Acknowledgements

UNHCR would like to thank all the stakeholders that contributed data and evidence to this report and reviewed their progress against the joint results of the strategy, including forcibly displaced and stateless people, host communities and host governments, United Nations agencies, and international and national non-governmental organizations, civil society and private sector. Their contributions enable us to create positive changes in the lives of the people we serve.

Contact us
www.unhcr.org

Downloaded date: 03/05/2023
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Section 1: Context and Overview

1.1 Changes to the Operational Context

Increasing xenophobia and misinformation threaten social cohesion in South Africa. The Government of South Africa has indicated the possibility of adopting reservations to the 1951 Convention relating to the Status of Refugees. The institutional fragility in national structures in charge of asylum and statelessness is compounded by the energy crisis, low employment, high living costs, and currency fluctuations.

Encampment policies continue to be enacted in Namibia and Botswana. To counter the limited implementation of Global Refugee Forum (GRF) pledges, UNHCR is putting forward Governments’ recommendations and opportunities in the lead-up to the 2023 GRF.

Mixed movements of refugees and migrants continue to increase, particularly along routes to the West Indian Ocean and South Africa. The onward movement of refugees and asylum-seekers is also becoming increasingly frequent and is of concern for UNHCR.

Developing political unrest in Zimbabwe and Eswatini has required close monitoring in terms of impact on the asylum space, as have recent elections in Lesotho and upcoming elections in Madagascar and Eswatini in 2023, South Africa and Namibia in 2024.

The operational context requires UNHCR to play a strategic role in terms of law, policy, and advocacy, especially in light of the significant funding cuts in 2023. The lack of UNHCR presence in the Indian Ocean countries will continue to hamper efforts towards enhanced and consistent advocacy to uphold asylum protection in these countries.
1.2. Progress Against the Desired Impact

1. Impact Area: Attaining Favorable Protection Environments

About 280 000 refugees, asylum seekers and stateless persons in South Africa and the 8 multi-countries access international protection in an inclusive and favourable protection environment by 2024.

<table>
<thead>
<tr>
<th>Country</th>
<th>Indicators</th>
<th>Population Type</th>
<th>Baseline (2022)</th>
<th>Actual (2022)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Botswana</td>
<td>1.1 Proportion of individuals seeking international protection who are able to access asylum procedures.</td>
<td>Refugees and Asylum-seekers</td>
<td>100.00%</td>
<td>100.00%</td>
</tr>
<tr>
<td>Comoros</td>
<td>1.1 Proportion of individuals seeking international protection who are able to access asylum procedures.</td>
<td>Refugees and Asylum-seekers</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Lesotho</td>
<td>1.1 Proportion of individuals seeking international protection who are able to access asylum procedures.</td>
<td>Refugees and Asylum-seekers</td>
<td>100.00%</td>
<td>100.00%</td>
</tr>
<tr>
<td>Madagascar</td>
<td>1.1 Proportion of individuals seeking international protection who are able to access asylum procedures.</td>
<td>Refugees and Asylum-seekers</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Mauritius</td>
<td>1.1 Proportion of individuals seeking international protection who are able to access asylum procedures.</td>
<td>Refugees and Asylum-seekers</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Namibia</td>
<td>1.1 Proportion of individuals seeking international protection who are able to access asylum procedures.</td>
<td>Refugees and Asylum-seekers</td>
<td>100.00%</td>
<td>100.00%</td>
</tr>
<tr>
<td>Eswatini</td>
<td>1.1 Proportion of individuals seeking international protection who are able to access asylum procedures.</td>
<td>Refugees and Asylum-seekers</td>
<td>100.00%</td>
<td>94.82%</td>
</tr>
<tr>
<td>Seychelles</td>
<td>1.1 Proportion of individuals seeking international protection who are able to access asylum procedures.</td>
<td>Refugees and Asylum-seekers</td>
<td>Not Available</td>
<td>0.00%</td>
</tr>
<tr>
<td>South Africa</td>
<td>1.1 Proportion of individuals seeking international protection who are able to access asylum procedures.</td>
<td>Refugees and Asylum-seekers</td>
<td>80.00%</td>
<td>80.00%</td>
</tr>
</tbody>
</table>

Registration, identity management and data management are used to facilitate protection, solutions, delivery of assistance, reporting and trend analysis. It also ensures the inclusion of refugees and asylum-seekers in national systems.

UNHCR provided remote technical support, data-quality monitoring and capacity-building training to Governments and partners carrying out registration, producing dashboards for units to give an overview of new arrivals, registration, trends and types of assistance and services provided. As regards refugee status determination (RSD), the team focused on impactful and sustainable asylum system building and identified South Africa, Eswatini, Botswana and Namibia as target countries.

The Asylum Appeal Backlog Project in South Africa was not fully implemented by authorities, a situation that calls for a radical shift in the implementation modality, which UNHCR has proposed during a collaborative dialogue.

On law and policy, UNHCR agreed on a roadmap with South Africa’s Department of Home Affairs (DHA), building on the outcomes of the High-Level Dialogue held between the Minister of Home Affairs and UNHCR Assistant High Commissioner for Protection in January 2022. UNHCR co-led the Protection Working Group with the Department of Justice and Constitutional Development and agreed on a strategy with three key groups (Government, UN agencies and international organizations) and four thematic areas of action for the year ahead (data and research, early warning mechanisms, behavioural change and capacity development).
UNHCR has increased its protection engagement on prevention and response to refoulement in the Indian Ocean Islands. The UN Multi-Partner Trust Fund social cohesion activities continued in South Africa in collaboration with five other UN agencies. Sports for Protection continued, and a high-impact UN communications campaign to counter xenophobia entered its development phase in 2022.

3. Impact Area: Empowering Communities and Achieving Gender Equality

Persons of concern meet their basic needs and their resilience capacities are fostered to help face the socio-economic impact of the COVID-19 pandemic and climate change

<table>
<thead>
<tr>
<th>Country</th>
<th>Indicators</th>
<th>Population Type</th>
<th>Baseline (2022)</th>
<th>Actual (2022)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Botswana</td>
<td>3.2a Proportion of PoC enrolled in primary education</td>
<td>Refugees and Asylum-seekers</td>
<td>90.36%</td>
<td>100.00%</td>
</tr>
<tr>
<td>Botswana</td>
<td>3.2b Proportion of PoC enrolled in secondary education</td>
<td>Refugees and Asylum-seekers</td>
<td>40.99%</td>
<td>100.00%</td>
</tr>
<tr>
<td>Eswatini</td>
<td>3.2a Proportion of PoC enrolled in primary education</td>
<td>Refugees and Asylum-seekers</td>
<td>45.26%</td>
<td>43.10%</td>
</tr>
<tr>
<td>Eswatini</td>
<td>3.2b Proportion of PoC enrolled in secondary education</td>
<td>Refugees and Asylum-seekers</td>
<td>29.34%</td>
<td>29.34%</td>
</tr>
</tbody>
</table>

As of the end of 2022, refugees in Namibia, Botswana and the Indian Ocean Islands had no access to formal employment or economic inclusion; those working are predominantly in the unprotected informal sector. Progress on GRF pledges regarding arable land access (Lesotho, Eswatini) has stalled due to a lack of specialists to provide technical support to governments. Refugees and asylum-seekers in South Africa continue to have the right to work and study. Legislative changes in 2020 which restricted economic inclusion for asylum-seekers are yet to be implemented. UNHCR has embarked on multi-stakeholder social cohesion and a communication campaign to try to change public attitudes towards foreign nationals, but significant challenges remain.

Refugees and asylum-seekers are included in primary education systems everywhere except the Indian Ocean Islands. Health access is inconsistent across the countries – in South Africa, refugees are included in the public sector, but access for asylum-seekers varies according to province. Lesotho and Eswatini have inclusive health programs, but services are overstretched. Access to secondary and tertiary care remains challenging in South Africa, Namibia, Botswana and Indian Ocean Island nations. Asylum systems building in the island nations is the main sustainable entry point for inclusion, in education sectors and economic and social welfare/health inclusion programs.

Cash support was provided to individuals with specific needs in South Africa, Madagascar, Eswatini, Mauritius and Botswana. Cash assistance focused on the following areas: survivors of gender-based violence (GBV), support to children at-risk, medical cases, people with disabilities, older people, those living with HIV/AIDS, new arrivals and victims of violence.

UNHCR supported WASH/shelter activities in Botswana, Namibia and Eswatini through implementing partners.

4. Impact Area: Securing Solutions

By the end of 2024, persons of concern are granted opportunities to access sustainable and durable solutions facilitated by UNHCR, through local government, humanitarian development and peace
### Country Indicators | Population Type | Baseline (2022) | Actual (2022)
--- | --- | --- | ---
**Botswana**
4.1 Number of refugees who voluntarily return in safety and dignity to their country of origin. [RF/GCR 4.2.1] | Refugees and Asylum-seekers | 161 | 4
4.2a Number of PoC who departed on resettlement. [GCR 3.1.1] | Refugees and Asylum-seekers | 22 | 15
4.2b Number of PoC who departed through complementary pathways | Refugees and Asylum-seekers | 0 | 2
4.3b Number of refugees for whom residency status is granted or confirmed. | Refugees and Asylum-seekers | 0 | 0
**Comoros**
4.1 Number of refugees who voluntarily return in safety and dignity to their country of origin. [RF/GCR 4.2.1] | Refugees and Asylum-seekers | 0 | 0
4.2a Number of PoC who departed on resettlement. [GCR 3.1.1] | Refugees and Asylum-seekers | 0 | 2
4.2b Number of PoC who departed through complementary pathways | Refugees and Asylum-seekers | 0 | 6
**Lesotho**
4.1 Number of refugees who voluntarily return in safety and dignity to their country of origin. [RF/GCR 4.2.1] | Refugees and Asylum-seekers | 0 | 0
4.2a Number of PoC who departed on resettlement. [GCR 3.1.1] | Refugees and Asylum-seekers | 0 | 0
4.2b Number of PoC who departed through complementary pathways | Refugees and Asylum-seekers | 0 | 0
4.3b Number of refugees for whom residency status is granted or confirmed. | Refugees and Asylum-seekers | 2 | 0
**Madagascar**
4.1 Number of refugees who voluntarily return in safety and dignity to their country of origin. [RF/GCR 4.2.1] | Refugees and Asylum-seekers | 0 | 0
4.2a Number of PoC who departed on resettlement. [GCR 3.1.1] | Refugees and Asylum-seekers | 14 | 77
4.2b Number of PoC who departed through complementary pathways | Refugees and Asylum-seekers | 0 | 0
**Mauritius**
4.1 Number of refugees who voluntarily return in safety and dignity to their country of origin. [RF/GCR 4.2.1] | Refugees and Asylum-seekers | 0 | 0
4.2a Number of PoC who departed on resettlement. [GCR 3.1.1] | Refugees and Asylum-seekers | 0 | 6
4.2b Number of PoC who departed through complementary pathways | Refugees and Asylum-seekers | 0 | 0
**Namibia**
4.1 Number of refugees who voluntarily return in safety and dignity to their country of origin. [RF/GCR 4.2.1] | Refugees and Asylum-seekers | 50 | 1
4.2a Number of PoC who departed on resettlement. [GCR 3.1.1] | Refugees and Asylum-seekers | 12 | 17
4.2b Number of PoC who departed through complementary pathways | Refugees and Asylum-seekers | 0 | 2
4.3b Number of refugees for whom residency status is granted or confirmed. | Refugees and Asylum-seekers | 0 | 0
SAMCO's multi-year strategy prioritizes Durable Solutions and Complementary Pathways. Three major durable solutions have been pursued: voluntary repatriation, local integration and third-country resettlement. SAMCO promotes all three solutions and actively promotes complementary pathways, building upon promising projects that have already resulted in refugees accessing education-related complementary pathways such as Duolingo and University Corridors for Refugees.

In 2022, SAMCO exceeded its resettlement quota of 1,400 people by 6 per cent. Most cases were submitted to the United States of America from South Africa and Namibia. With similar support and initiatives, the office may achieve better results in the future, but the limited capacity to identify cases must first be addressed. SAMCO made efforts

The office had planned to assist 600 individuals with voluntary repatriation. Due to numerous challenges, only 355 returned to the Democratic Republic of the Congo (DRC) and Burundi. The main challenges were the late commencement of the activities and the lack of legal frameworks to facilitate

Local integration has been a challenge. SAMCO lacked dedicated staff for local integration efforts

SAMCO conducted a study on Social Protection for refugees and asylum-seekers in Southern Africa, highlighting the critical gaps in access to social services by refugees and asylum-seekers. The report shows that although South Africa has several social support activities and grants, many refugees and asylum-seekers face challenges in accessing them. SAMCO must continue to play an advocacy role to support government efforts and safeguard the rights of refugees and asylum-seekers
### Other Core Impact Indicators

<table>
<thead>
<tr>
<th>Country</th>
<th>Indicator</th>
<th>Population Type</th>
<th>Baseline (2022)</th>
<th>Actual (2022)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Botswana</td>
<td>2.2 Proportion of PoCs residing in physically safe and secure settlements with access to basic facilities</td>
<td>Refugees and Asylum-seekers</td>
<td>100.00%</td>
<td>100.00%</td>
</tr>
<tr>
<td>Botswana</td>
<td>2.3 Proportion of PoC with access to health services</td>
<td>Refugees and Asylum-seekers</td>
<td>100.00%</td>
<td>100.00%</td>
</tr>
<tr>
<td>Lesotho</td>
<td>2.2 Proportion of PoCs residing in physically safe and secure settlements with access to basic facilities</td>
<td>Refugees and Asylum-seekers</td>
<td>100.00%</td>
<td>100.00%</td>
</tr>
<tr>
<td>Lesotho</td>
<td>2.3 Proportion of PoC with access to health services</td>
<td>Refugees and Asylum-seekers</td>
<td>100.00%</td>
<td>100.00%</td>
</tr>
<tr>
<td>Namibia</td>
<td>2.2 Proportion of PoCs residing in physically safe and secure settlements with access to basic facilities</td>
<td>Refugees and Asylum-seekers</td>
<td>100.00%</td>
<td>100.00%</td>
</tr>
<tr>
<td>Namibia</td>
<td>2.3 Proportion of PoC with access to health services</td>
<td>Refugees and Asylum-seekers</td>
<td>100.00%</td>
<td>100.00%</td>
</tr>
<tr>
<td>Eswatini</td>
<td>2.2 Proportion of PoCs residing in physically safe and secure settlements with access to basic facilities</td>
<td>Refugees and Asylum-seekers</td>
<td>100.00%</td>
<td>100.00%</td>
</tr>
<tr>
<td>Eswatini</td>
<td>2.3 Proportion of PoC with access to health services</td>
<td>Refugees and Asylum-seekers</td>
<td>100.00%</td>
<td>100.00%</td>
</tr>
<tr>
<td>South Africa</td>
<td>2.3 Proportion of PoC with access to health services</td>
<td>Refugees and Asylum-seekers</td>
<td>65.88%</td>
<td>65.88%</td>
</tr>
</tbody>
</table>

### 1.3 Challenges to Achieving Impacts

Delays in Refugee Status Determination (RSD), mainly at appeal levels, are a key challenge in South Africa. Despite the four-year agreement signed between UNHCR and the Government in 2021 to eliminate a backlog, implementation has been slow.

In South Africa and surrounding countries, deteriorating policy discourse and misinformation have threatened social cohesion. Further, the war in Ukraine, which broke as the global COVID-19 pandemic waned, led to an energy crisis and high living costs impacting businesses and employment in the countries covered by SAMCO.

Budget cuts in 2022 hampered investment in impactful livelihoods and self-reliance activities. The budget could not cover critical protection activities like legal assistance, border monitoring and facilitation of voluntary repatriation. The planned launch of cash assistance impacted the capacity development of government staff in vital protection sectors like statelessness, refugee status determination, gender-based violence and child protection.

The lack of physical UNHCR presence in the Indian Ocean islands (Madagascar, Comoros, Mauritius and Seychelles) due to resource constraints hinders climate-related activities. At the same time, limited human, material and financial resources prevented SAMCO from advanced preparedness and immediate response to emergencies in South Africa, Eswatini and Madagascar. Staffing capacities do not provide sufficient coverage for all sectoral/technical activities (e.g. livelihoods, climate resilience, resource mobilization, health and nutrition and communications).

In addition, Namibia and Botswana's encampment policies restrict refugees' freedom of movement and access to employment, reducing opportunities for local integration. Despite the excellent work of partners, many asylum-seekers and refugees in South Africa remain in
need of assistance due to budget shortfalls and other operational challenges.

1.4 Collaboration and Partnerships

SAMCO entered into 22 partnership agreements in eight of the nine SAMCO countries with organizations that have competitive advantage to UNHCR in respective sectors. This helped to ensure access to the much needed basic services by the people we serve. The agreements included 12 multi-year agreements, nine bipartite agreements and one UN agreement. Projects implemented ranged from social assistance and basic support to refugees and asylum-seekers in South Africa, Eswatini, Lesotho, Mauritius, Comoros and Madagascar, as well as in Osire Settlement in Namibia and Dukwi Camp in Botswana; legal assistance to refugees and asylum-seekers in South Africa, Namibia and Madagascar (statelessness specific); livelihood support to refugees in South Africa and Eswatini; social cohesion activities in South Africa for a 6-month period; DAFI Scholarship programs in South Africa and Namibia and a UN Agreement with WFP in Namibia to conduct a Joint Assessment Mission exercise with UNHCR. The majority of partnerships were extended from 2021, with the establishment of a few new ones in 2022. The support provided by partners positively impacted.

In line with the Global Compact on Refugees (GCR), refugee self-reliance was enhanced, the voluntary return of refugees to their countries of origin (mainly DRC and Burundi) in a safe manner was organised (in 2022, this was done through direct implementation) and access to third-country solutions through resettlement activities was expanded.

UNHCR SAMCO continued to mainstream age, gender and diversity (AGD) principles in our work, as anchored in the Global Compact on Refugees and the Sustainable Development Goals. UNHCR continues to work towards the objectives of the Global Compact on Refugees with partners.

Regarding GCR pledges, legal networking is ongoing, including establishing.

The GCR pledge to allocate arable land to refugees in Namibia and Eswatini, Lesotho, for agricultural and livelihood activities is ongoing. In Madagascar, the GCR pledge to asylum system support is continuing. The Government of South Africa piloted the region’s first Results Monitoring Survey (RMS) through the University of Cape Town’s Refuge.
Section 2: Results

2.1. Outcomes and Achievements

1. Outcome Area: Access to Territory, Reg. and Documentation

Government in Botswana, South Africa, Namibia have adopted functional and inclusive documentation procedures and systems by 2024

<table>
<thead>
<tr>
<th>Country</th>
<th>Indicator</th>
<th>Population Type</th>
<th>Baseline (2022)</th>
<th>Target (2022)</th>
<th>Actual (2022)</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Africa MCO</td>
<td>1.2 Proportion of children under 5 years of age whose births have been registered with a civil authority. [SDG 16.9.1 - Tier 1]</td>
<td>Refugees and Asylum-seekers</td>
<td>84.66%</td>
<td>Not Available</td>
<td>93.61%</td>
</tr>
<tr>
<td>South Africa MCO</td>
<td>1.3 Proportion of PoC with legally recognized identity documents or credentials [GCR 4.2.2].</td>
<td>Refugees and Asylum-seekers</td>
<td>94.08%</td>
<td>Not Available</td>
<td>94.00%</td>
</tr>
</tbody>
</table>

Progress Against the Desired Outcome

According to statistics from the Department of Home Affairs shared on 30 June 2022, South Africa hosts 165,115 asylum-seekers and 75,033 refugees. UNHCR continues to register asylum-seekers and refugees for case management. The total number of individuals registered by UNHCR in 2022 was 961.

UNHCR continued to use registration as a relevant protection tool. The Registration unit provides remote technical support and data-quality monitoring, and capacity-building training to governments and partners. In April 2022, a verification and protection profile exercise was carried out in Lesotho. 320 individuals were verified, 124 individuals were newly registered, and 23 add-ons were conducted. The total population of refugees and asylum-seekers in Lesotho is 549 individuals. Thirty-one individuals were registered in 2022 by UNHCR's partner in Madagascar, bringing the asylum-seeker and refugee population to 255 individuals. There is no UNHCR presence in Mauritius and Comoros. Thus, remote registration is taking place in Mauritius by UNHCR; nine individuals were registered in 2022.

In January 2022, a registration mission was sent to Comoros to register 25 individuals. The total number of the active population in Comoros is currently 20 individuals, after some departed on their own and two were resettled. The total population in Botswana is 835 individuals. Eighty individuals were registered in 2022 by UNHCR in Botswana. UNHCR is still in the process of rolling-out Progress with the Government of Botswana to improve registration.

During the reporting period, the Government of Namibia registered 823 newly arrived individuals, bringing the country's asylum-seeker and refugee population to 3,361. The Government manages reception and continuous registration of new arrivals and babies. The UNHCR registration team facilitated a week-long technical training for Ministry of Home Affairs, Immigration, Safety and Security (MHAISS) staff in Katima Mulilo reception centre, Osire settlement and Windhoek in April 2022; topics covered included the ProGres Database, data clean up, technical troubleshooting and establishing a follow-up action plan. Remote support is ongoing. UNHCR routinely monitors the use of the database and trends and identifies areas of improvement, besides directly supporting UNHCR Namibia staff.

Challenges to Achieving Outcome

Sharing of data and statistics needs further improvement in South Africa. As a result of the High-Level
Dialogue between the Ministry of Home Affairs and UNHCR’s Assistant High Commissioner (Protection), a Data Sharing Agreement was drafted and shared with the Department of Home Affairs (DHA) in 2022; UNHCR is currently in negotiations with DHA to agree on the key principles of this agreement. The Memorandum of Understanding (MoU) between UNHCR and the South Africa Social Security Agency (SASSA) on data sharing for asylum-seekers and refugees receiving financial assistance is ready for final signature. The MoU's overall objective is to avoid duplication of financial assistance provided by SASSA and UNHCR partners, respectively.

Low partner capacity coupled with lack of stakeholder engagement in setting up asylum systems in the Indian Ocean Islands remains a challenge. UNHCR does not have a presence or partners to do registration in Mauritius or Comoros. There are limited missions to do in-person training due to budgetary constraints. A population verification needs to be done in Madagascar; UNHCR is scheduled to visit the country in March 2023.

The Government of Botswana is using a manual system for registration. UNHCR is working on improving the registration capacity of the Government by rolling out ProGres. In June 2022, the Government of Botswana informed UNHCR that the registration of asylum-seekers who had been rejected by the Refugee Advisory Committee (RAC) was put on hold until discussions between the Ministry of Justice and Immigration were finalized. Once the discussions between authorities have concluded, UNHCR will be informed of the way forward.

There are multiple challenges in Namibia, including inadequate staffing and need to strengthen technical capacity of the existing registration staff. On occasion, the continuous registration exercise is only partially undertaken for some fields. The MHAISS should receive more support; poor Wi-Fi and high costs have had an impact on productivity. Asylum—seekers and refugees do not regularly update their phone contacts on the system, and this occasionally impacts other related protection interventions when the individuals cannot be reached, e.g., for protection or resettlement interviews.

2. Outcome Area: Status Determination

By 2024, about 260 000 asylum-seekers can access RSD procedures in South Africa and Non SA countries that are accessible, fair, efficient, adaptable and which have integrity.

Progress Against the Desired Outcome

In South Africa, only 5,385 appeals were reviewed in 2022 (of a backlog of 133,352), the majority administrative closures. Around 926 appeals were adjudicated with a 40 per cent appeal overturn rate. This pointed to challenges with implementing the Backlog project and the need for further support and capacity-building for first-instance decision-making. UNHCR's capacity to manage/monitor the implementation of the project was limited, especially with the loss of the full-time dedicated RSD expert. In Botswana and Lesotho, UNHCR attended three adjudication committee meetings.

In Botswana, Government agreed to a roadmap to implement a GRF pledge to open an Office of Refugees and Stateless persons. In Namibia, the authorities officially published their RSD Standard Operating Procedures (SOPs) (drafted with UNHCR support) while reducing their backlog in 2022 by paying staff overtime. However, more fundamental structural issues that could prevent new backlogs from forming were not attended to, despite an existing joint work plan. SAMCO is hesitant only to use training as the first mechanism for RSD capacity-building given the turnover of staff, so, after a push on training in 2021, in 2022, training was limited to Government authorities in South Africa, Botswana, Lesotho and Namibia on specific topics (1969 Convention Governing the Specific Aspects of Refugee Problems in Africa) and via existing platforms (International Association of Refugee and Migration Judges Africa Chapter conference). UNHCR used opportunities to encourage the authorities to frame their challenges under the 'areas in need of support' that the Asylum Capacity Support Group (ACSG) focuses on to help Governments broaden their appreciation of where such support can be offered.

All countries under SAMCO offer an RSD appeal mechanism (whether through State procedures or in the
Mandate RSD procedure) except for Botswana, which plans to introduce one in its amended Refugees Act. In practice, however, appeals procedures are so lengthy (as in South Africa) as to render it ineffective, or the appeal boards have only recently started activities (e.g. Eswatini, Lesotho, Namibia). Efforts are needed to strengthen governments’ case management databases. As a result, data on average processing times for RSD was unobtainable. For the UNHCR mandate, RSD average processing time was 350 days (from RSD case creation to resettlement (RST) interview). Using simplified procedures for asylum-seekers from the Kivu provinces, DRC, 360 RSD cases were created, 293 assessments finalized, and 182 individuals were referred to Resettlement. The top countries of origin were DRC (204), Pakistan (21) and Burundi (10).

Challenges to Achieving Outcome

Despite the positive outcomes outlined above, progress in asylum systems building is slow-moving in many countries under the SAMCO due to a) increasingly restrictive legislative frameworks (e.g. South Africa), b) lack of pro-activity by governments (despite claimed interest in strengthening asylum), c) lack of State budget for asylum leaving staffing and capacity gaps unfilled, and d) need for civil service reform (poor government HR recruitment policies, poor performance management, poor budgeting, poor planning, procurement, etc.) as well as UNHCR's limited funding, staffing and capacity challenges (e.g. remote support from Pretoria) to pro-actively and closely engage nine governments in this area. These same challenges cause difficulty for the team to process Mandate RSD cases to refer for resettlement. It also means recognitions get prioritized while rejections fall into the 'pending' caseload until cases can be reviewed and notified to allow them to exercise their right to appeal.

4. Outcome Area: Gender-based Violence

**GBV survivors have access to a holistic response and prevention plan by 2024**

<table>
<thead>
<tr>
<th>Country</th>
<th>Indicator</th>
<th>Population Type</th>
<th>Baseline (2022)</th>
<th>Target (2022)</th>
<th>Actual (2022)</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Africa MCO</td>
<td>4.2 Proportion of POCs who do not accept violence against women.</td>
<td>Refugees and Asylum-seekers</td>
<td>88.94%</td>
<td>89.00%</td>
<td>88.94%</td>
</tr>
</tbody>
</table>

Progress Against the Desired Outcome

Gender-based violence (GBV) support groups are active in three provinces in South Africa through UNHCR programming. A total of 117 survivors of GBV received cash-based intervention (CBI) support and comprehensive case management support, including referrals for medical and legal services. In Western Cape, 350 refugees and asylum-seekers participated in peer-run empowerment groups and training on GBV prevention and response; 65 refugees and asylum-seekers received counselling services related to GBV. In Gauteng, two GBV support groups of 20 refugee and asylum-seeking survivors met monthly. In KwaZulu Natal, UNHCR's partner conducted sessions with refugees and asylum-seeker communities, reaching 1,563 people.

In Eswatini, 374 GBV service directories were distributed; 416 people were reached with GBV messaging; five survivors received medical care and referrals in the reporting period. A pivotal Memorandum of Understanding (MoU) with the Eswatini Action Group Against Abuse (SWAGAA) was signed to ensure the inclusion of refugees and asylum-seekers in their programs and advocacy. To address some partners' limited ability to respond to GBV incidents, a capacity-building exercise for 29 key NGO and government staff from Madagascar, Mauritius, Lesotho, Botswana, Eswatini and Namibia was conducted.

In Botswana, three refugee-led committees participated in workshops to strengthen their engagement in GBV prevention, mitigation and response. A GBV Safety Audit was undertaken in the second half of 2022 to better understand the root causes of GBV in the Dukwi Refugee camp, challenges in accessing the services and reporting, and identify any gaps in service provision and communities' attitudes, knowledge, and perceptions about GBV. A total of 10 stakeholders from civil society and the Government participated. A
A series of engagement sessions with 45 refugee women was conducted during the audit; a “safety walk” helped inform current GBV risk mitigation measures that could be improved in the Settlement. UNHCR launched a Men’s Forum in the camp targeting GBV advocacy and awareness-raising for 60 men living in the Settlement.

Namibia facilitated three online training exercises and multiple on-site GBV-related thematic and case troubleshooting discussions; seven GBV cases were reported and addressed. Regular town hall meetings allowed the sharing of important GBV messages with community members. UNHCR’s legal partner intervened in cases of intimate partner violence at the court level, including providing safe shelter for the highest risk.

The 16 Days of Activism Against Gender-Based Violence celebrations were supported by UNHCR in Namibia, Botswana, and South Africa. Activities included refugee and stakeholder celebrations, Sports-for-Protection and GBV engagement sessions.

UNHCR’s partners have completed the inter-agency joint Prevention of Sexual Exploitation and Abuse (PSEA) assessment, and capacity-building plans have been reviewed, setting the stage for more concrete partner engagement on PSEA in 2023. An awareness-raising campaign on refugee women’s empowerment featuring women refugee leaders was broadcast on UNHCR’s social media channels to celebrate International Women’s Day.

**Challenges to Achieving Outcome**

Although national structures are robust, many refugee and asylum-seeking survivors of GBV in South Africa are often reluctant to ask for help. Many women also report that lack of or lapsed asylum documentation discourages their reporting.

In the Indian Ocean Islands, partners act as the critical go-to resource to ensure that survivors have access to services for both incidents in the country of asylum and mental health support for those who arrived with past trauma. Further support for the strengthening of national structures is needed.

Stigma remains a significant obstacle in Botswana for survivors, so many cases of GBV and IPV go unreported. Furthermore, even when cases are reported, in some instances the lack of evidence leads to law enforcement authorities not agreeing to formally open cases, thereby impeding access to justice for survivors.

In Namibia, the lack of a gender focal point at the settlement police station and the absence of UNHCR internal protection capacity in Osire create challenges to effectively prevent, mitigate and respond to GBV in the settlement. Access to national GBV structures is challenging and community networks to prevent, mitigate and respond to GBV lack resources and capacity.

### 5. Outcome Area: Child Protection

Children of under our mandate are protected from violence, abuse, exploitation and discrimination and have access to child friendly procedures and services

<table>
<thead>
<tr>
<th>Country</th>
<th>Indicator</th>
<th>Population Type</th>
<th>Baseline (2022)</th>
<th>Target (2022)</th>
<th>Actual (2022)</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Africa MCO</td>
<td>5.2 Proportion of children who participate in community-based child protection programmes</td>
<td>Refugees and Asylum-seekers</td>
<td>52.95%</td>
<td>50.00%</td>
<td>52.95%</td>
</tr>
</tbody>
</table>
Progress Against the Desired Outcome

In South Africa, 124 refugee and asylum-seeking children at risk in four provinces had Best Interest Procedures (BIP) initiated; 38 cases were presented at the monthly BID panel; 95 children at risk and their caregivers benefitted from cash assistance. In KwaZulu Natal, 1,500 children and families received Know Your Rights information and direct support, particularly around documentation; support groups were initiated for 26 caregivers and parents caring for children with specific needs. In Western Cape, four child protection prevention and response workshops and trainings on self-esteem, bullying and GBV were completed at local schools.

UNHCR and UNICEF in South Africa developed a joint work plan in January 2022 to strengthen child protection programming for migrant, refugee, and asylum-seeker children; activities included a UNHCR-led Task Force on Birth Registration which met three times throughout the year and brought together over 40 practitioners to exchange on best practices and advocacy initiatives. Consultations with CSOs and the Government were undertaken to develop an Inter-Departmental Protocol for the Multi-Disciplinary Management of Unaccompanied and Separated Migrant Children. Twenty-five NGO and government stakeholders were trained on Best Interest Procedures in South Africa.

UNHCR, with support of the relevant government social departments, identified 12 children at risk in Eswatini and one in Lesotho, whom partners are following closely; UNHCR trained the partner in Eswatini to start conducting BIAs; a total of three BIAs were conducted, which were reviewed and finalized with the support of UNHCR as a capacity-building exercise.

A total of eight BIDs were initiated under the simplified procedure in Comoros and handled by UNHCR due to the lack of a BID panel in the region and case sensitivities; one was resettled, and UNHCR matched the others with pro bono legal assistance to help them reunite with their mothers in France and Mayotte - they departed in mid-2022.

Know Your Rights was conducted in Botswana to raise awareness of the Botswana Children's Act. A Child Protection Committee was trained, and a foster care manual was developed. A total of 15 UASC reached the age of majority and were transitioned from assistance; a further 17 children at risk were identified in the Settlement and provided intensive case management support; an additional eight children received psychosocial support. The Botswana BID panel was established in 2022, and three cases were assessed.

Four cases were presented in the Namibia BID panel, which met twice and was established during the reporting period with Namibian authorities; 10 total BIP were initiated for children at risk in the Settlement. UNHCR’s partner supported 17 children at-risk with comprehensive services, including case management.

Challenges to Achieving Outcome

Documentation of children remains the primary issue of concern in South Africa. Undocumented or out-of-status parents do not have access to birth registration for their children, leading to risks of statelessness and exclusion from essential services. Adding children under a parent’s refugee or asylum documentation is a lengthy process according to legal partners and the community. Unaccompanied children seeking international protection often remain undocumented due to hard-to-navigate legal processes.

In Comoros and Botswana, the detention of asylum-seeking and refugee children was a serious concern – 370 children remained detained in Botswana and 10 in Comoros at year-end. The limited technical capacity of partner staff outside South Africa continues to impact the quality of the child protection interventions provided, from case identification and management to the carrying out BIP.

6. Outcome Area: Safety and Access to Justice
Access to protection services for refugees and asylum seekers, forcibly displaced and stateless people is facilitated by improved legal framework by 2024

Progress Against the Desired Outcome

Access to legal services in Southern Africa remains challenging. The lack of actors providing services to displaced people means civil society (except South Africa) puts less pressure on governments for legal reform. UNHCR, for its part, made various submissions to the Government and other stakeholders in 2022: in Botswana on the Refugees (Recognition and Control) Bill recommending the use of individual decision-makers over a committee RSD model, in South Africa submissions on best practice when considering new asylum claims from previously rejected applicants and on draft legislation and policy on labour migration, employment, and social assistance. UNHCR made presentations on the asylum appeal backlog, closure of Refugee Reception Offices and statelessness at Parliament and provided inputs to the Special Rapporteur on the Human Rights of Migrants on human rights violations at borders for South Africa and Botswana with a summary note for the Secretary General's Annual Report on Oceans and the Law of the Sea in Comoros.

In Southern Africa (especially South Africa), UNHCR and partners supported increased access to legal advice/representation via the creation of the Southern Africa Legal Advocacy and Migration Network; the signing of an MOU with a pro bono law firm in SA to increase legal assistance on the pathway to citizenship; legal partners conducted outreach initiatives and strengthened ways of reaching their client base (WhatsApp, phone lines). Despite these efforts, partners reported serving only 8,769 (3.7 per cent) of the asylum-seeking and refugee population in South Africa.

The extent of statelessness remains unclear due to a lack of data and determination procedures. Still, indicators are present in Madagascar, Eswatini, Namibia, South Africa, Botswana, and Lesotho. Limited funding, human resources, and technical capacity of governments result in limited immediate solutions. Political will in the region is promising, with pledges from most SADC States to accede to or comply with the 1954 Convention relating to the Status of Stateless Persons and the 1961 Convention on the Reduction of Statelessness and to implement national action plans. Legislative reform is underway in Madagascar. Eswatini is conducting a national civil documentation exercise, and legal reform will be informed by a study. Also in progress in Namibia and pending in Lesotho. The Government of South Africa has engaged in stakeholders forums, but the political and economic situation in the country influences policy for access to rights and documentation. Botswana is in the process of legal reform and has an active network. Little evidence of statelessness is seen in Seychelles, Mauritius, and Comoros. Civil society shows support and engagement through legal representation and advocacy projects. UNHCR focused on law reform, advocacy, and Government capacity-development, through engagement with government focal points and with the regional statelessness network, Southern African Nationality Network (SANN).

Challenges to Achieving Outcome

Legal services for displaced people are limited or unavailable in all SAMCO countries except South Africa. Despite UNHCR’s support for creating a Southern Africa Legal Network (GRF pledge), losing the focal point for this work at UCT (partner) meant progress was hindered. In early 2022 the countries were still coming out of COVID-19 pandemic restrictions, hindering their ability to provide legal services despite efforts to be innovative (WhatsApp, legal telephone lines). Despite the increased needs, legal partners in South Africa and Namibia were warned of funding cuts for 2023. Due to the low number of appeals adjudicated in the context of the BL project in SA, partners represented fewer appellants than anticipated (139 total).

8. Outcome Area: Well-Being and Basic Needs

Communities of concern have access to the support they need in order to build resiliency and transforming capacities in social cohesion by 2024
Progress Against the Desired Outcome

A total of 4,537 refugees and asylum-seekers were assessed for vulnerability in South Africa, of whom 476 individuals and 682 households received cash assistance (an estimated total of 3,886 individuals benefitting), including 69 families (comprised of refugees, asylum-seekers and 17 South African homes) who were assisted in Kwa-Zulu (KZN) following severe floods in the province. Social partners in South Africa refer all qualifying cases of refugees to the national social welfare system; the South Africa Social Security agency reported that 16,417 refugees receive social grants, the majority being the Child Support Grant. UNHCR deliberated on 1,131 high-risk cases flagged by partners, of which 205 cases (761 individuals) were profiled and contemplated for possible local and durable solutions in the UNHCR Protection Case Conference (PCC). A total of 6,054 calls were received and processed by UNHCR’s Helpline during the reporting period; a total of 284,491 views of UNHCR South African help.org page were recorded; UNHCR sent 28 mailers to refugees and asylum-seekers in South Africa on various topics, including education opportunities, Know Your Rights, funding opportunities and legal matters; with onward forwarding these mailers reaching an estimated 15,640 refugees and asylum-seekers.

In Eswatini, 113 refugees and asylum-seekers were assessed for vulnerability during the reporting period; 114 individuals received supplementary cash assistance. A total of 90 households in Madagascar received cash assistance support through vouchers; 20 high-risk families received supplemental cash assistance throughout the year, though some departed on resettlement. UNHCR conducted case management training – which covered identifying and responding to specific needs groups, among other topics – for 29 government and partner officials in Mauritius, Eswatini, Madagascar, Botswana and Namibia.

In Mauritius, due to an increase in new arrivals and the high cost of living, UNHCR engaged a partner at mid-year to provide comprehensive case management services to 14 refugees and asylum-seekers in Mauritius, especially new arrivals; two families were assisted with cash assistance, and three asylum-seekers were assisted with accommodation. In Botswana, seven families (31 people) living in Gaborone were provided with cash assistance to help sustain them due to medical and other vulnerabilities.

In Namibia, UNHCR’s partner continues to be supportive with counselling and monitoring and periodic reporting on high-risk cases. A total of 33 high-risk cases (161 individuals) from Namibia were profiled and deliberated for possible local and durable solutions in the UNHCR Protection Case Conference. 62 social cohesion and peacebuilding activities in South Africa reached 4,871 refugees and asylum-seekers. UNHCR co-chaired the Protection Working Group. Multi-Partner Trust Fund activities continued in South Africa, including a communications campaign to combat xenophobia.

Challenges to Achieving Outcome

Threats to social cohesion in South Africa are concerning. Long-pending asylum appeals prevent asylum-seekers from qualifying for social welfare programs.

Refugees and asylum-seekers are not included in national welfare programs in the Indian Ocean Islands. Therefore, UNHCR partners must address the specific needs of people. UNHCR struggles to effectively cover the complex and evolving mixed movements portfolio in the nine countries with limited financial and human resources.

In Namibia, encampment, funding and staffing gaps hinder the operational response and prevent adequate protection mainstreaming across sectors. The encampment policy in Botswana and Namibia makes refugees reliant on UNHCR assistance.

10. Outcome Area: Healthy Lives

Refugees and asylum seekers have access to Food Security and public health services (including primary, secondary, and tertiary care; HIV and reproductive health; and mental health) by 2024
<table>
<thead>
<tr>
<th>Country</th>
<th>Indicator</th>
<th>Population Type</th>
<th>Baseline (2022)</th>
<th>Target (2022)</th>
<th>Actual (2022)</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Africa MCO</td>
<td>10.1 Proportion of children aged 9 months to five years who have received measles vaccination.</td>
<td>Refugees and Asylum-seekers</td>
<td>89.55%</td>
<td>100.00%</td>
<td>89.55%</td>
</tr>
</tbody>
</table>

**Progress Against the Desired Outcome**

South Africa’s HIV/AIDS programming implemented 458 awareness sessions on referral/testing pathways and Sexually Transmitted Infections (STIs). Testing was available at two partner offices implementing this project. 63 sex workers and those living with HIV/AIDs were given cash assistance to support their basic needs. A total of 415 people were tested for HIV/AIDS in three provinces, with positive cases being referred to national structures. UNHCR’s partners provided psychosocial support to 3,464 persons in South Africa.

A total of 29 individuals were referred and panelled at the Regional Exceptional Medical Referral Committee (REMREC) and considered for UNHCR-funded exceptional interventions. Cases came from South Africa, Namibia, Botswana, Madagascar and Eswatini. UNHCR partnered with Section 27 and Medecins Sans Frontieres (MSF) in South Africa to flag high-risk cases of children denied medical care based on documentation status and refer them for Medical Assessment Form (MAF)/durable solutions as appropriate.

In Comoros, medical care and sanitary materials were provided to 73 refugees and asylum-seekers as a life-saving measure in the first half of the year; an additional 21 women and adolescent girls benefited from feminine hygiene materials. In Lesotho, the Government provided food and winter items to approximately 26 households with specific needs (21 refugees and five host communities).

In Madagascar, the community medical centre run by UNHCR’s partner served 189 refugees and asylum-seekers; 17 were referred for specialized care.

In Eswatini, 635 refugees and asylum-seekers received information on health services, 40 mental health and psychosocial referrals were made, and two severe chronic cases were assisted with access to specialized care. UNHCR began processing medical resettlement cases from Eswatini with the identification and training of a doctor to complete Medical Assessment Forms (MAF) for high-risk cases. A total of 243 refugees and asylum-seekers living in the reception centre were assisted with food support.

A total of 244 refugees and asylum-seekers in Botswana were supported in accessing secondary and tertiary healthcare via transportation fees for medical referrals to Francistown. Around 113 people were educated on Primary Healthcare in the Settlement; 44 people with chronic conditions were supported with medication purchased from private pharmacies when public hospitals ran out of stock. Food rations were distributed each month and received by an average of 709 individuals.

In Namibia, UNHCR donated ambulance; (Personal Protective Equipment (PPE), COVID-19 medication, medical equipment and sanitization supplies to the government clinic in the settlement. Some 1,140 women received sanitary materials 4,400 people received soap and UNHCR’s partner ran five hygiene campaigns. Food distribution was conducted monthly in Osire camp, benefiting 5,423 refugees and asylum-seekers.

**Challenges to Achieving Outcome**

Access to healthcare for asylum-seekers in South Africa varies between provinces, with many having to pay as private patients in the public sector. This is especially prevalent in Gauteng province due to the 2020 Gauteng Health Circular which classifies asylum-seekers as private payers. This varies between provinces, and many have to pay the fees equivalent to private services. While Eswatini and Lesotho have inclusive health systems for refugees and asylum-seekers, specialized care capacities are limited. In the Islands, refugees and asylum-seekers are not included in national health systems and must resort to private care. Some exceptions have been made in Mauritius.

Specialized high-risk cases requiring medical support in Namibia and Botswana are not covered by the public sector, and the number of refugees and asylum-seekers needing private medical coverage is
growing. Still, medical resettlement options remain limited, and UNHCR lacks adequate resources to assist.

11. Outcome Area: Education

All refugees and asylum seekers have access to primary, secondary, and tertiary education through national legal framework or complementary ways by 2024

Progress Against the Desired Outcome

UNHCR submitted joint comments with the Office of the High Commissioner for Human Rights, OHCHR, to the South African Parliamentary Portfolio Committee on Basic Education regarding the fundamental Education Laws Amendment Bill. UNHCR also sponsored a DAFI 30th Anniversary Event in Johannesburg, which brought together over 40 refugees, partners, the Government and UN agencies. Social and legal partners in South Africa continue to advocate for children to access school as needed on an ad-hoc basis. UNHCR has supported this process through community engagements on education and deepening operational partnerships with education-focused organizations such as the Islamic Relief South Africa (with whom UNHCR has an MoU), ThreeTwoSix (Refugee Children's Education Project) and UNICEF.

UNHCR partners in South Africa organized English classes in KwaZulu Natal for 57 people, and a tutoring program in Western Cape served 223 young refugees and asylum-seekers. In Eswatini, UNHCR covered school fees for 143 learners from families with specific needs. The project paid the monthly salary for a preschool teacher teaching 32 learners at the reception centre; 93 learners were facilitated to register in language classes. In Madagascar, three young people were supported with French language classes, and 42 learners were enrolled in primary and secondary education throughout 2022.

In Botswana, 256 learners registered for primary and secondary education with the support of UNHCR's partner; 159 uniforms were provided to vulnerable families through the partner project. In Namibia, UNHCR supported the primary school with four additional ablution blocks and included children in the International Data Alliance for Children on the Move (IDAC) and World Refugee Day activities.

The DAFI scholarship for tertiary education continued to support refugees in three countries. DAFI supported 51 new and continuing learners in South Africa, one learner in Eswatini and 13 learners in Namibia to access higher education.

Challenges to Achieving Outcome

Refugees and asylum-seekers in South Africa cannot access bursary loans to pay for tertiary education. Due to a lack of funding, many refugee and asylum-seeking learners decline enrolment or are forced to drop out.

Learners in all locations, specifically Madagascar, Botswana, Namibia and Eswatini, have been vocal about the need for increased support for secondary and tertiary education. Most of the scarce scholarship opportunities largely target nationals, and DAFI slots are very few to meet the demand.

There is no education inclusion for refugees and asylum-seekers in the Indian Ocean Islands; many parents, therefore, opt to place their children in private schools, and not all can afford to do so. Additional resources to support asylum systems building could also, in the long run, bear significant fruit for access to essential social services, including education.

The Namibian Ministry of Education budget in 2022 was drastically reduced during the national reprioritization exercises; this resulted in cuts to financial support for school fees and a requirement for
parents to cover the outstanding balance. Due to limited movement and livelihood options, this proved difficult for many refugee parents.

12. Outcome Area: Clean Water, Sanitation and Hygiene

Access to safe shelter, water, sanitation and hygiene facilities is granted to refugees and asylum seekers in Botswana, Namibia and any other country with Settlement

Progress Against the Desired Outcome

In Eswatini, UNHCR’s project focuses on the reception centre, where approximately 500 refugees and asylum-seekers reside. Quality checks were conducted in 50 ablution units and 94 residential houses; the project also facilitates litter and greywater management. Around 48 household representatives, including 13 hygiene promoters, received sanitation training in the reception centre – this was co-facilitated by Ministry of Environmental Health specialists and UNHCR’s WASH partner. Pest fumigation occurred twice in 77 refugee houses in the reception centre.

In Botswana, 202 women and girls of reproductive age received sanitary materials with support from UNHCR implementing partners. Additionally, 65 latrines were drained, five hygiene campaigns were conducted, and 41 community waste bins were collected. There are 60 houses which went through maintenance and upkeep in the camp and currently house new arrivals. Over 200 new arrivals are still awaiting national RSD processes and are being housed in Dukwi Refugee Camp. Refugees and asylum-seekers have uninterrupted access to water in the camp which meets the acceptable standard of 20Ltrs Per Person per Day.

In Namibia, the Settlement currently has 12 boreholes, of which nine are operational; water testing is conducted every quarter, and the report confirms that water in the Settlement is safe for drinking and is free from pathogens. A proper survey will be done to determine the quantity of water per person per day. However, there are no long queues on water points which is a positive indication that water is sufficient. The chlorination of all water tanks and residual chlorine test are checked thrice weekly. A total of 12 new pit latrines and three septic tanks were constructed. Over 540 new arrivals were received and accommodated in the transit centres. Additionally, 166 individuals were accommodated in 16 re-purposed houses. A total of 71 houses in the Settlement were identified as in need of renovation.

Challenges to Achieving Outcome

For Botswana, the number of women and girls of reproductive age increased from the targeted number due to UNHCR registering some new arrivals for whom the Government granted refugee status. Regarding hygiene campaigns conducted, the implementing partner did not often prioritize hygiene promotion once COVID-19 protocols were relaxed. Additionally, specific skills required by the partner for effective hygiene promotion were lacking, especially to enable behavioural change in the refugee community.

13. Outcome Area: Self Reliance, Economic Inclusion and Livelihoods

Government procedures and systems to fulfill their GRF commitment on Refugees Self Reliance and Livelihood are established and functional

<table>
<thead>
<tr>
<th>Country</th>
<th>Indicator</th>
<th>Population Type</th>
<th>Baseline (2022)</th>
<th>Target (2022)</th>
<th>Actual (2022)</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Africa MCO</td>
<td>13.1. Proportion of PoC with an account at a bank or other</td>
<td>Refugees and Asylum-seekers</td>
<td>46.13%</td>
<td>40.00%</td>
<td>46.13%</td>
</tr>
</tbody>
</table>
Progress Against the Desired Outcome

UNHCR’s livelihood partner identified refugees and South Africans to benefit from programmes focusing on community engagement, training and mentoring support. A total of 360 people (288 refugees and 72 South Africans) completed business skills training in three provinces; an additional 14 victims of floods in KZN and 13 victims of violence received cash assistance to restart their businesses. UNHCR partnered with OHCHR to provide joint comments to the Portfolio Committee on the Draft National Labour Migration Policy and the Employment Services Bill.

In Eswatini, 85 refugees and asylum-seekers were provided start-up capital and seedlings for crop and vegetable farming to help improve their own food security and provide them with goods to sell on the open market. A total of 30 refugees and asylum-seekers were provided with agricultural mentoring, and 15 were trained in livestock production; an additional 15 refugees and asylum-seekers were enrolled in a four-month vocational training in décor and driving. The majoring have reported an improvement in the availability of food in their homes, from the vegetables they grow, and also from the profits made from sales. Scaling up the project will help the refugees to become self-reliant. Twenty refugees and asylum-seekers were supported to access a recognized course at a national Swazi design school. A study was undertaken by UNHCR's partner in Lesotho on possible Income Generating Activities (IGA) for refugees and asylum-seekers; four possible intervention areas were identified should funding be made available.

UNHCR engaged in asylum systems building work in Madagascar and developed a road map with the government that aims to economically include refugees and asylum-seekers in Madagascar, extending to the right to work and open bank accounts.

In Botswana, 65 refugees and asylum-seekers received business training and 12 businesses were established in 2022 with support from UNHCR’s partner. 25 participants participated in a poultry-rearing training which was conducted in March 2022 and equipped them on livestock management including the feeding and vaccination of livestock.

UNHCR’s partner in Namibia continued to support livelihood activities. For example, 255 agricultural farmers were supported with technical advice, 52 poultry farmers were supported, and 120 refugees received training in crop and aquaculture production. Additional targeted training and support with seedlings, fertilizers and access to the market were also facilitated. The participants reported that the interventions helped improve their understanding in the interventions they are undertaking.

Challenges to Achieving Outcome

Documentation issues in South Africa prevented the full economic inclusion of many asylum-seekers. Many traders in South Africa faced challenges as a result of xenophobic violence and/or the targeting of foreign businesses, especially in Kwa-Zulu Natal province.

Both Lesotho and Eswatini made GRF pledges to donate arable land to refugees, however a lack of engagement by stakeholders and technical expertise within UNHCR has stymied progress.

The lack of asylum systems in the Indian Ocean Islands hinders economic inclusion for refugees and asylum-seekers. Access to banking services is restricted in all the islands except for Mauritius.

The encampment policy implemented in Botswana and Namibia continue to impact the livelihoods of
refugees to a severe degree. Very few refugees have been provided with residence permits that allow them to take up employment outside the camp. Refugees in these locations desire more diversified skill and livelihoods investments which UNHCR cannot support due to resource constraints.

14. Outcome Area: Voluntary Return and Sustainable Reintegration

Identified candidates have the necessary information and resources to voluntarily return to their country of origin by 2024

Progress Against the Desired Outcome

In 2022, of the planned figure of 600, 355 people were assisted with return, primarily to DRC and Burundi. The office implemented all voluntary repatriation activities under direct implementation. In 2022, 275 refugees returned to DRC from South Africa, 75 Burundians returned from South Africa and 1 Burundian returned from Botswana, 1 Kenyan from Botswana, 1 Ugandan from South Africa, 1 Cameroonian returned from Namibia, 1 Namibian returned from Botswana. In 2022, 355 persons voluntarily returned from SAMCO countries, predominantly from South Africa. All voluntary returns have been facilitated in safety and dignity while ensuring the informed nature of the returns.

Before departure, UNHCR case workers counsel refugees about the support they will receive on arrival in their destination country. As part of fraud prevention, UNHCR counsels the refugees to ensure they are well informed that voluntary repatriation is free of charge. They are provided with multi-purpose cash grants to start their new life in their home country.

Challenges to Achieving Outcome

Communicating with refugees presented a challenge to voluntary repatriation. Many refugees had changed their mobile numbers, or they were not updated.

As voluntary repatriation is directly implemented by SAMCO, the lack of frame agreements with service providers for accommodation and local transportation presented an additional challenge to implementation voluntary repatriation. Currently, only a team of staff is dedicated to these activities, which requires more human resources in 2023 to overcome the challenge. Furthermore, SAMCO only has a physical presence in South Africa.

15. Outcome Area: Resettlement and Complementary Pathways

By 2024 opportunities for resettlement of vulnerable persons of concern are increased in SAMCO

<table>
<thead>
<tr>
<th>Country</th>
<th>Indicator</th>
<th>Population Type</th>
<th>Baseline (2022)</th>
<th>Target (2022)</th>
<th>Actual (2022)</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Africa MCO</td>
<td>15.1</td>
<td>Refugees and Asylum-seekers</td>
<td>DNA</td>
<td>DNA</td>
<td>826</td>
</tr>
</tbody>
</table>
Progress Against the Desired Outcome

In 2022, UNHCR SAMCO's target for resettlement submissions was set at 1,400 individuals. Quotas were allocated by Canada (100 individuals from South Africa), New Zealand (300 individuals from South Africa) and the United States of America (150 individuals from Botswana, 50 individuals from Madagascar, 400 from Namibia, and 400 individuals from South Africa).

SAMCO processed enough cases to meet and exceed the internally-set target for 2022 by submitting 415 cases comprising 1,483 individuals. Cases were submitted to Canada (114), Finland (17), France (1) and New Zealand (304), Norway (8), Sweden (36) and the United States of America (1003 individuals). SAMCO also submitted 62 individuals to various countries under the Unallocated Global Quota.

Cases submitted in 2022 were identified and prioritized from the following countries of asylum: Botswana (167), Comoros (2), Eswatini (6), Madagascar (36), Mauritius (9), Namibia (437), and South Africa (826 individuals).

A total of 58 cases comprising 167 individuals were submitted under urgent priority to various countries listed above.

A total of 354 refugees departed for resettlement from SAMCO countries. The departures were from Botswana (15 individuals), Comoros (2), Mauritius (6), Namibia (17) and South Africa (237). Diverse refugee nationalities departed SAMCO countries for resettlement, including the following: 354 in total, Afghanistan (5), Burundi (35), Chad (1), DRC (159), Eritrea (3), Ethiopia (16), Guinea (6), Pakistan (49), Rwanda (1), Somalia (66), Yemen (6) and Zimbabwe (2).

SAMCO also provided resettlement counselling to 907 individuals in 2022 from all SAMCO coverage countries.

In 2022, SAMCO counselled 28 families on the complementary pathways, particularly family reunification and private sponsorship. It implemented two education pathways projects in South Africa with UNICORE and Duolingo projects.

SAMCO also advocated for and directly intervened in complex cases, facilitated interviews and referred cases to partners such as the International Refugee Assistance Project. SAMCO's direct interventions resulted in the Government of Botswana issuing temporary travel documentation to one case to facilitate travel to the Canadian High Commission in South Africa so the family reunification application could be lodged. It also resulted in 13 departures, including two cases of six persons in Comoros reuniting with their family members in Mayotte and France; one case of two persons reuniting with their family in the United States of America; three students departing South Africa for Italy for postgraduate studies; and two cases of two individuals departing under private sponsorship from Botswana to Canada.

Challenges to Achieving Outcome

Most of the specific-needs cases identified in South Africa comprise asylum-seekers requiring a mandate refugee status determination before being submitted to a resettlement country. Low staffing levels at the SAMCO RSD unit led to delays in processing cases referred to the unit to conduct mandate RSD for resettlement.

The recruitment process for Durable Solutions staff under SAMCO has taken longer than expected, and the positions remain unfilled. This has reduced the unit's capacity in terms of processing in the reporting period. A Senior Resettlement Assistant has been assigned to process voluntary returns since the voluntary repatriation sub-unit is understaffed.

Another challenge for the Namibia context is the long distance from Windhoek to Osire Settlement and vehicle/driver shortages, which challenge access to the settlement by the Resettlement and
Complementary Pathways Unit. This has led to fewer cases submitted from Namibia than expected.

Remote RRF processing has led to a lack of BIMS verification possibility when the RRF interviews are conducted in all locations. BIMs verification is only possible for South Africa for Pretoria and Johannesburg cases.

### 16. Outcome Area: Integration and other Local Solutions

By 2024, the legal framework in all the 9 countries in SAMCO develop effective framework for local Integration opportunities

<table>
<thead>
<tr>
<th>Country</th>
<th>Indicator</th>
<th>Population Type</th>
<th>Baseline (2022)</th>
<th>Target (2022)</th>
<th>Actual (2022)</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Africa MCO</td>
<td>16.1. Proportion of PoC with secure tenure rights and/or property rights to housing and/or land [revised SDG indicator 1.4.2].</td>
<td>Refugees and Asylum-seekers</td>
<td>Not known</td>
<td>Not known</td>
<td>3.28%</td>
</tr>
<tr>
<td>South Africa MCO</td>
<td>16.2. Proportion of PoC covered by social protection floors/systems [SDG 1.3.1].</td>
<td>Refugees and Asylum-seekers</td>
<td>6.45%</td>
<td>8.00%</td>
<td>6.53%</td>
</tr>
</tbody>
</table>

**Progress Against the Desired Outcome**

In South Africa strides have been made to include refugees in national programmes and systems in line with the GCR. By section 22 of the Refugees Act (130) of 1998, an asylum-seeker whom the Government duly registers has the right to work.

In Botswana and Namibia, despite the fact that they follow encampment policy based on existence of reservations to the 1951 Convention on freedom movement and choice of place residence (article 26), refugees are permitted to exit the camp upon obtaining a permit from the authorities.

There are currently 32 individuals in the local integration pipeline in Botswana. In Namibia, the Osire refugee settlement is between commercial farms 245 kilometers from Windhoek’s capital. It is situated about 124 kilometers from the nearest town. With the above-mentioned permits, enterprising refugees in the settlement strive to find outside markets for their products. Namibia has 24 individuals in mixed-marriage situations. The office has continued to advocate for rules that enable refugees to support themselves and their families.

In Eswatini, the Citizenship Act of 1992 provides for naturalizing refugees once they have resided for 5 years in-country. However, refugees face barriers to citizenship, including a lack of legal resources to assist with the application and lengthy assessment periods.

In SAMCO, the office has vigorously pursued many other forms of integration, including various pathways to citizenship.

**Challenges to Achieving Outcome**

In South Africa, potential reforms might be detrimental to refugees and asylum-seekers in essential areas such as access to education, employment, health care and well-being, and social assistance. UNHCR is advocating with the Government to ensure the proposed legal reforms protect the people we serve.

The reservations to the 1951 Convention made by most countries (Namibia and Botswana in particular) threaten the enjoyment of rights by refugees and asylum-seekers.
2.2. Age, Gender and Diversity

UNHCR ensured the engagement of refugees and asylum-seekers throughout the programme cycle and additionally organised participatory assessments (PA) in the second semester of 2022. Due to the particularities of the MCO context, some engagements were done virtually, while others were done in person. A total of five provinces in South Africa completed structured PAs in person, with the LGBTIQA+ community engaged virtually due to their dispersal throughout the country. In-person PAs were also conducted in Lesotho, Eswatini and Botswana. Virtual PAs were conducted in Madagascar, Mauritius and Comoros (in Comoros, individual assessments on the small population were preferred over PAs due to a sensitive operational context). Grouping occurred by nationality, gender, specific needs, business owners, children/youth and new arrivals as relevant depending on the operational context. A total of 372 refugees and asylum-seekers were engaged. Dedicated PAs for stateless persons were not conducted due to staffing turnover. A focus on the engagement of women and girls in the process was paramount, especially in Botswana (where engagement was structured around a GBV safety audit) and South Africa.

PA results and trends vary widely by country. Overarching issues such as documentation, encampment, lack of integration, access to healthcare and challenges accessing tertiary education continue to loom large for the operation. Budget constraints throughout the year inhibited in-person engagement in many MCO countries due to high travel costs; virtual engagement has drawbacks and is used as a last-resort option. Refugee and asylum-seeker engagement outside the areas where UNHCR has offices relied heavily on adding engagement sessions after monitoring exercises to ensure the MFT approach.
## Section 3: Resources

### 3.1 Financial Data

<table>
<thead>
<tr>
<th>Impact Area</th>
<th>Final Budget</th>
<th>Funds Available</th>
<th>Funds Available as % of Budget</th>
<th>Expenditure</th>
<th>Expenditure as % of Funds Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>IA1: Protect</td>
<td>17,120,231</td>
<td>9,236,249</td>
<td>53.95%</td>
<td>9,203,129</td>
<td>99.64%</td>
</tr>
<tr>
<td>IA3: Empower</td>
<td>9,652,286</td>
<td>3,545,766</td>
<td>36.73%</td>
<td>3,545,760</td>
<td>100.00%</td>
</tr>
<tr>
<td>IA4: Solve</td>
<td>6,080,703</td>
<td>2,205,443</td>
<td>36.27%</td>
<td>2,205,443</td>
<td>100.00%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>32,853,220</strong></td>
<td><strong>14,987,458</strong></td>
<td><strong>45.62%</strong></td>
<td><strong>14,954,332</strong></td>
<td><strong>99.78%</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outcome Area</th>
<th>Final Budget</th>
<th>Funds Available</th>
<th>Funds Available as % of Budget</th>
<th>Expenditure</th>
<th>Expenditure as % of Funds Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>OA1: Access/Doc</td>
<td>2,366,103</td>
<td>947,632</td>
<td>40.05%</td>
<td>947,632</td>
<td>100.00%</td>
</tr>
<tr>
<td>OA2: Status</td>
<td>5,668,574</td>
<td>1,971,056</td>
<td>34.77%</td>
<td>1,971,056</td>
<td>100.00%</td>
</tr>
<tr>
<td>OA3: Policy/Law</td>
<td>783,624</td>
<td>382,411</td>
<td>48.80%</td>
<td>382,411</td>
<td>100.00%</td>
</tr>
<tr>
<td>OA4: GBV</td>
<td>1,921,320</td>
<td>750,716</td>
<td>39.07%</td>
<td>750,716</td>
<td>100.00%</td>
</tr>
<tr>
<td>OA5: Children</td>
<td>3,572,001</td>
<td>3,008,582</td>
<td>84.23%</td>
<td>3,008,582</td>
<td>100.00%</td>
</tr>
<tr>
<td>OA6: Justice</td>
<td>2,808,609</td>
<td>2,130,824</td>
<td>75.87%</td>
<td>2,130,824</td>
<td>100.00%</td>
</tr>
<tr>
<td>OA8: Well-being</td>
<td>2,871,015</td>
<td>1,962,339</td>
<td>68.35%</td>
<td>1,929,219</td>
<td>98.31%</td>
</tr>
<tr>
<td>OA10: Health</td>
<td>2,450,760</td>
<td>311,626</td>
<td>12.72%</td>
<td>311,626</td>
<td>100.00%</td>
</tr>
<tr>
<td>OA12: WASH</td>
<td>914,087</td>
<td>567,398</td>
<td>62.07%</td>
<td>567,398</td>
<td>100.00%</td>
</tr>
<tr>
<td>OA13 Livelihood</td>
<td>3,416,424</td>
<td>749,089</td>
<td>21.93%</td>
<td>749,089</td>
<td>100.00%</td>
</tr>
<tr>
<td>OA14: Return</td>
<td>2,932,528</td>
<td>1,021,565</td>
<td>34.84%</td>
<td>1,021,565</td>
<td>100.00%</td>
</tr>
<tr>
<td>OA15: Resettle</td>
<td>1,815,471</td>
<td>815,510</td>
<td>44.92%</td>
<td>815,507</td>
<td>100.00%</td>
</tr>
<tr>
<td>OA16: Integrate</td>
<td>1,332,704</td>
<td>368,540</td>
<td>27.65%</td>
<td>368,537</td>
<td>100.00%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>32,853,220</strong></td>
<td><strong>14,987,458</strong></td>
<td><strong>45.62%</strong></td>
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<td><strong>99.78%</strong></td>
</tr>
</tbody>
</table>
3.2. Resources Overview

Funding received in 2022 covered 46% of the total needs of $32.9 million. As opposed to the previous year, SAMCO benefited from a favorable exchange rate in 2022. The operation recorded earmarked funding including from the Mohammed bin Rashid Al Maktoum Global Initiatives, Fast Retailing Co., Ltd. (UNIQLO), the UN-funded Multi-Partner Trust Fund (MPTF) Project jointly implemented with other UN Agencies, i.e., IOM, UNDP, OHCHR and UNWOMEN; from the EU-funded Southern Africa Migration Project; and the UNAIDS-funded project for HIV/AIDS-related activities in South Africa. The allocation of resources aimed at aligning with donor earmarking. The operation also made a significant allocation of money to the Backlog Elimination Project in South Africa. The Status determination process in SA is a critical element of the legal Framework in the country. SAMCO endeavored to cover basic needs in countries with encampment /detention policies as a third top priority.
Significant funding gaps exist for SAMCO operations. The most significant include insufficient in-kind and non-food items support to refugees in Namibia and Botswana. Support is also needed to the Department of Home Affairs in South Africa for the implementation of the Backlog Project. Attaining self-reliance is essential for the people we serve. However, there are many other factors including lack of UNHCR technical expertise in livelihoods and lack of resources to take forward the initiatives already started through partners. The operation is unable to meet demand in the voluntary return programme. More also, the cash assistance programme to people with specific needs and access to education programmes require more resources to ensure sustainability.