

Southern Africa

1 - 28 February 2021

Highlights

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



274,523 reusable cloth face masks produced and distributed



466,252 people receiving additional soap to promote handwashing



2.7 million people reached through COVID-19 risk communication



Newly arrived Central African refugees queue at a UNHCR distribution of core relief items in Yakoma, Democratic Republic of the Congo. Measures have been put in place during distributions to prevent the spread of COVID-19. ©UNHCR / Helene Caux

Population Figures

7,379,401 people of concern to UNHCR in Southern Africa, including



724,440 refugees and 338,176 asylum-seekers



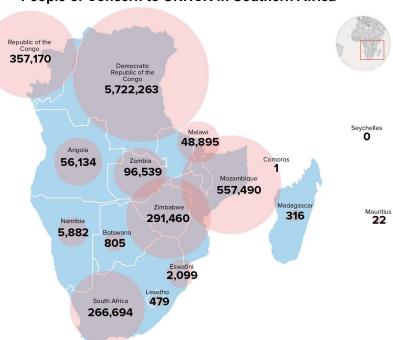
6,280,083 internally displaced persons (IDPs)



36,702 other people of concern

(as of 28 February 2021)

People of Concern to UNHCR in Southern Africa





Operational Context

The surge in COVID-19 cases over December and January has reduced in the month of February, and much of Southern Africa is seeing a decline in the "second wave" of COVID-19 infections. As of 2 March 2021, the region is reporting 1,900,323 confirmed cases of COVID-19 across the 16 countries covered by UNHCR's Regional Bureau for Southern Africa. This includes 134,236 new cases in February, along with a 48 per cent decrease in active cases compared to the previous month. 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 continue to follow a "stay and deliver" approach, maintaining protection services and other life-saving assistance through the COVID-19 pandemic. Social distancing and other 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 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, while children and youth have been supported with virtual and distance learning to continue with their studies.

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, asylumseekers, 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 been planning and, in some cases, have started rolling out COVID-19 vaccination programmes with stocks acquired through COVAX, the African Union, bilateral agreements, 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 UNHCR is part of government 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



132 handwashing stations installed in **Zambia** to reduce the risk of spreading COVID-19.



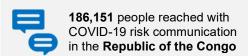
52,000 people receiving soap to promote handwashing and reduce the spread of COVID-19 in **Malawi**

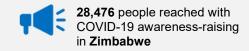
Throughout the response to COVID-19 in Southern Africa, support to health systems and services has been a priority for UNHCR and partners, including equipping health centres, training health workers, supporting isolation and quarantine centres and establishing screening systems. In the **Democratic Republic of the Congo (DRC)**, COVID-19 screening has been a priority amidst the mass influx of asylum-seekers fleeing election-related violence in the Central African Republic since December 2020. The arrival of more than 92,000 people, according to government figures, has increased the risk of COVID-19 spreading in refugee-hosting areas, as most are staying in overcrowded households or settlements, where social distancing is not possible. UNHCR's partners are screening new arrivals at entry points, to identify potential cases and ensure appropriate follow-up measures are taken. So far, more than 53,000 people have been screened in North Ubangi, Bas Uele and Haut Uele Provinces. UNHCR also dispatched 16,000 face masks to refugee-hosting areas in North Ubangi and Bas Uele Provinces.



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 **Zambia**, COVID-19 hygiene material was distributed in schools, workplaces and health facilities, including 132 foot-operated handwashing facilities, 975 hand sanitizers, 1,152 liquid soap and 175 20-litre containers of disinfectant. Meanwhile, in Dzaleka refugee camp, **Malawi**, 36 handwashing stations were installed in public places such as markets, churches and water points. In addition, soap was distributed in these locations to enhance handwashing as a COVID-19 prevention measure. 52,000 people in Malawi have been receiving additional soap rations from UNHCR during the COVID-19 pandemic. UNHCR is also supporting improved WASH capacity at the isolation and quarantine centres as a preparedness measure for a possible surge in COVID-19 cases. Construction was completed on 10 WASH units each comprising a pit latrine and bathing shelter, at the extension of the isolation centre, while construction of 12 WASH units at the extension of the quarantine centre is nearly complete. Two tap stands have also been installed to make running water available at the extension sites.

Protection, Communication and Community Engagement





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 2.7 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. In the **Republic of the Congo**, where approximately 7,000 new asylum-seekers have arrived by the end of February in an influx from the Central African Republic, 1,625 people benefitted from awareness-raising and outreach about COVID-19 prevention. UNHCR and partners have integrated risk communication initiatives on COVID-19 into border monitoring and emergency registration processes in order to reach as many new arrivals as possible, along with members of the host community. Across the country, UNHCR and partners have reached 186,151 people with risk communication messages on COVID-19 since the beginning of the response to the pandemic.

Community radio continues to be used as a key medium for engaging refugees and their hosts on COVID-19 in Malawi. Yetu Community Radio in Dzaleka refugee camp has introduced programming that features testimonies of COVID-19 survivors. The initiative is aimed at bringing hope to COVID-19 patients while continuing to raise awareness in the community about COVID-19 risks. The programme is aired twice a week. A member of Parliament and other influential survivors have so far been featured offering a message of hope to refugees and the surrounding host community. UNHCR and partners have reached about 130,000 people in Malawi through radio and other awareness-raising initiatives since the beginning of the COVID-19 pandemic. In South Africa, risk communication activities continued to ensure refugees and host community members are fully aware of the evolution of the COVID-19 pandemic across South Africa. In February, activities focused on addressing vaccine hesitancy by highlighting the importance of vaccination in preventing severe illness and death, and by explaining the vaccination roll-out process. Weekly mailers, bulk messages, infographics and virtual information-sharing sessions were used to counter misinformation about risks of vaccination, and reassure refugees and asylum-seekers of their inclusion in the national vaccination plan.

Meanwhile, community-based awareness-raising continues to play an important role in disseminating information about COVID-19 in **Zimbabwe**. In the month of February, community health workers reached out to 1,767 people with COVID-19 messaging during the general food distribution, at the refugee camp clinic and in the residential areas of the camp. Daily COVID-19 statistics are shared with community-based structures for onward dissemination to the community. Community-based structures are also working to identify new arrivals and people returning into the camp after a lengthy period so that they can be quarantined for the safety of the population. Since the beginning of the COVID-19 response, UNHCR and partners have reached 28,476 people in the refugee community with COVID-19 messaging through awareness-raising campaigns. Finally, the region's largest COVID-19 risk



communication and awareness-raising campaign continued in the DRC, reaching more than 1.7 million people since the beginning of the COVID-19 response. In the month of February, more than 24,000 individuals were reached with COVID-19 messaging across the country. This includes more than 9,000 IDPs reached through door-to-door awareness campaigns in North Kivu and South Kivu Provinces, as well as more than 1,000 IDPs and returnees reached in Tanganyika and Haut Katanga Provinces.

Challenges

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 remains a concern, linked to shortages of test kits, limited laboratory capacity, and delays in results being shared.

Furthermore, 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. UNHCR and partners have been seeking new and engaging ways to raise awareness and engage communities on COVID-19 prevention measures.

At the same time, concerning reports of rising xenophobia and stigmatization of refugees continue to be noted in the region. Stigmatization is not only linked to perceptions that refugees carry COVID-19, but also related to increased economic pressures as a result of COVID-19 restrictions. This impacts the physical safety of people of concern as well as damages 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.



A woman in Maratane refugee camp, Mozambique, wears a mask to protect against the spread of COVID-19. More than 7,000 reusable cloth face masks have been produced and distributed in Maratane during the COVID-19 pandemic. ©UNHCR / Danielle Prado



Financial Requirements

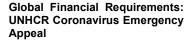
In 2021, UNHCR is seeking US\$ 924 million for the response to COVID-19, of which over 50 per cent is mainstreamed into the annual budget, and some US\$ 455 million is sought through the COVID-19 Supplementary Appeal, for activities in 2021 related to the exceptional socio-economic and protection impacts of COVID-19. As of 2 March, the COVID-19 Supplementary Appeal has received US\$ 22 million in contributions.

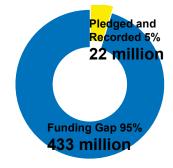
In Southern Africa, US\$ 39 million is needed for the response to COVID-19, which includes US\$ 19 million mainstreamed into the annual budget, and US\$ 20 million under the COVID-19 Supplementary Appeal. As of 2 March 2021, the region has received contributions totalling US\$ 860,158, accounting for 4.3 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 Education Cannot Wait, UN COVID-19 Response and Recovery Fund, 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 | Swedish Postcode Lottery 0.2M | Sunshine Forever Limited 0.2M | UNHCR Insamlingsstiftelse 0.1M | Japan Association for UNHCR 0.1M | Private donors USA 0.1M | Other private donors 0.1M

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.





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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