

# Southern Africa

1 - 30 November 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



**53,948** people received cash assistance as a result of COVID-19



**3,053** health staff and community health workers trained on COVID-19



A Congolese refugee shops for shoes at Lóvua market in Angola. While COVID-19 restrictions have had serious impacts on livelihoods, the market continues to serve refugees living at the nearby settlement, as well as Angolans from the local community. © 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)



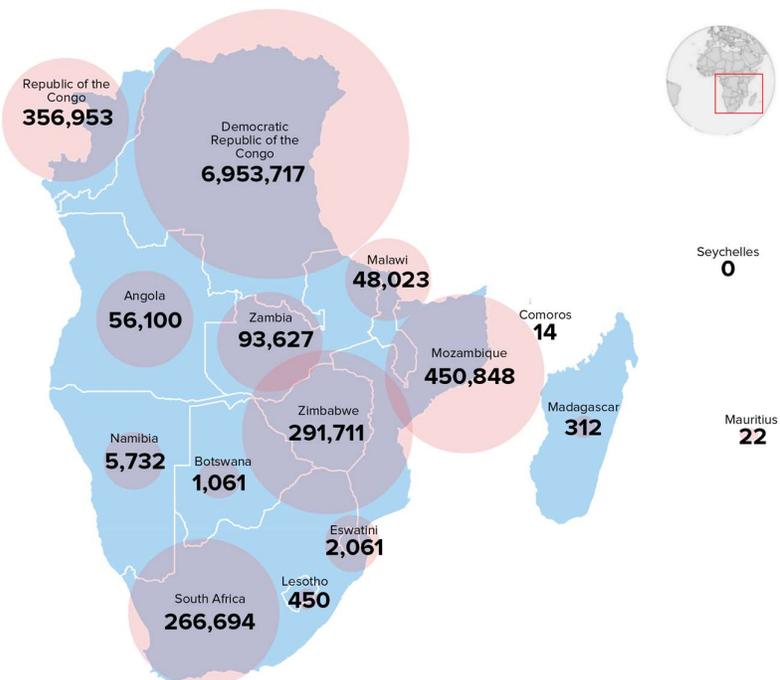
1,190,506 IDP returnees and 24,530 refugee returnees



36,627 other people of concern

(as of 30 November 2020)

## People of Concern to UNHCR in Southern Africa



## Operational Context

As of 30 November 2020, there have been 925,434 reported confirmed cases of COVID-19 in the 16 countries covered by UNHCR's Regional Bureau for Southern Africa. While positive cases continue to be identified, the rate has, in most cases, slowed significantly as compared to recent months. However, the risk of a COVID-19 resurgence remains high with reports in some countries, for example South Africa, of an increasing rate of daily reported cases. While governments across the region have eased restrictions that were put in place to limit the spread of COVID-19 – such as lockdowns, movement restrictions, international border closures, suspension of schooling, and restrictions on shops and other businesses – the risk of resurgence presents a possibility of restrictions being reinstated or new ones being introduced. This would have renewed impact for people of concern – refugees, asylum-seekers, internally displaced people (IDPs) and stateless people – as well as for host communities. 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 into preparedness and response measures for COVID-19. Given the serious impacts that COVID-19 regulations have had on livelihoods and economic opportunities, including people of concern into social safety nets and other social assistance programmes is particularly important.

UNHCR and partners have committed to a 'stay and deliver' approach, continuing to provide protection services and other forms of life-saving 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, 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 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.

## UNHCR Response

### Health and WASH



**2** isolation centres and **2** quarantine centres established in **Zimbabwe** during the COVID-19 response



More than **3,400** handwashing facilities installed in the **Democratic Republic of the Congo** since March 2020

Throughout the response to COVID-19 in Southern Africa, support to health systems and services has been a priority for UNHCR and partners. During the reporting period, testing, screening and compliance monitoring have been rolled out as a way of reducing the risk of spreading COVID-19. With COVID-19 cases continuing to be reported among new arrivals to Tongogara refugee camp, **Zimbabwe**, the location remains a hot spot as designated by the Government. The Ministry of Health in Chipinge District therefore continues to administer testing for COVID-19 for all new arrivals in the camp, including 21 new arrivals during the month of November who were received and accommodated at the quarantine centre in the camp while awaiting their test results. In the **Democratic Republic of the Congo (DRC)**, UNHCR and partners screened 30,431 people during the month of November at different entry points and settlement control points in Haut Uele and Ituri Provinces. In **Angola**, a 20-person COVID-19 registration team was established to work at the entrance of the settlement, checking the temperature of people entering and registering them according to protocol. In **Zambia**, community health workers and volunteers

continued their work on COVID-19 compliance monitoring and adherence in churches, schools and public places in Mayukwayukwa refugee settlement, while in Mantapala refugee settlement, they disinfected more than 525 vehicles entering the settlement and screened 43 spontaneous new arrivals, who were referred to the clinic for follow-up.

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. In the **DRC**, UNHCR and partners continued to supply water for handwashing at four different entry and control points in Aru, Aba and Dungu, Haut Uele Province and Biringi, Ituri Province. In South Kivu Province, UNHCR's partner equipped schools with 40 handwashing stations, while 100 handwashing stations were installed in Ruzizi and Uvira health zones. Since the beginning of the COVID-19 response, UNHCR and partners have installed more than 3,400 handwashing stations in refugee and IDP-hosting areas across the DRC. In **Botswana**, automatic hand sanitizer dispensers were installed in the Dukwi Refugee Clinic and NGO partner premises, while installation at the police station, government office and primary school was underway. The clinic and NGO office received 15 bottles of sanitizer (500ml), 15 N95 masks, 100 disposables masks and 400 disposable protective overalls. 24 local businesses in the camp received two bottles of sanitizer each.

Furthermore, UNHCR's WASH partner in **Zimbabwe** trained 120 people who had signed up as 'Responsibility Champions' to roll out the Risks, Attitudes, Norms, Abilities, and Self-regulation (RANAS) approach for systematic behaviour change. RANAS will focus on promoting handwashing, mask wearing, and social distancing, and will be rolled out in 5 out of 10 sections of the camp. This initiative follows observations that some refugees and asylum-seekers were not wearing masks, practising social distancing or utilising handwashing stations in public shops, despite COVID-19 cases being reported in the camp. Meanwhile, in **Zambia**, 451 people were reached with COVID-19 outreach in seven communities by 30 WASH promoters conducting door-to-door visits. In the **Republic of the Congo (RoC)**, seven offices, one hospital and six public primary and secondary schools in Bétou and Impfondo frequented by refugees and host populations have been disinfected in 20 sessions. This activity was implemented by hygiene promoters with the objective of reducing the risk of transmitting COVID-19 and to preserve the health of the population in the areas where UNHCR and partners operate.

In **Malawi**, gaps in the WASH sector are presenting challenges for people of concern to adhere to COVID-19 preventive measures, namely handwashing and personal hygiene. For example, in Dzaleka refugee camp during the month of November people of concern were provided with an average of 8.6 litres of water per person per day, below the standard of 20 litres. Further, there is a gap of over 10,000 household toilet stances to meet the standard ratio of family/HH per latrine. These gaps mean households have insufficient access to water to ensure regular handwashing and hygiene practices.

## Protection, Communication and Community Engagement



**182,027** people reached with COVID-19 risk communication since March 2020 in **Zambia**



**23,759** people reached in **Angola** with COVID-19 awareness-raising since March 2020

In the **DRC**, UNHCR resumed the voluntary repatriation (VolRep) of hundreds of refugees from the Central African Republic – the first such move since the COVID-19 pandemic forced border closures. The VolRep operation was put on hold in March 2020 as the two countries closed their borders to prevent the spread of COVID-19. To limit the risk of COVID-19 transmission during the return operation, UNHCR and partners strengthened health and sanitation measures, including provision of masks and temperature screening, as well as installation of additional handwashing facilities. The number of refugees per convoy was also reduced to 65 individuals to allow for distancing.

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 reports of complacency and non-compliance with COVID-19 mitigation measures, UNHCR is redoubling its efforts to encourage people to remain vigilant and adhere to COVID-19 prevention protocols. To diversify community outreach on COVID-19 in **Zimbabwe's** Tongogara refugee camp,

awareness campaigns were conducted during events in social venues including restaurants where refugees and asylum-seekers were watching televised soccer matches, and in churches reaching a total of 100 soccer fans and 200 churchgoers. The campaigns were designed to underscore the need for social distancing, mask-wearing and handwashing. In addition, refugees and asylum-seekers received updates on recorded cases in Zimbabwe and the likelihood of a 'second wave' or resurgence of infections. Meanwhile, in the **DRC**, community-based protection structures in North Kivu Province continued to raise awareness about COVID-19 prevention using radio broadcasts, with 65 different announcements and broadcasts organized during the reporting period. In Haut Uele and Ituri Provinces, 888 radio broadcasts were aired on COVID-19 prevention measures.

Child-oriented awareness-raising featured in UNHCR and partner's programming in November. In **Angola**, in order to strengthen engagement with children, six groups were formed of children aged 2 to 4 and 5 to 11 years old for small group recreational and psychosocial activities focused on COVID-19 and awareness-raising on prevention measures. Additionally, in **Zambia**, 2,326 children and 166 guardians participated in 15 'Safe Park' sessions and 343 home visits for COVID-19 awareness-raising. The sessions and home visits included messages about back-to-school aimed at promoting children's right to education while allaying fears and myths about COVID-19 and focusing on prevention efforts at the schools.



*A family crosses the Ubangi river as Voluntary Repatriation from the Democratic Republic of the Congo to the Central African Republic resumes following COVID-19 delays. ©UNHCR/ C.N.M. Achu*

## Livelihoods

Livelihoods support is more important than ever given the economic impacts of COVID-19. UNHCR is reinvigorating and strengthening livelihoods opportunities for people of concern in the region. One approach is to combine livelihoods opportunities with COVID-19 prevention. A common example is engaging refugee and host community tailors to produce cloth face masks, which are then sold or distributed in the refugee and host community. For example, in **Angola**, more than 1,500 masks were produced in November by refugee tailors in the settlement and distributed to refugees and members of the host community.

Livelihoods recovery support has also been an important initiative in combatting the economic impacts of COVID-19. In **Zambia**, 190 identified individuals in Mantapala refugee settlement and 82 in Lusaka received cash grant support to facilitate recovery of their livelihood ventures negatively impacted by the COVID-19 pandemic. Beneficiaries were identified through a structured process, involving field verification by multi-functional interagency teams. This support comes following findings from the rapid assessment conducted in June on the impact of the pandemic on livelihoods. The survey indicated that at least 70 per cent of households had their livelihoods impacted.

## 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. UNHCR and partners are renewing efforts in risk communication and community engagement and seeking innovative approaches to strengthen impact. At the same time, concerning reports of rising xenophobia and stigmatization of refugees continue to be 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. UNHCR is making efforts through its social cohesion programming to roll out initiatives that enable dialogue and foster good will and understanding between refugees and their hosts.

While reported cases of COVID-19 are decreasing in the region, slowness and sparse coverage of testing remains a concern, linked to shortages of test kits, limited laboratory capacity, and delays in results being shared. This is especially worrying as the risk of resurgence remains high in many countries. Furthermore, UNHCR, government 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.

## Financial Requirements

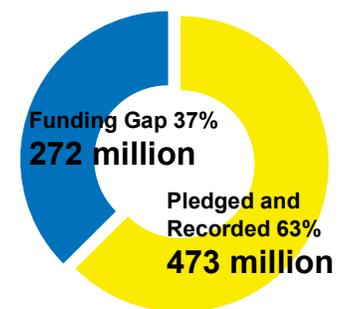
On 7 May 2020, the UN launched a revised inter-agency [Global Humanitarian Response Plan](#) seeking US\$ 6.69 billion, which includes US\$ 745 million for UNHCR's operations in affected countries through December 2020 and as reflected in UNHCR's [revised Coronavirus emergency appeal](#). As of 30 November, US\$ 473 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 30 November 2020, the region has received contributions totalling US\$ 8.6 million, accounting for approximately 27 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 and South Africa.

**MAJOR CONTRIBUTIONS TO UNHCR'S GLOBAL COVID-19 APPEAL | USD**  
 USA 186.3M | Germany 62.7M | EU 47.1M | UK 26.5M | Japan 25.1M | African Development Bank 18.3M | Private Donors 17M | Denmark 14.6M | United Nations Foundation 10M | Unilever 7.3M | CERF 6.9M | Canada 6.4M | Education Cannot Wait 3.9M | Qatar Charity 3.5M | Spain 3.4M | France 3.4M | Ireland 3.3M | Austria 3.1M | Saudi Arabia 3M | Sweden 3M | Sony Corporation 2.9M | Australia 2.6M | Finland 2.4M | USA for UNHCR 2.3M | People's Republic of China 2M

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.

**Global Financial Requirements:  
UNHCR Coronavirus Emergency Appeal**



## UNEARMARKED CONTRIBUTIONS TO UNHCR'S 2020 GLOBAL PROGRAMME | USD

Sweden 76.4M | Private donors Spain 66.8M | Norway 41.4M | Netherlands 36.1M | Denmark 34.6M | Private donors Republic of Korea 34M | United Kingdom 31.7M | Germany 25.9M | Private donors Japan 25.1M | Japan 23.8M | Switzerland 16.4M | Private donors Italy 15.7M | France 14M | Private donors Sweden 11.7M | Italy 10.6M

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