzaleka refugee camp, through training sessions with medical personal in Dzaleka Health Centre. 16 health workers were oriented on Malawi's contact tracing guidelines as well as UNHCR guidelines and were provided with key reference materials. During the meeting, several challenges faced by contact tracing teams were identified, including vague or incorrect information provided by people of concern, as well as doubt and scepticism in communities about the severity and existence of COVID-19.

In **Zimbabwe**, 30 intensive care unit beds have been installed at the isolation centre in Tongogara refugee camp. The primary health care facility in the camp continues to enforce handwashing, foot washing, face mask wearing, social distancing and temperature checks. Patients visiting the facility are informed of COVID-19 transmission and prevention measures. UNHCR and partners have supported and equipped 11 health centres and three isolation centres in Zimbabwe since the beginning of the response. Similarly, COVID -19 awareness, prevention and control campaigns are being held at the government-run Waterfalls Transit Centre in Harare where 51 asylum-seekers and refugees are accommodated. Meanwhile in **Eswatini**, UNHCR is setting up 36 refugee housing units in order to

reduce congestion at Malindza Refugee Reception Centre and to create an environment that allows for better social distancing. 746 people of concern are currently living at the reception centre.

COVID-19 screening continues to be an important activity to curb the spread of the virus in the **DRC**. Over the past two weeks, UNHCR and partners screened over 2,100 people for COVID-19 at the four different camp entry points in North and South Ubangi Provinces, with over 133,000 people been screened in those provinces since March 2020. In addition, in Ituri and Haut-Uele Provinces, almost 7,000 individuals were screened at different entry points. Further, to support the provincial health department in its fight against COVID-19, UNHCR contributed 13,000 bars of soap, 2,000 surgical masks and 1,000 pairs of medical gloves to a hospital in Bunia, Ituri Province. This hospital is the designated COVID-19 treatment and isolation centre in the city of Bunia and located in the same municipality as two UNHCR-coordinated displacement sites.

Under the WASH response in DRC, 123 people with specific needs, as well as pregnant and lactating women received 300-gram bars of soap in Bili refugee camp, North Ubangi Province, while UNHCR and partners distributed bars of soap to almost 7,000 South Sudanese refugees in Biringi and Bele settlements, in Ituri and Haut-Uele Province. In Ituri Province, UNHCR and its partners distributed bars of soap to 8,184 IDPs in displacement sites in Telega and Venyo, as well as 15 handwashing stations. UNHCR also provided 10 handwashing stations to 10 health facilities in Kalemie, Tanganyika Province. Since the beginning of the COVID-19 response, UNHCR has distributed soap to 102,579 individuals, and installed 3,371 additional handwashing stations to promote good hygiene and reduce the spread of COVID-19.

Protection, Communication and Community Engagement



1.3 million people reached with COVID-19 risk communication since March 2020 in the **Democratic Republic of the Congo**



21,798 people reached with SGBV messaging linked to COVID-19 in **Zambia** since March 2020

Risk communication and awareness-raising on COVID-19 continues to feature in the response across the region, reaching refugees, IDPs and host community members through community-based protection groups and community mobilizers, information sessions, flyers and leaflets, and radio show spots. With reports of growing complacency and non-compliance with COVID-19 prevention measures, in a context of rising COVID-19 cases across the region, reinvigorated and innovative ways of outreach and communication are more important than ever.

The region's largest COVID-19 risk communication and awareness-raising campaign continues in the **DRC**, reaching more than 1.3 million people since March 2020. Over the past two weeks in Ituri Province, community-based protection groups reached 2,385 IDPs and members of host communities with information on COVID-19 in the health zones of Fataki, Linga and Tchomia in Djugu Territory reaching IDPs, host families and members of the local community. In addition, UNHCR and its partner organized door-to-door awareness-raising on COVID-19 prevention measures targeting 1,609 people in Kasai Central Province and 959 in Kasai Province. To reach a broader audience and provide a platform for discussion, local radio stations aired 142 spots about COVID-19 in Kasai Central and Kasai Provinces, while in Tanganyika Province, 12 interactive radio programmes were held, targeting IDPs and host community members.

A COVID-19 awareness-raising project is being rolled out by UNHCR's partner in **Angola**, with the aim to improve understanding of COVID-19 and strengthen compliance with prevention and mitigation measures, especially at a time when government is relaxing regulations. Outreach workers have started registering families and encouraging them to implement COVID-19 prevention measures, with a goal of reaching 300 families each week. Under this initiative, there are 12 outreach workers for the settlement of Lóvua and 8 for the host community. As a next step, the outreach workers will engage with teachers and students to promote handwashing, social distancing and the use of masks during all activities. UNHCR-supported awareness-raising initiatives in Angola have so far reached 6,916 people with messages about COVID-19 prevention and assistance.

In the **Republic of the Congo (ROC)**, UNHCR's partners continued rolling out awareness-raising activities on COVID-19 in Bétou, Impfondo, Dongou and Ibenga, including through handwashing demonstrations; educational talks and radio broadcasts; installing handwashing stations; and distributing masks. The latter two activities in particular targeted health centres and hospitals, markets and other public spaces. 16,150 people have been reached through this initiative, from the refugee communities as well as host populations. Meanwhile in **Zambia**,

there are 59 ongoing community awareness-raising activities across the three refugee settlements. This includes children-specific activities in Mantapala refugee settlement, where child protection partners began implementing child-specific COVID-19 information-sharing after observing that children may not be effectively reached through general messaging. In Mayukwayukwa refugee settlement, 571 COVID-19 prevention posters were received in the past week, including 200 for the District Education Board Secretary's office to benefit the host community. Since the beginning of the COVID-19 response in Zambia, UNHCR and partners have reached 74,448 people through COVID-19 awareness-raising initiatives, and an additional 21,798 people with specific messaging on gender-based violence prevention and response in the context of the COVID-19 pandemic.

Education and Livelihoods



500 children and youths supported with distance and home-based learning in **Malawi** since March 2020



17,250 cloth masks produced through a cash-for-work livelihoods programme in **Republic of the Congo**

Livelihoods support is more important than ever given the economic impacts of COVID-19 lockdowns and restrictions in countries in the region. In **ROC**, UNHCR has been supporting a cash-for-work project that aims to also support vulnerable refugees in preventing COVID-19. Under the initiative, 17,250 washable cloth face masks have been produced by mixed cooperatives in Betou and Impfondo. UNHCR is now coordinating with a local organization to identify vulnerable groups and individuals to receive the masks, which will be distributed through refugee community leaders.

In **Zimbabwe**, lockdown measures have adversely impacted livelihood opportunities for refugees and asylum-seekers residing at Tongogara refugee camp, and several activities have taken place over the past two weeks to reinvigorate livelihoods and economic opportunities. UNHCR's partner facilitated training under the Savings for Transformation (S4T) programme, for 161 participants (50 male and 111 female) from 16 potential savings groups being revived 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. Further, preparations are complete for a distribution of seedlings for the newly renovated nutrition garden in the Mozambican section of the camp. 66 refugees and asylum-seekers will benefit from five beds of onion, beans, cabbage, butternut and green mealies.

While schools remain closed or partially closed in many countries, UNHCR and its partners are supporting distance learning, as well as strengthening COVID-19 prevention in schools that are re-opening. In **Zambia**, where lessons have resumed for examination classes only, UNHCR provided thermal scanners for the secondary and primary schools in order for them to screen for high temperatures as possible sign of COVID-19. In Mantapala settlement, UNHCR provided four sprayers for continuous disinfection of classrooms after each school session, and portable thermo scanners to screen learners in examination classes, in order to strengthen schools' compliance to COVID-19 preventive measures. Meanwhile in **Malawi**, where schools remain closed, UNHCR's education partner facilitated training for nine pre-school teachers, focused on creating distance learning material for young learners. The training is expected to equip teachers to support continuous virtual learning amidst the closure of schools during COVID-19. UNHCR is currently supporting distance learning for 500 children and youth in Malawi.

Challenges

UNHCR, partners and governments face challenges in terms of pre-positioning medicine, medical supplies and equipment for COVID-19 due to delays in the delivery of international orders and lack of local providers. Slowness and sparse coverage of COVID-19 testing is also a concern, due in part to shortages of test kits, limited laboratory capacity, and delays in results being shared. This is particularly worrying in camp settings, as well as in low-income areas where people live in close quarters.

Countries in the region are beginning to report complacency or non-compliance in wearing masks, respecting restriction of movements, self-isolation and social distancing. This is a phenomenon noted by the wider humanitarian community in the region and not only amongst refugees. Risk communication and community engagement will need to be sustained and adapted innovatively to ensure impact.

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](#). As of 19 August, US\$ 459 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 18 August 2020, the region has received earmarked funding totalling nearly US\$7.1 million, accounting for approximately 23% of financial needs. The Regional Bureau for Southern Africa is grateful to donors who have earmarked contributions to operations in the Southern Africa region for COVID-19 response, including the United States of America (USA), UN Malawi SDG Acceleration Fund and private donors.

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

USA 186M | Germany 62.7M | EU 45.9M | UK 31.5M | Japan 23.9M | African Development Bank 18.3M | Denmark 14.6M | United Nations Foundation 10M | Private donors 9.6M | CERF 6.9M | Canada 6.4M | Education Cannot Wait 3.6M | Qatar Charity 3.5M | Spain 3.4M | France 3.4M | Ireland 3.3M | Sweden 3M | Sony Corporation 2.9M | Austria 2.5M | Finland 2.4M | Unilever 2M | Latter-day Saints Charities 2M | UNO-Flüchtlingshilfe 1.7M | Norway 1.4M | USA for UNHCR 1M

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 | Private donors Republic of Korea 17.3M | Switzerland 16.4M | France 14M | Private donors Japan 11.7M

CONTACTS

- Joan Allison, Head, External Engagement, Regional Bureau for Southern Africa, allison@unhcr.org
- Miranda Gaanderse, Reporting Officer, Regional Bureau for Southern Africa, gaanders@unhcr.org

Global Financial Requirements: UNHCR Coronavirus Emergency Appeal

