

Southern Africa

1 - 31 May 2021

Highlights

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



2.8 million people reached through COVID-19 risk communication



280,886 individuals received reusable (non-medical) face masks



131 government health facilities and **36** camp and settlement-based health facilities supported



A refugee from the DRC turns on a tap at Tongogara refugee camp, Zimbabwe, which is part of the newly improved water system. Improved access to water helps to promote good hygiene practices to prevent the spread of COVID-19 ©UNHCR/ Tsvangirayi Mukwazhi

Population Figures

7,518,699 people of concern to UNHCR in Southern Africa, including



762,807 refugees and 308,975 asylum-seekers



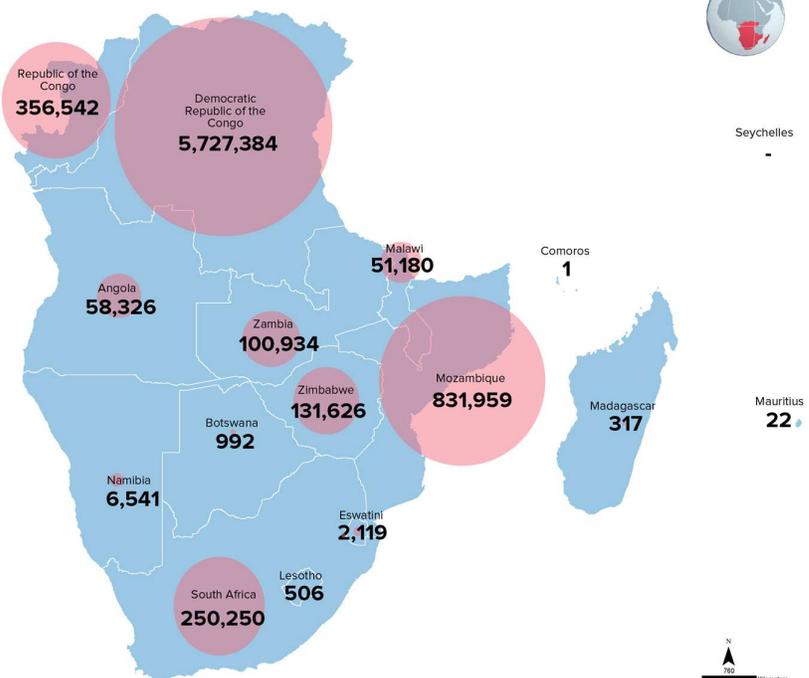
6,410,283 internally displaced persons (IDPs)



36,664 other people of concern

(as of 30 April 2021)

People of Concern to UNHCR in Southern Africa



Operational Context

As of 1 June 2021, the region is reporting 2,181,001 confirmed cases of COVID-19 across the 16 countries covered by UNHCR's Regional Bureau for Southern Africa. This represents an increase of 118,895 recorded cases during the month of May, and a 68 per cent increase in the number of active cases from the previous month. Countries including Angola, the Democratic Republic of the Congo (DRC), Madagascar, Mozambique, Seychelles, South Africa and Zambia have reported an increase in COVID-19 rates, with some governments, such as in the DRC and South Africa, announcing that the countries have entered a "third wave". To combat the rising case numbers, COVID-19 prevention measures and restrictions have been extended or tightened in many of the affected countries.

UNHCR and partners have maintained protection services and other life-saving assistance throughout the COVID-19 pandemic. Mitigation measures are in place at registration and distribution points, and hotlines and community structures support protection case management. UNHCR continues to focus on risk communication and awareness-raising to increase understanding about COVID-19, encourage compliance with prevention measures, and inform about available services. Health systems strengthening continues to be a priority, equipping health centres, training health workers, and establishing isolation and quarantine centres. Additional handwashing facilities continue to be installed and maintained, and additional soap continues to be distributed. UNHCR is also providing cash assistance and core relief items (CRIs) to those worst impacted by COVID-19 and related restrictions. Where schools have been closed, children and youth have been supported with virtual and distance learning, and as schools re-open 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 persons 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 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. Refugees and asylum-seekers living in camps and settlements have started receiving their vaccines in countries such as Angola, Botswana, Malawi, Namibia, Zambia and Zimbabwe. While it is more difficult to track vaccination for persons of concern to UNHCR living in urban areas, countries such as South Africa have committed to including them in the national vaccination campaign alongside nationals.

UNHCR Response

Health and WASH



41 community health workers and **87** health facility staff trained in **Mozambique** since the beginning of the COVID-19 response



61 health facilities supported in the **DRC** since the beginning of the COVID-19 pandemic

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. 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 the **DRC**, UNHCR continues to support Congolese health authorities by contributing medical equipment to health zones in North Kivu and South Kivu Provinces, to better protect health workers and patients. The assistance provided in May included 22 motorcycles, 30,000 surgical masks, one ton of chlorine, awareness posters and screening equipment. UNHCR has supported 61 health facilities in the DRC to respond to COVID-19 since the beginning of the pandemic – including five facilities in camps and settlements, and 56 government health facilities. In North and South Ubangi Provinces, 493,100 people were screened for COVID-19 symptoms at various entry points to Central African refugee camps at Inke, Bili, Mole and Boyabu, while in Ituri and Haut-Uele Provinces,

16,194 people were screened by UNHCR's partner at entry points and checkpoints in Biringi, Bele and Meri sites. UNHCR and its partner also provided 6,476 surgical masks to health centres in those sites. Additionally, in North Ubangi Province, 2,570 face masks were distributed to refugees and host community during relocation of Central African refugees from Yakoma to Modale, making a total of 4,935 masks distributed in the zone. Since the beginning of the COVID-19 response, UNHCR and partners have distributed 116,434 reusable face masks to refugees, IDPs and host communities in the DRC.

Similarly, in **Zambia**, UNHCR's partner distributed face masks to 13,262 people living in Mantapala refugee settlement, for a total of 61,520 reusable cloth face masks distributed in Zambia since the beginning of the COVID-19 response. In **Mozambique**, UNHCR and its partner supported the health response by providing 6,476 surgical masks to health centres near IDP-hosting areas in Ancuabe District, Cabo Delgado Province. UNHCR has also been supporting capacity building for health workers in Nampula Province, having provided training on COVID-19 for 87 health facility staff and 41 community health workers since the beginning of the pandemic. Meanwhile, in **Zimbabwe**, health education sessions were held at the Tongogara clinic and in the residential sections of Tongogara refugee camp. COVID-19 national statistics were shared with all community structures to enable them to disseminate accurate statistics to the community. The UNHCR-supported isolation and quarantine facilities in the camp continued to operate with COVID-19 testing being administered.

Protection, Communication and Community Engagement



61,680 people reached in **Zambia** with GBV messaging linked to COVID-19 since the beginning of the pandemic



41,314 people reached since the beginning of the COVID-19 response with COVID-19 awareness-raising in **Zimbabwe**

With eased lockdown measures in **Zimbabwe**, the Department of Immigration visited Tongogara refugee camp from 3-7 May. A total of 1,811 temporary permits were extended, 106 new permits were issued, and 157 children were added to parents' or care givers' permits. This will aid the movement of refugees and asylum-seekers in and out of the camp, which had previously been hindered as they were unable to renew permits due to COVID-19 restrictions. Meanwhile, in **Zambia**, due to the rise in COVID-19 cases, community outreach volunteers in Lusaka have put on hold their home visits to persons with specific needs to reduce the risk of COVID-19 transmission. In the interim, monitoring is being conducted remotely over the phone.

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 2.8 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. COVID-19 awareness-raising in the **DRC** continued during the reporting period, with 201 focus group discussion and 132 COVID-19 awareness-raising sessions held in four refugee camps in North and South Ubangi Provinces, as well as in out-of-camp locations hosting new arrivals from the Central African Republic, reaching an estimated 49,217 refugees and host community members. Furthermore, gender-based violence (GBV) awareness-raising activities and messaging related to COVID-19 were carried out in Yakoma, Ndu and other refugee hosting locations in North Ubangi and Bas Uele Provinces, reaching an estimated 6,783 Central African refugees and host community members. Overall, UNHCR and partners have reached nearly 1.8 million people in the DRC through COVID-19 risk communication and awareness-raising campaigns, as well as 124,405 reached with specific messaging on GBV linked to COVID-19.

COVID-19 awareness-raising also continued in **Zambia**, where UNHCR and Government partners reached 3,615 people with COVID-19 information messages and 837 individuals with GBV messaging related to COVID-19 during the reporting period. UNHCR and partners have reached 189,174 people with COVID-19 information and messaging in Zambia since the beginning of the pandemic, with an additional 61,680 people reached with GBV awareness messaging linked to COVID-19. Meanwhile, in **Zimbabwe**, 3,751 people were reached in Tongogara refugee settlement by community support structures with COVID-19 prevention messages. A total of 41,314 people have been reached through community-based COVID-19 information-sharing initiatives in Zimbabwe since March 2021.

Education and Livelihoods

Supporting schools to safely re-open and continue providing education to refugee and host community children is a major priority for UNHCR and partners. In **Malawi**, schools opened on 24 May for the second term. UNHCR and its partner worked to ensure the learning environment met all COVID-19 prevention guidelines to protect learners and teachers from possible COVID-19 transmission. Measures included installing and maintaining handwashing facilities, providing face masks and sanitizers, and promoting social distancing by shifting class schedules to maximize classroom space. As part of COVID-19 prevention measures in **Mozambique**, UNHCR and its partner distributed cloth facemasks that had been handmade by refugees to 200 children from IDP and host communities near Nanjua B IDP site in Ancuabe District, Cabo Delgado Province. The distribution was conducted following an assessment of two local community schools, where host and displaced community shared their concerns about lack of facemasks for children attending schools.

In **Zambia**, livelihoods and education sectors came together to enhance COVID-19 prevention. Fifty-three refugee tailors in the three refugee settlements were contracted to produce 18,000 cloth face masks, which were subsequently distributed to learners in the settlements during the month of May. The benefits of this multi-sector initiative were two-fold: skilled refugee tailors were able to earn income, while the risk for learners of contracting COVID-19 has been reduced. The initiative also provided an opportunity to mobilize tailors to work in groups and register as enterprises to establish savings groups.

COVID-19 risks following mass displacement in DRC

Following the eruption of the Nyiragongo volcano in Goma, DRC on 22 May, over 400,000 people fled to the towns of Sake, Minova, Bukavu and Kiwanja. Thousands of people lost their homes and livelihoods. While some have been staying with host families, thousands more have been living in overcrowded churches and schools.

This poses significant risks for the spread of COVID-19 and other diseases. Health facilities in those towns are overwhelmed and insufficiently equipped to provide health care to the newly displaced and their hosts.



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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. This is of particular concern as a “third wave” is beginning to hit many countries in the region, along with the confirmed arrival of the “Delta variant”, which is a more infectious strain of the virus. 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 to address vaccine hesitancy through new and engaging approaches to raise awareness, share accurate information and engage communities on vaccination and COVID-19 prevention measures.

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 25 May 2021, the COVID-19 Supplementary Appeal has received US\$ 61 million in contributions.

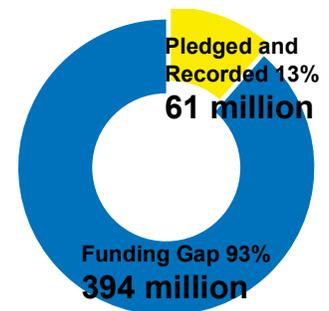
In Southern Africa, US\$ 39 million is needed for the response to COVID-19, which includes US\$ 19 million mainstreamed into the annual budget, and US\$ 20 million under the COVID-19 Supplementary Appeal. As of 25 May 2021, the region has received contributions totalling US\$2.5 million, towards the Supplementary Appeal, accounting for 12.5 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, France, the European Union, and private donors.

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

African Development Bank 11.9M | Canada 7.9M | Unilever 4.4M | European Union 4.2M | Austria 3M | China 2M | Education Cannot Wait 1.3M | France 1.2M | UN COVID-19 MPTF 0.7M | Japan 0.3M | Swedish Postcode Lottery 0.2M | Sunshine Forever Limited 0.2M | UNHCR Insamlingsstiftelse 0.2M | Japan Association for UNHCR 0.1M | Private donors 0.5M

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 | Private donors Spain 28.3M | Germany 26M | France 20M | Switzerland 16.4M | Ireland 12.5M | Private donors Republic of Korea 14.3M | Belgium 11.9M

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