

# Southern Africa

1 - 30 April 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



**133,111** people reached with COVID-19 messaging specifically on gender-based violence



**3,242** community health workers and health facility staff trained on COVID-19



A refugee from the DRC works at his sewing machine in Cape Town, South Africa. His business was badly impacted by COVID-19 restrictions, however with a grant from UNHCR, he can now cover his family's rent and buy fabric to keep his business running.  
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## Population Figures

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



743,412 refugees and 329,875 asylum-seekers



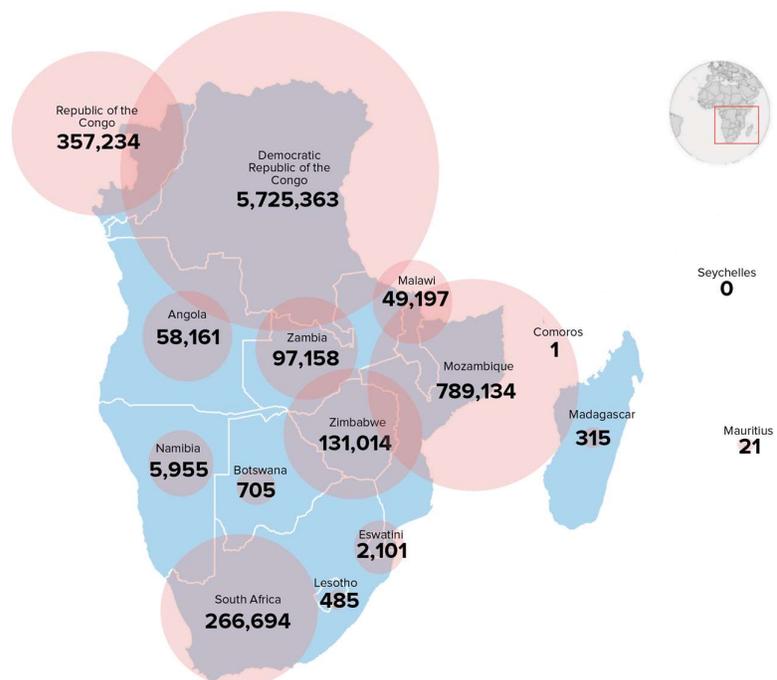
6,373,501 internally displaced persons (IDPs)



36,750 other people of concern

(as of 31 March 2021)

## People of Concern to UNHCR in Southern Africa



## Operational Context

As of 04 May 2021, the region is reporting 2,062,106 confirmed cases of COVID-19 across the 16 countries covered by UNHCR's Regional Bureau for Southern Africa. This includes 86,229 new cases in April, a four percent increase over the previous month. Regionally, there has been a 15 per cent decrease in the number of active cases. 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 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 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, Botswana, Eswatini, Malawi, Mozambique, South Africa, Zambia 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.

## UNHCR Response

### Health and WASH



**485** community health workers and **70** health facility staff trained in **Zambia** since the beginning of the COVID-19 response



More than **3,400** handwashing facilities installed 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 **Zambia's** Meheba refugee camp, two clinics were designated as vaccination sites and will receive support from the Ministry of Health to implement the vaccination programme. Meanwhile, in Mayukwayukwa refugee settlement, 25 medical personnel were trained on COVID-19 swabbing and testing. The training was conducted by the Kaoma District Health Office using antigen rapid diagnostic devices supplied by UNHCR. Since the beginning of the COVID-19 response, UNHCR has supported training for 485 community health workers, and 70 health facility staff in Zambia.

In the **Democratic Republic of the Congo (DRC)**, UNHCR's partners screened 4,115 people for COVID-19 at various entry points to the four camps in North and South Ubangi Provinces during the reporting period. In South Kivu Province, 53,700 individuals were screened at entry points in Lusenda and Mulongwe camps, while UNHCR and its partners distributed 2,053 masks to health and community workers. In Nyunzu, Tanganyika Province,

UNHCR distributed 20,000 non-surgical masks, 40 bottles of hydroalcoholic gel, 40 bottles of liquid soap and 20 hygiene kits to support local authorities in their efforts to prevent the spread of COVID-19.

In **Mozambique** the UNHCR public health team conducted a field visit to Maratane refugee settlement and held discussions with stakeholders on strengthening COVID-19 prevention measures, particularly in the children's and maternity wards. In addition, UNHCR provided personal protective equipment such as protective goggles and disposable gowns as well as essential medical supplies such as nasal and upper airway tubes to the Provincial Health Service in Nampula. In total, 3,481 items were contributed. This represents an important step in supporting the inclusion of refugees in the national COVID-19 health programme.

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**, 21 handwashing stations were installed in Yakoma and Modale villages, North Ubangi Province, to encourage regular handwashing among refugees and host community members. This brings to 183 the total number of handwashing stations set up in both North and South Ubangi Provinces, where new arrivals are being received from the Central African Republic. UNHCR and partners have installed more than 3,400 handwashing facilities in the DRC since the beginning of the COVID-10 pandemic. Hygiene promoters also continued regular maintenance of these facilities by refilling water and providing soap. Soap was also distributed to 450 refugees during the relocation process from Yakoma to Modale to encourage good hygiene practices and prevent COVID-19. UNHCR also distributed non-surgical face masks to about 7,400 refugees and host community members during distributions, registrations, and relocations in Yakoma and Modale. Meanwhile, in **Eswatini**, the 122 families living in the Malindza Refugee Reception Centre received additional household and hygiene items to maintain hygiene standards necessary to curb the spread of the virus.

## Protection, Communication and Community Engagement



**60,561** people reached in **Zambia** with GBV messaging linked to COVID-19 since the beginning of the pandemic



**1,280** people reached since the beginning of the COVID-19 response with COVID-19 awareness-raising in **Botswana**

Gender-based violence (GBV) continues to be a major risk for refugees during the COVID-19 pandemic. In **Zimbabwe**, focus group discussions conducted with women, adolescent girls and GBV groups highlighted that the risk of GBV has greatly increased since the outbreak of COVID-19. Lack of sustainable livelihoods for women and youth were identified as contributing factors to negative coping mechanisms such as transactional sex. Similarly, lack of employment opportunities for men and male youth in some instances were explained as some of the causes for alcohol and drug abuse leading to an increase in intimate partner violence. Community workers also confirmed an increase in teenage pregnancies and child marriages. The lack of prosecution of offenders associated with child marriages among the refugee community further increases the risk of child marriages. To address some of these issues and risks, GBV focal persons conducted an awareness session in Tongogara refugee camp, focusing on the negative impacts of child marriage on the growth and development of young girls. A total of 36 women participated. Equally, two-day awareness-raising sessions were conducted in the camp reaching 100 men and boys. The discussions aimed at strengthening male involvement in GBV prevention and provided an opportunity for men and boys to acquire information about GBV issues to promote change of attitudes in the community. Since the beginning of the COVID-19 response in Zimbabwe, UNHCR and partners have reached 47,348 people with messaging specifically about GBV.

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. In Dukwi refugee camp, **Botswana**, the camp management and clinic staff are providing regular information about the COVID-19 vaccine rollout to the community in English, Swahili and Somali languages. An estimated 600 people have so far been reached with this essential information. Overall, more than 1,280 refugees are being reached in Botswana by UNHCR and partners with COVID-19 information and messaging. In **Malawi**, members of Dzaleka COVID-19 Taskforce continued with radio talk shows on Yetu Community Radio in

Dzaleka refugee camp to encourage refugees and asylum-seekers to take the COVID-19 vaccine and dispel myths circulating about the vaccine.

In the **DRC**, the region's largest COVID-19 awareness-raising campaign continued, having reached more than 1.7 million people since the beginning of the pandemic. Some activities during the reporting period include 2,000 posters distributed with COVID-19 prevention messages in French, Lingala and Sango in refugee camps and sites in North Ubangi, South Ubangi and Bas Uele Provinces. UNHCR's partner also handed over four bicycles to refugee community mobilizers at Mole camp, in South Ubangi Province, to facilitate COVID-19 prevention activities such as refilling handwashing stations and awareness-raising activities. In South Kivu Province, two refresher briefings were held in Lusenda and Mulongwe camps with 50 teachers and 120 students about the risks and prevention measures related to COVID-19 in schools. Targeted COVID-19 messaging was also rolled out for 477 Burundian refugees with specific needs in Lusenda and Mulongwe camps, while an additional 68 elderly people and people living with disabilities who could not move around the camps were reached with COVID-19 messages through members of the community.



*A distribution of cloth face masks to internally displaced persons in Cabo Delgado, Mozambique. The masks were made by refugees in Maratane refugee settlement. ©UNHCR/ Luis Jose Faife*

## 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. **Zimbabwe**, early childhood development (ECD), primary and secondary learners have all returned to classes with COVID-19 awareness continuing for learners, including 213 ECD learners reached with COVID-19 information during the reporting period. Schools continue adhering to COVID-19 prevention measures including disinfecting classrooms, enforcing physical distancing, promoting good hand hygiene and wearing of face masks. Furthermore, vaccination for teachers commenced on 6 April 2021 at the clinic in Tongogara refugee camp. In line with COVID-19 guidelines, the secondary school introduced two learning sessions – one in the morning and one in the afternoon – to facilitate physical distancing.

In **Zambia**, Mantapala school A and B received nine additional hand washing facilities, while schools and partners continue to raise awareness among learners on the importance of good hygiene practices, social distancing and wearing masks. Additionally, in Zambia, a group of 25 tailors, of whom 15 are women, have produced 8,288 non-medical face masks, which started to be distributed during the reporting period.

## Challenges

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 reported by the government, 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.

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.

## 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 4 May 2021, the COVID-19 Supplementary Appeal has received US\$ 51 million in contributions.

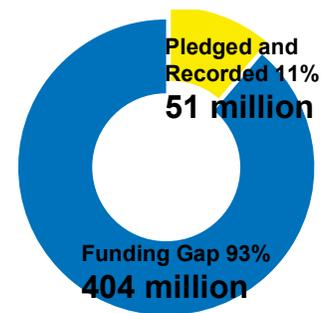
**In Southern Africa, US\$ 39 million is needed for the response to COVID-19, which includes US\$ 19 million mainstreamed into the annual budget, and US\$ 20 million under the COVID-19 Supplementary Appeal.** As of 4 May 2021, the region has received contributions totalling US\$2.4 million, towards the 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 | Canada 7.9M | European Union 4.2M | China 3.1M | Austria 3M | Education Cannot Wait 1.3M | UN COVID-19 MPTF 0.7M | Unilever 0.5M | 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 0.4M

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 26M | Private donors Spain 21.5M | Switzerland 16.4M | Ireland 12.5M | Belgium 11.9M | Private donors Republic of Korea 10.8M

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