

Southern Africa

1 - 31 December 2020

Highlights

Since UNHCR's COVID-19 response began in Southern Africa in March 2020



2.7 million people reached with COVID-19 risk communication



466,088 people received additional soap to promote handwashing



1,234 health facility staff and **1,829** community health workers trained on COVID-19



A community mobilizer checks the temperature of refugees at a distribution point in Lóvuva refugee settlement, Angola, where extra measures have been implemented to prevent the spread of COVID-19. ©UNHCR/ O. Akindipe.

Population Figures

8,527,325 people of concern to UNHCR in Southern Africa, including



767,357 refugees and 311,744 asylum-seekers



6,196,561 internally displaced persons (IDPs)



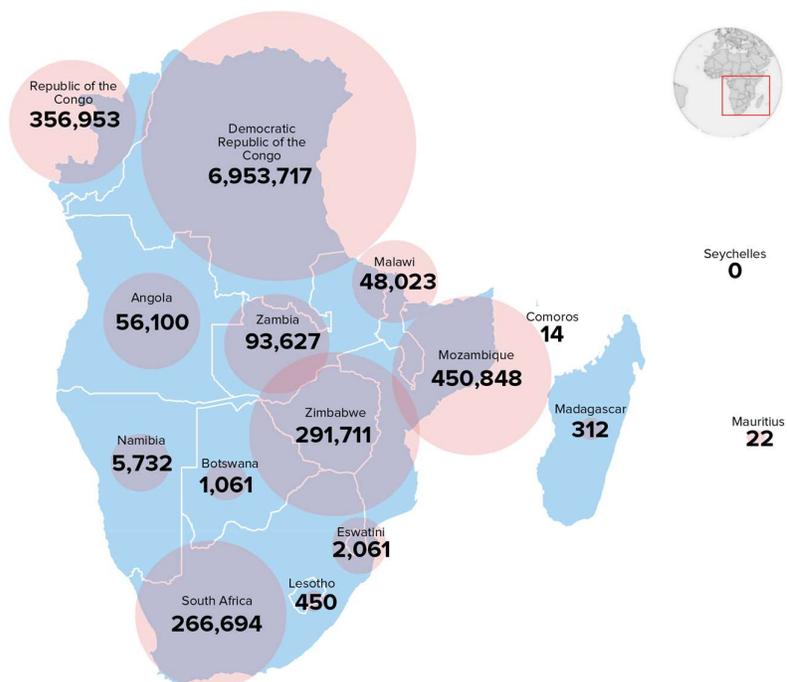
1,190,506 IDP returnees and 24,530 refugee returnees



36,627 other people of concern

(as of 11 December 2020)

People of Concern to UNHCR in Southern Africa



Operational Context

As of 31 December 2020, there have been more than 1,200,000 reported cases of COVID-19 in the 16 countries covered by UNHCR's Regional Bureau for Southern Africa, with a 40 per cent increase in active cases compared to the previous month. In some countries, authorities have confirmed a resurgence – or “second wave” – as daily case rates are on the rise. Notably, South Africa surpassed one million COVID-19 cases in December and numbers continue to grow rapidly while a new and more virulent variant of the virus has been identified in-country. Restrictions to curb the spread of COVID-19 were tightened over the festive period in countries such as Botswana, Eswatini, Republic of the Congo and South Africa, ranging from longer curfews and bans or restrictions on public gatherings, to travel restrictions and closure of land borders for all but essential travel. Many of the restrictions remain in place into January. UNHCR is closely monitoring these developments in cooperation with governments and health partners and is streamlining COVID-19 preparedness into 2021 planning.

UNHCR continues working closely with governments, the World Health Organization and other UN agencies and non-governmental organizations (NGOs) to secure the inclusion of people of concern to UNHCR – refugees, asylum-seekers, internally displaced persons (IDPs), and stateless persons – into preparedness and response measures for COVID-19. Given the impacts on livelihoods and economic opportunities, UNHCR advocates for people of concern to UNHCR to be included into social safety nets and other social assistance programmes for COVID-19. Importantly, countries in the region are now taking steps towards acquiring COVID-19 vaccines through COVAX, in some cases supplemented by direct acquisition from manufacturers. UNHCR is actively advocating with host governments to ensure people of concern to UNHCR are included into these national vaccine plans.

UNHCR and partners have continued to follow a “stay and deliver” approach, maintaining protection services and other forms of life-saving assistance for people of concern to UNHCR. Programmes have been adapted to observe social distancing and other COVID-19 mitigation measures, health protocols are in place at registration and distribution points, and hotlines and community protection structures are utilized to support case management. Since the beginning of the response to COVID-19 in March 2020, UNHCR has focused heavily on risk communication and outreach efforts to spread information about COVID-19 prevention and services. Health systems strengthening has been a priority, by equipping health centres and training health workers, and establishing isolation and quarantine centres. Additional handwashing facilities have been installed and additional soap has been distributed to promote good hygiene practices. UNHCR has also been providing cash assistance and core relief items (CRIs) to those worst impacted by lockdowns and other restrictions, while children and youth have been supported with virtual and distance learning to continue with their studies.

UNHCR Response

Health and WASH



565 health facility staff and **1,208** community health workers trained on COVID-19 in the **DRC** since March 2020



More than **150** handwashing facilities installed since the beginning of the COVID-19 response in **Malawi**

Throughout the response to COVID-19 in Southern Africa, support to health systems and services has been a priority for UNHCR and partners, including equipping health centres, training health workers, establishing screening systems, and supporting isolation and quarantine centres. In the month of December in **Angola**, UNHCR provided five refugee housing units and five tents to the provincial government of Lunda Norte to reinforce accommodation for medical staff in quarantine, while in **Botswana**, UNHCR procured gloves, medical gowns and masks, which are being distributed to clinics close to Dukwi refugee camp, that serve the refugee and host communities. Additional stocks are expected to arrive in the coming weeks to support the national COVID-19 response.

In the **Democratic Republic of the Congo (DRC)**, 50 health staff in South Kivu Province received training on COVID-19 prevention and response by UNHCR's partner, on surveillance of COVID-19 cases, case management,

and infection prevention and control. So far, UNHCR and partners have trained 565 health facility staff on COVID-19, as well as 1,208 community health workers. Additionally, in Haut Uele Province, UNHCR and partners screened over 40,800 individuals in the month of December at different entry points and settlement control points.

Support to water, sanitation and hygiene (WASH) systems has also remained a priority, as a key element in the fight against the spread of COVID-19. With the reopening of schools in many countries, special attention has been given to preventive measures in the school environment for both refugee and host community children. In the **DRC**, 40 handwashing stations and 10 thermostats were provided to schools in North Kivu Province. In addition, 100 handwashing stations were installed in local health facilities in Uvira and Ruzisi health zones. In Haut Uele Province, UNHCR and partners provided over 20,000 liters of water at different entry points and to the National Border Hygiene Programme.

In **Malawi**, the WASH team, together with an NGO partner, conducted a joint rapid needs assessment of water supply at two newly constructed primary schools ahead of their opening in January 2021. Recommendations were made to extend piped water supply to New Dzaleka Hill primary school and to drill a new borehole at New Katubza primary school. This will not only enable the pupils to have access to drinking water but also support the uptake of COVID-19 prevention measures such as handwashing. This is in addition to more than 180 new handwashing facilities that UNHCR and partners have installed in refugee-hosting areas in Malawi to help prevent the spread of COVID-19.

Protection, Communication and Community Engagement



450,196 people reached with COVID-19 risk communication since March 2020 in **South Africa**



182,027 people reached in **Zambia** with COVID-19 awareness-raising messages since March 2020

In order to accelerate screening of claims and access to asylum at the border areas in **Malawi** amidst the COVID-19 pandemic, UNHCR and the government's Refugee Department organized protection workshops in Mzuzu and Blantyre targeting immigration, police and judiciary officials. The aim of the workshops was to strengthen knowledge on international refugee law, and to find ways of addressing challenges in terms of application of the refugee law for asylum-seekers. This is particularly important in view of COVID-19 measures implemented by the Government of Malawi that may impact upon access to asylum. Meanwhile, in **Zimbabwe**, 200 refugees and asylum-seekers participated in awareness-raising sessions about the rights of people with disabilities as part of the International Day of Persons with Disabilities marked on 3 December under the theme "Building back better: towards an inclusive, accessible and sustainable post-COVID-19 world by, for and with persons with disabilities." UNHCR, NGO partners, and Government participated in the celebrations, which followed appropriate COVID-19 prevention measures.

Across the region, risk communication and awareness-raising on COVID-19 continued for refugees, IDPs and host community through community-based protection groups and community mobilizers, information sessions, flyers and leaflets, reaching nearly 2.7 million people. Given ongoing reports of complacency and non-compliance with COVID-19 mitigation measures, along with the increased risks posed by COVID-19 resurgence in some countries, UNHCR is redoubling its efforts to encourage people to remain vigilant and adhere to COVID-19 prevention protocols. The largest such campaign is in the **DRC**, where more than 1.6 million people have been directly reached with COVID-19 risk communication since the beginning of the pandemic, including more than 88,000 in the month of December, with many thousands more reached through radio broadcasts and programming. In fact, radio programming has served as an important way of reaching large audience of refugees, IDPs and host community with critical information about COVID-19. Over the month of December, in Haut Uele Province, 879 radio broadcasts were aired on COVID-19 prevention measures, while in South Kivu Province, 76 radio messages on COVID-19 and gender-based violence (GBV) prevention were broadcast in areas with a concentration of IDP and refugee population.

In **South Africa**, awareness-raising and communication with communities continued in a remote manner during December, with e-mail circulars and bulk SMS messages sent to communities reiterating the importance of following

social distancing, handwashing and mask wearing throughout the festive season. Following the government's introduction of tighter restrictions in light of the COVID-19 resurgence, UNHCR conducted outreach through community networks to ensure that refugee and host communities were fully aware of the new restrictions, to help ensure their compliance. Since the beginning of the COVID-19 response in South Africa, UNHCR has reached 450,000 refugees, asylum-seekers and host community with COVID-19 risk communication. Additionally, in **Zambia**, UNHCR, working with government, partners, refugee community health workers, and volunteers continued to conduct awareness-raising and compliance monitoring in churches, schools, work and public places in the three refugee settlements. UNHCR and partners reinforced prevention messages to encourage adherence to government's principles of social distancing, handwashing and avoiding overcrowding. Door-to-door awareness-raising was also conducted, reaching approximately 720 households in four communities including host communities. UNHCR and partners have reached more than 182,000 people in Zambia through COVID-19 awareness-raising initiatives since March 2020.



UNHCR staff consult a group of women IDPs in Nanjua, Cabo Delgado Province, Mozambique. Participants in the group discussion are provided with masks to prevent the spread of COVID-19. ©UNHCR/ D. Lazara de Souza

Challenges

There continue to be reports of fatigue with COVID-19 prevention measures, leading to complacency or non-compliance in wearing masks, respecting restriction of movements, self-isolation, social distancing and other prevention measures. This is particularly concerning due to reported resurgence of COVID-19 cases in the region. Furthermore, UNHCR, governments and partners continue to face challenges ensuring a reliable supply and stock of medical supplies and equipment for COVID-19 and other medical conditions, due largely to delays of international orders and lack of local providers. Slowness and sparse coverage of COVID-19 testing also continues to be a critical concern in the region, linked to shortages of test kits, limited laboratory capacity, and delays in results being shared.

The impacts of COVID-19 restrictions on the protection environment for refugees, asylum-seekers and IDPs is also a growing concern. Namely, GBV prevention is a serious challenge in operations. While systems have been strengthened to respond to GBV incidents and provide the necessary support to survivors, the challenge remains that school closures and livelihood losses continue to be risk factors contributing to incidents of GBV. For example, in Malawi, UNHCR and partners' annual safety audit revealed that the COVID-19 pandemic has created GBV risks as a result of COVID-19 restrictions and closures. Furthermore, COVID-19 restrictions continue to pose challenges for certain types of community outreach. For example, in South Africa, community outreach and mobilisation programmes remain limited to virtual engagements with community leaders, which limits the number of people reached, as well as reduces the diversity of participants involved in the discussions.

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 22 December, US\$ 477 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 31 November 2020, the region has received contributions totalling US\$ 9.7 million, accounting for approximately 31 per cent of financial needs. The Regional Bureau for Southern Africa is grateful to donors who have supported operations in the Southern Africa region for COVID-19 response, including the United States of America (USA), European Union, Education Cannot Wait, UN Malawi SDG Acceleration Fund and private donors in United Kingdom, France, Germany and South Africa.

MAJOR CONTRIBUTIONS TO UNHCR'S GLOBAL COVID-19 APPEAL | USD

USA 186.3M | Germany 62.7M | EU 34.1M | Private donors 26.6M | UK 26.4M | Japan 25.1M | African Development Bank 18.3M | Denmark 14.6M | United Nations Foundation 10M | Unilever 8.3M | CERF 6.9M | Canada 6.4M | France 4.6M | Education Cannot Wait 3.9M | Qatar Charity 3.5M | Spain 3.4M | Ireland 3.3M | Austria 3.1M | Saudi Arabia 3M | Sweden 3M |

UNHCR is also grateful to the donors that have provided unearmarked support to UNHCR's global programme in 2020. 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 TO UNHCR'S 2020 GLOBAL PROGRAMME | USD

Sweden 76.4M | Private donors Spain 73.5M | United Kingdom 45.7M | Norway 41.4M | Private donors Republic of Korea 37.5M | Netherlands 36.1M | Denmark 34.6M | Private donors Japan 27.8M | Germany 25.9M | Japan 23.8M | Private donors Italy 17.6M | Switzerland 16.4M | France 14M | Private donors Sweden 12.8M | Private donors USA 10.8M | Italy 10.6M

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Global Financial Requirements: UNHCR Coronavirus Emergency Appeal

