

Southern Africa

1 - 31 March 2021

Highlights

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



280,886 face masks distributed to prevent COVID-19 transmission



156 health facilities supported to respond to COVID-19



2.75 million people reached through COVID-19 risk communication



A nurse stands in a local health post in Sambolola village, DRC, where he has made rooms available to newly arrived refugees from the Central African Republic to sleep. The arrival of more than 92,000 people, according to local authorities, has increased the risk of COVID-19 spreading in overcrowded refugee-hosting areas. ©UNHCR / A. Surprenant

Population Figures

7,483,538 people of concern to UNHCR in Southern Africa, including



743,412 refugees and 329,875 asylum-seekers



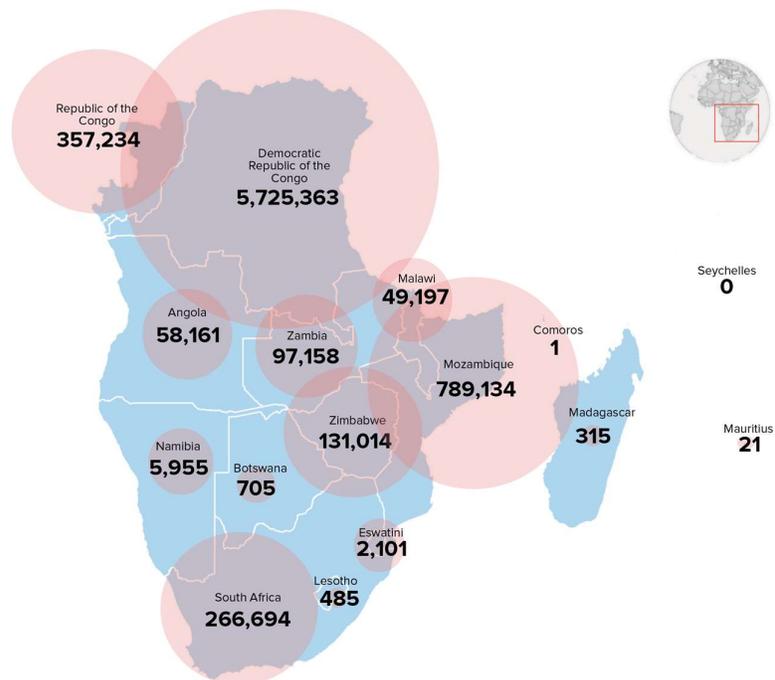
6,373,501 internally displaced persons (IDPs)



36,750 other people of concern

(as of 31 March 2021)

People of Concern to UNHCR in Southern Africa



Operational Context

As of 30 March 2021, the region is reporting 1,975,877 confirmed cases of COVID-19 across the 16 countries covered by UNHCR's Regional Bureau for Southern Africa. This includes 75,554 new cases in March, during which time there has been a 40 per cent decrease in the number of active cases. Many countries are recording a decreasing trend as the "second wave" subsides, however, Botswana, Comoros, Madagascar and Mauritius notably reported new spikes in case numbers. Restrictions to curb the spread of COVID-19 have been eased in many countries, with borders reopening and travel restrictions being lifted. However, basic measures such as mask-wearing, limits on social gatherings and curfews remain in place in much of the region.

UNHCR and partners have been maintaining protection services and other life-saving assistance throughout the COVID-19 pandemic. COVID-19 mitigation measures are in place at registration and distribution points, and hotlines and community structures support protection case management. Since the beginning of the response to COVID-19 in March 2020, UNHCR has focused on risk communication and awareness-raising to spread information about COVID-19 prevention and services. Health systems strengthening has been a priority, equipping health centres, training health workers, and establishing isolation and quarantine centres. Additional handwashing facilities have been installed and additional soap continues to be distributed. UNHCR has also been providing cash assistance and core relief items (CRIs) to those worst impacted by COVID-19 restrictions. Where schools have been closed, children and youth have been supported with virtual and distance learning, and as schools reopen they have been supported to implement COVID-19 preventive measures.

UNHCR is 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 including Angola, Malawi, Republic of the Congo (RoC), South Africa and Zimbabwe have started rolling out COVID-19 vaccination programmes with stocks acquired through COVAX, as well as contributions from other countries and direct acquisition from manufacturers. UNHCR Representations across the region have actively engaged with government ministries to ensure that people of concern are included in national vaccine plans, and in some cases, such as in the DRC and Malawi, UNHCR is part of national task forces and working groups developing vaccine roll-out plans and strategies. To date, no country has expressly excluded people of concern, and some have included specific consideration for people of concern as vulnerable groups under national plans.

UNHCR Response

Health and WASH



70,000 people received face masks since the beginning of the COVID-19 response in **Malawi**



61 health facilities supported to respond to COVID-19 in the **DRC**, since the beginning of the COVID-19 response.

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, supporting isolation and quarantine centres and establishing screening systems. In the **Democratic Republic of the Congo (DRC)**, 23,421 individuals were screened in the month of March across the country as part of COVID-19 surveillance programming. In Bunia, Ituri Province, COVID-19 prevention materials were distributed to IDP site management committees and the Ramogi health centre, including 35 hand-washing stations, seven buckets of chlorine, seven sprayers, nine megaphones and 150 battery packs. Ramogi health centre also received 960 face masks, 60 hard plastic aprons, 30 pairs of boots, 160 household gloves, 30 pairs of examination gloves, 20 pairs of medical glasses and two stretchers. In South Kivu Province, five health facilities were supported with sanitizing supplies and

information resources, including 90 kg of chlorine, 2,500 face masks, 50 spray bottles, 375 information posters and 3,750 leaflets, together with one motorbike for the surveillance teams. Since the beginning of the pandemic, UNHCR has supported 61 health facilities to respond to COVID-19. Furthermore, six rapid response teams received fuel and motorbikes in the Fizi and Nundu District Health Zones. Meanwhile, in **Malawi**, a second round of face mask distribution began in parallel with the general food distribution on 29 March, comprising 50,500 masks from UNHCR and additional masks from the Ministry of Homeland Security and partners.

Support to water, sanitation and hygiene (WASH) systems has also remained a priority in the region, as a preventive measure in the fight against the spread of COVID-19. In **RoC**, on 15 March, UNHCR handed over three shipping containers to the Minister of Health, containing 6,040 large bottles of hand sanitizer as a contribution to preventing COVID-19 in the country, benefitting both refugee and host communities. In the **DRC** over 140 WASH facilities have been maintained in refugee sites and transit centres in North and South Kivu Provinces. In Lusenda and Mulongwe sites and Kavinvira, Mongemonge and Sange transit centres (South Kivu Province) UNHCR ensured a daily supply of chlorinated water in handwashing stations at health posts, quarantine and isolation facilities, as well communal places within the sites. Disinfection of latrines and showers in the quarantine and isolation centres was also carried out in North and South Kivu.



UNHCR and Government officials in the Republic of the Congo inspect a shipping container of hand sanitizer, which was handed over to the Minister of Health. ©UNHCR, Brazzaville

Protection, Communication and Community Engagement



1.7 million people reached with COVID-19 risk communication in the **DRC** since the beginning of the COVID-19 pandemic



130,000 people reached since the beginning of the COVID-19 response with COVID-19 awareness-raising in **Malawi**

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 more than 2.75 million people. As vaccine programmes begin to be rolled out across the region, awareness-raising initiatives have also focused on informing people of concern to UNHCR about vaccines and the vaccination process. In **Malawi**, the Dzaleka COVID-19 Taskforce held engagement meetings with community leaders, religious leaders and youth in Dzaleka refugee camp, aimed at assuring people of the safety of the COVID-19 vaccine and to debunk myths that have appeared on social media. Medical personnel from the Ministry of Health and the UNHCR Public Health Officer encouraged refugees and asylum-seekers to get the vaccine once it is available at the Dzaleka Community Centre. Furthermore, members of the Dzaleka COVID-19 Taskforce drawn from UNHCR, Ministries of Homeland Security and Health, Police and two refugee leaders from Dzaleka refugee camp participated in an ongoing programme on Yetu Community Radio to encourage refugees and asylum-seekers to get the COVID-19 vaccine. Throughout the COVID-19 response, more than 130,000 people in Malawi have been reached with COVID-19 awareness-raising messages.

In the **DRC**, a variety of approaches were adopted over the month of March to reach a broad range of persons of concern to UNHCR and people in host communities with information about COVID-19 prevention. For example, door-to-door awareness-raising messages reached almost 14,000 people in South Kivu Province, while community outreach activities, including 116 focus group discussions, reached over 6,700 people in Bili, Mole and Boyabu refugee camps. Additionally, 30-minute radio sessions about COVID-19 were aired throughout March in Bunia and surrounding areas by religious leaders from both the local and IDP communities. Since the beginning of the COVID-

19 response, UNHCR and partners have reached more than 1.7 million people with COVID-19 awareness-raising activities, not including the estimated tens of thousands more reached through radio programming.

Education

Schools in **Zimbabwe** re-opened on 15 March for examination classes and 22 March for all other classes. In preparation for the re-opening, schools in Tongogara refugee camp boosted preventive measures to ensure the safe return of students in line with government standards and guidelines. Primary and secondary schools were issued with personal protective equipment for staff and learners including face masks and hand sanitisers. Camp-based schools adopted a staggered learning approach to reduce the number of students in schools at one time. The primary school in Tongogara also welcomed five new teachers from the Ministry of Education in order to accommodate smaller class sizes. Back-to-school awareness campaigns were also conducted ahead of school re-opening, including with refugee community representatives and in churches, Early Development Centres, language schools and at food distribution sites. Parents were urged to work closely with the schools as the learning modalities this year would be different from the norm.

In **Zambia**, teachers and pupils disinfected all schools in Mayukwayukwa refugee settlement using supplies provided by UNHCR. Furthermore, a surveillance team comprising representatives from the Ministry of Health, the District Council's Health Department, and the Ministry of General Education visited schools to monitor adherence to COVID-19 health guidelines. The team was impressed with the level of adherence to face mask use among pupils and teachers, the availability of hygiene and sanitation materials, as well as the cleanliness of the spaces during the visit. However, to fully adhere to the COVID-19 health guidelines, the schools need additional infrastructure such as desks to ensure appropriate social distancing.

Challenges

There continue to be reports across the region of fatigue with COVID-19 prevention measures, leading to complacency or non-compliance with restrictions and regulations including wearing masks, self-isolating, social distancing, and other prevention measures. In addition, with the start of COVID-19 vaccine rollout in many countries in the region, rumours and misinformation on social media and other sources risk negatively impacting the willingness of displaced people and people in host communities to get vaccinated. UNHCR and partners have been seeking new and engaging ways to raise awareness, share accurate information and engage communities on vaccination and COVID-19 prevention measures.

Some country operations are also grappling with the risks of COVID-19 amidst new displacement, particularly in the DRC with 92,000 new arrivals from the Central African Republic, and northern Mozambique with continuous waves of internal displacement. Limited screening and testing capacity at entry and arrivals points, combined with congested hosting sites and overcrowded host family homes have significantly increased the risk of COVID-19 transmission in emergency displacement contexts. UNHCR and partners are working to put in place the necessary prevention and mitigation measures, however more resources and technical skills are needed.

COVID-19 risks in IDP-hosting areas of Mozambique

In Cabo Delgado Province, northern Mozambique, COVID-19 preventive measures have been challenging to implement due to overcrowding and limited funding for the growing humanitarian needs. Several IDP sites are overcrowded, as are households in urban areas hosting IDPs. This makes physical distancing a significant challenge, coupled with a lack of facemasks and limited access to soap and water for handwashing. Displaced and host communities, as well as the local authorities, continue to request additional support for COVID-19 prevention, for which more funding is urgently needed.



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Financial Requirements

In 2021, UNHCR is seeking US\$ 924 million for the response to COVID-19, of which over 50 per cent is mainstreamed into the annual budget, and some US\$ 455 million is sought through the [COVID-19 Supplementary Appeal](#), for activities in 2021 related to the exceptional socio-economic and protection impacts of COVID-19. As of 30 March, the COVID-19 Supplementary Appeal has received US\$ 32 million in contributions.

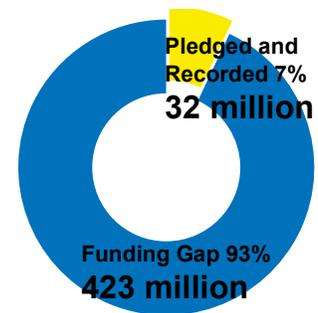
In Southern Africa, US\$ 39 million is needed for the response to COVID-19, which includes US\$ 19 million mainstreamed into the annual budget, and US\$ 20 million under the COVID-19 Supplementary Appeal. As of 30 March 2021, the region has received contributions totalling US\$2.4 million, towards the Supplementary Appeal, accounting for 12 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 Canada, Education Cannot Wait, UN COVID-19 MPTF, the European Union, and private donors.

CONTRIBUTIONS TO UNHCR'S GLOBAL COVID-19 RESPONSE 2021 | USD

African Development Bank 11.9M | European Union 4.2M | China 2M | Education Cannot Wait 1.3M | UN COVID-19 MPTF 0.7M | Unilever 0.5M | Swedish Postcode Lottery 0.2M | Sunshine Forever Limited 0.2M | UNHCR Insamlingsstiftelse 0.2M | Japan Association for UNHCR 0.1M | Private donors 0.4M

UNHCR is also grateful to the donors that have provided unearmarked support to UNHCR's global programme so far in 2021. 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 2021 GLOBAL PROGRAMME | USD

Norway 80M | Sweden 66.9M | Netherlands 36.1M | Denmark 34.6M | Germany 22.1M | Switzerland 16.4M | Private donors Spain 13.3M | Ireland 12.5M | Belgium 11.9M

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