Southern Africa
16 September 2020

Highlights

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

3.5 million people reached through COVID-19 risk communication

271,823 people received cloth face masks to prevent the spread of COVID-19

65,742 families received additional core relief items as a result of COVID-19

Population Figures

9,473,001 people of concern to UNHCR in Southern Africa, including

771,193 refugees and 312,419 asylum-seekers

6,391,489 internally displaced persons (IDPs)

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

36,429 other people of concern

(as of 15 September 2020)
Operational Context

As of 14 September 2020, there have been 737,443 reported confirmed cases of COVID-19 in the 16 countries covered by UNHCR’s Regional Bureau for Southern Africa. While case numbers continue to increase, the rate has notably slowed as compared to recent weeks. South Africa still has the highest number of cases on the continent, and accounts for 88 per cent of cases in Southern Africa. Governments in some countries across the region continue to ease restrictions that were put in place to limit the spread of COVID-19, including lifting lockdowns and movement restrictions, and reopening schools, shops, and other businesses. In most cases, basic prevention measures, such as mask wearing, screening and hand sanitizing in public spaces remain in place.

Throughout the pandemic, UNHCR and partners have committed to a ‘stay and deliver’ approach, continuing to provide critical protection services and assistance. Programmes have been adapted to observe social distancing and other COVID-19 mitigation measures, health protocols are in place at registration and distribution points, hotlines and community protection structures are utilized to report protection issues and assistance needs. UNHCR has focused heavily on risk communication and outreach efforts to spread information about COVID-19 prevention and services. Health systems strengthening has also been a priority, by equipping health centres and training health workers, and establishing isolation and quarantine centres to reduce the risk of transmission, particularly in camps. Additional handwashing facilities have been installed and additional soap has been distributed to promote good hygiene practices and reduce the risk of spreading COVID-19. 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.

At the same time, UNHCR continues working closely with Governments, the World Health Organization and other UN agencies and NGOs to promote and secure the inclusion of people of concern into preparedness and response measures for COVID-19. Given the serious impacts that COVID-19 regulations have had on livelihoods and economic opportunities, including for people of concern in social safety nets and other social assistance programmes – especially COVID-19 socioeconomic recovery programmes – is particularly critical.

UNHCR Response

Health and WASH

| 3,396 additional handwashing facilities established since March 2020 in the Democratic Republic of the Congo | 485 health workers trained on COVID-19 prevention and response in Zambia since March 2020 |

UNHCR and partners continued efforts to strengthen health systems and services across the region to prevent and respond to COVID-19. In Zambia, screening processes were intensified for those entering the refugee settlements through the barrier gates, and for spontaneous new arrivals using other routes, using thermo-scans, disinfectants and hygiene sensitization. Over the past two weeks, 14,763 thermo-scans and 701 vehicle disfections were conducted, and 2,701 households received COVID-19 messages during these processes. In Mantapala refugee settlement, construction of an isolation centre was completed, and it will soon be ready to host quarantined persons. 1,245 households in the settlement were inspected by community health volunteers on the use and care of household sanitary facilities as part of promotion of behaviour change. In Meheba refugee settlement, surveillance training targeting Environmental Health Technicians by the district Health Office on notifiable disease, among them COVID-19, reporting and case management was conducted, reaching 42 health care workers, among whom 7 were from the settlement health facilities. Since the beginning of the COVID-19 response, UNHCR and partners have trained 485 health workers in Zambia.

In the Democratic Republic of the Congo (DRC), UNHCR supported training of 20 health practitioners on new COVID-19 protocols in Bili health zone in Nord Ubangi Province, making a total of 549 health workers trained on COVID-19 prevention and response since March 2020. UNHCR handed over a rehabilitated building in Kasai Central that will receive people diagnosed with COVID-19 for quarantine, relieving the burden on Kananga General
Hospital. Further, over 15,000 people were screened for symptoms of COVID-19 with thermometers at 15 control posts in the four camps hosting refugees from CAR in Nord and Sud Ubangi Provinces, while in Haut-Uele Province, almost 7,000 individuals were screened at different entry points.

Support to water, sanitation and hygiene (WASH) systems remains a priority in Southern Africa, as a key element in the fight against the spread of COVID-19. Under the WASH response in the DRC, 55 refugee households in Bili camp in Nord Ubangi Province received ‘tippy tap’ handwashing equipment, which were locally produced by refugees. The handwashing equipment will encourage regular handwashing by refugees from the Central African Republic. Refugees are currently being encouraged to collect used water bottles that will be transformed to more tippy taps to reinforce COVID-19 prevention measures. Since the beginning of the response, UNHCR has supported installation of 3,396 additional handwashing facilities across the country in order to promote good hygiene to prevent the spread of COVID-19.

In Zimbabwe, construction work has begun on a waste management site at the COVID-19 isolation centre in Tongogara refugee camp, including an incinerator, ash pit and a bottle crusher. Sanitation week was also conducted in the camp, to improve the environment and minimise the risk of COVID-19 transmission due to poor hygiene practices. To promote safe WASH spaces, UNHCR’s WASH partner disinfected communal water points around the camp, which is particularly important as the water points are handled by many people on a daily basis and are a possible source of infection.

**Protection, Communication and Community Engagement**

Risk communication and awareness-raising on COVID-19 continues across the region, reaching refugees, IDPs and host community through community-based protection groups and community mobilizers, information sessions, flyers and leaflets, and radio show spots. The region’s largest campaign has been in the DRC, thus far reaching nearly 2.6 million people among IDPs, refugees and host communities, including more than 37,000 people over the past two weeks. In particular, to reduce increased risks of SGBV incidents related to COVID-19 restrictions, UNHCR and partners carried out SGBV awareness sessions in Mole and Boyabu camps, Sud Ubangi Province, in Inke and Bili camps, Nord Ubangi, and in Bas Uele province, reaching an estimated 1,506 people. In addition, in Tanganyika Province, UNHCR and partners reached 537 displaced people and returnees with messages on SGBV in the context of COVID-19. Since the beginning of the COVID-19 response in the DRC, more than 30,000 people have been reached with COVID-19 messages specifically focused on SGBV.

In Angola, to address concerns about COVID-19 in host communities, a four-member team, composed of UNHCR partner staff and government officials, carried out COVID-19 awareness activities in Lóvua host communities, focused on COVID-19 symptoms, modes of transmission and prevention, as well as steps to be followed when hand washing and the correct use of the masks. 700 masks produced in Lóvua refugee settlement were also distributed to the local communities along with 2,650 leaflets containing COVID-19 prevention messages. Since the beginning of the COVID-19 response, UNHCR and partners have reached 6,916 people, including members of the host community, with information messaging on COVID-19. Meanwhile in South Africa, an information session was conducted with refugee and asylum-seeker community leaders in the Western Cape Province about essential information on access to health care and accessing the Government’s COVID-19 relief grants. Language has reportedly been a barrier for refugees and asylum-seekers in applying for the grants, so UNHCR’s partners have engaged Government officials to offer training and assist with interpretation. Ten refugee community leaders attended the information session remotely using data bundles provided by UNHCR, in order to convey the information onward in languages spoken by the refugee communities. UNHCR has also been rolling out an SMS messaging service in the Western Cape Province, reaching thousands of refugees and asylum-seekers with specific information about COVID-19 prevention and how to access services.
As concerns grow about complacency and non-compliance with COVID-19 prevention guidelines in Zambia, UNHCR has been seeking new ways of reaching refugees and host community with information. In Mantapala settlement, with support from UNHCR and Government, the Livelihood Working Group integrated COVID-19 prevention and mitigation messages in the conservation agriculture and agri-business training modules, reaching 50 farmers. UNHCR in Zambia has reached 154,107 people with COVID-19 information since the beginning of the response. In the Republic of the Congo (ROC), during a distribution of washable and reusable masks to people with specific needs in Betou, UNHCR took the opportunity to engage 120 people with messages on the preventive measures against COVID-19, as well as with SGBV messages. UNHCR and partners have reached 6,199 refugees and host communities with specific SGBV messaging linked to COVID-19 since March 2020. In addition, awareness-raising sessions on measures to prevent the spread of COVID-19 were organized by UNHCR’s partner in Betou reaching 2,391 people, and while door-to-door messaging continued in Gamboma reaching 435 households. 140,670 refugees and members of the host community have been reached in ROC through these initiatives.

**Assistance**

12,024 received cash assistance in South Africa since March 2020 to offset the economic impacts of COVID-19

64,918 people have received cloth face masks since March 2020 in the Democratic Republic of the Congo

Months of COVID-19 restrictions have had severe economic impacts on vulnerable populations, including refugees, asylum-seekers and IDPs. Lost income as a result of limitations on movement and economic activity has meant that the number of people requesting assistance from UNHCR has increased significantly, notably among those who had previously been self-sufficient, as they now struggle to put food on the table, pay rent, or cover the cost of utilities. In Malawi, UNHCR’s partner reached 60 vulnerable families in Dzaleka refugee camp, including 57 female-headed households, with additional food items including maize flour and soya beans to ease food shortages in the COVID-19 pandemic situation.

Meanwhile in South Africa, hunger continues to be a major concern for refugees and asylum-seekers, as a result of economic hardships linked to the COVID-19 lockdown. To combat this hunger, UNHCR’s partners have provided ad-hoc food parcel distributions since April. During the reporting period, some 50 families in KwaZulu Natal received food hampers from UNHCR’s implementing partner, as well as an operational partner with whom UNHCR has signed a Memorandum of Understanding. UNHCR has also been providing affected families with cash assistance to help them through the economic hardships brought about by COVID-19. So far, 12,024 people have been reached with cash assistance in South Africa.

Mask-wearing continues to be a key prevention measure in the fight against COVID-19, and the wearing of masks is required by Government regulations in many countries of the region. UNHCR is supporting people of concern and host communities to comply with this important measure by providing reusable cloth face masks. In the DRC, UNHCR distributed almost 14,000 reusable masks to people staying in the Kigonze and ISP sites for IDPs in Bunia, Ituri Province. The masks were fabricated by South Sudanese refugees in Haut-Uele Province and by urban refugees in Goma, North Kivu Province. They were produced in the framework of UNHCR projects which aim to facilitate access for vulnerable people to quality masks at an affordable price while also constituting a source of income for refugees during this period where other sources of income have drastically reduced. 64,918 people have received face mask through UNHCR and its partners since the beginning of the COVID-19 response.
Education

1,286 children and youth supported with home-based learning in Zimbabwe since March 2020

500 students supported with distance learning since March 2020 in Malawi

Schools remain closed in many countries in the region, and UNHCR and partners continue to take measures to help students keep up with their studies. In some countries, lessons have resumed for students in certain grade levels classes, or Governments have announced plans for imminent re-opening, in which cases UNHCR has been supporting schools to implement COVID-19 prevention measures. In Zambia, Government has further eased COVID-19 restrictions by announcing the country-wide re-opening of primary and secondary schools, as well as colleges and universities to non-examination classes between 14 and 28 September 2020. In light of this announcement, learning centers in the refugee settlements will also re-open, and UNHCR is working with education authorities and partners to ensure COVID-19 preventive pre-requisites are in place before classes commence.

While schools in Zimbabwe will re-open for some exam classes on 14 and 28 September, schools remain closed for all other activities. To support students, remote learning in the form of study packs has continued. During the reporting period, 216 refugee primary school learners and 21 host community primary school learners benefited from these study packs developed by Tongogara primary school with support from UNHCR’s education partner. Secondary school learners, including 48 refugees and 12 host community learners also benefitted from the study packs. The study packs will ensure that students can complete their school syllabuses before the beginning of the exams. Further, to ensure inclusive education and support to learners with disabilities during the COVID-19 pandemic, seven pre-school learners with hearing impairment began sign language lessons. The lessons are being conducted by an external teacher to ensure the children do not digress in their knowledge of sign language. UNHCR has supported 1,286 students with home-based learning since the beginning of the COVID-19 response.

Further, in Malawi, schools re-opened for examination classes of Form 4 and Standard 8, and the students reported for classes on 7 September. The UNHCR Education team together with a partner’s school coordinator visited schools to assess the overall teaching and learning conditions and compliance with the Ministry of Health’s guidelines for school re-opening. The team also visited the construction work on 10 additional classrooms, expansion of library and staff room for primary schools funded by Educate-A-Child project. Throughout the lockdown, UNHCR has been supporting 500 students to continue their studies through distance learning, mainly via radio-based learning.

Challenges

UNHCR, partners and governments are still grappling with the challenge of securing adequate stocks of medicine, medical supplies and equipment for COVID-19 due to delays in the delivery of international orders and lack of local providers. Slowness and sparse coverage of COVID-19 testing is also an ongoing concern, linked to shortages of test kits, limited laboratory capacity, and delays in results being shared. The situation is particularly worrying in refugee and IDP camp settings, as well as in some urban areas where people live in close proximity with one another. Gaps in testing not only has negative implications for the transmission chain, but also make contact tracing difficult.

At the same time, concerning reports of rising xenophobia and stigmatization of refugees has been noted in the region, impacting on the physical safety of people of concern as well as on social cohesion and peaceful coexistence with local communities.

As the COVID-19 response in the region enters its sixth month, there is a notable 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. UNHCR and partners are renewing efforts in risk communication and community engagement and seeking innovative approaches to strengthen impact. This is especially important as restrictions are being gradually lifted, and people of concern along with the host community are returning to work and school.
Financial Requirements

On 7 May 2020, the UN launched a revised inter-agency Global Humanitarian Response Plan seeking USD 6.69 billion, which includes USD 745 million for UNHCR’s operations in affected countries through December 2020 and as reflected in UNHCR’s revised Coronavirus emergency appeal. As of 1 September, USD 461 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 1 September 2020, the region has received earmarked funding totalling USD 7.5 million, accounting for approximately 24% of financial needs. The Regional Bureau for Southern Africa is grateful to donors who have earmarked contributions to operations in the Southern Africa region for COVID-19 response, including the United States of America (USA), Education Cannot Wait, UN Malawi SDG Acceleration Fund and private donors.

GLOBAL CONTRIBUTIONS AND PLEDGES TO THE UNHCR COVID-19 APPEAL | USD
USA 186.3M | Germany 62.7M | EU 47M | UK 28M | Japan 23.9M | African Development Bank 18.3M | Denmark 14.6M | United Nations Foundation 10M | Private donors 14.6M | CERF 6.9M | Canada 6.4M | Education Cannot Wait 5.5M | Unilever 5.5M | Qatar Charity 3.5M | Spain 3.4M | France 3.4M | Ireland 3.3M | Sweden 3M | Sony Corporation 2.9M | Austria 2.5M | Finland 2.4M | Latter-day Saints Charities 2M

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

UNEARMARKED CONTRIBUTIONS | USD
Sweden 76.4M | Private donors Spain 52.9M | Norway 41.4M | Netherlands 36.1M | Denmark 34.6M | United Kingdom 31.7M | Private donors Republic of Korea 27.2M | Germany 25.9M | Private donors Japan 17.9M | Switzerland 16.4M | France 14M | Private donors Italy 12.4M | Italy 10.6M

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