

Southern Africa

12 November 2020

Highlights

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



255,380 people received reusable cloth face masks



459,438 people received additional soap to promote handwashing



45 quarantine and isolation centres established



UNHCR Protection Officer speaks with displaced women in Cabo Delgado Province, Mozambique. UNHCR and partners are committed to 'stay and deliver' during the pandemic while ensuring COVID-19 prevention measures are observed. ©UNHCR/ D. de Souza

Population Figures

9,578,204 people of concern to UNHCR in Southern Africa, including



767,910 refugees and 312,059 asylum-seekers



6,500,213 internally displaced persons (IDPs)



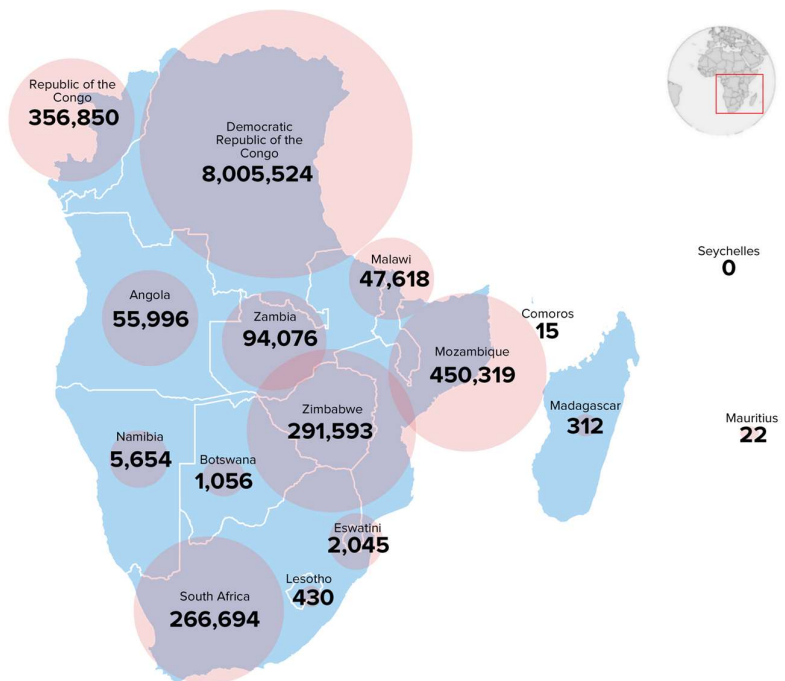
1,938,223 IDP returnees and 23,262 refugee returnees



36,537 other people of concern

(as of 11 November 2020)

People of Concern to UNHCR in Southern Africa



Operational Context

As of 9 November 2020, there have been 862,841 reported confirmed cases of COVID-19 in the 16 countries covered by UNHCR's Regional Bureau for Southern Africa. While case numbers continue to grow in most countries, it is at a much slower pace than recent months, with 32,436 new reported cases over the past two weeks. Across the region, governments continue to ease restrictions that were put in place to limit the spread of COVID-19, such as lifting lockdowns and movement restrictions including opening of international borders, and reopening schools, shops, and other businesses. In most cases, basic prevention measures, such as mask wearing, screening and hand sanitizing in public spaces remain in place.

Throughout the pandemic, UNHCR and partners have committed to a 'stay and deliver' approach, continuing to provide critical protection services and 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. UNHCR has focused heavily on risk communication and outreach efforts to spread information about COVID-19 prevention and services. Health systems strengthening has also 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 continues working closely with governments, the World Health Organization and other UN agencies and non-governmental organizations (NGOs) to promote and 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 for people of concern – refugees, asylum-seekers, internally displaced people (IDPs) and stateless peoples – in social safety nets and other social assistance programmes is particularly critical.

UNHCR Response

Health and WASH



3 isolation centres and **3** quarantine centres established in **Zambia** during the COVID-19 response



266,323 people received soap for handwashing in the **DRC** since March 2020

Throughout the response to COVID-19 in Southern Africa, support to water, sanitation and hygiene (WASH) systems has remained a priority, as a key element in the fight against the spread of COVID-19. In the **Democratic Republic of the Congo (DRC)** UNHCR's partner installed an additional 25 handwashing stations in Drodro and Rho displacement sites in Djugu Territory, Ituri Province, and IDP committees were provided with chlorine and other material to support their self-management of displacement sites. UNHCR and partners have also trained refugees from the Central African Republic on how to make their own 'tippy taps' – simple handwashing devices – using recycled materials. 88 refugee households at Bili camp, North Ubangi Province are now using 'tippy taps' at home. Since the beginning of the COVID-19 response, UNHCR and partners have installed more than 3,400 handwashing stations across the country. Finally, UNHCR and its partner continued large-scale soap distribution in the displacement site of Luvangire, Ituri Province. This site had previously not been accessible for UNHCR and was therefore not previously included under COVID-19 soap distribution. In total, UNHCR has provided 266,323 people of concern with additional soap for handwashing since March 2020.

In **Angola**, UNHCR's partner distributed soap to 240 vulnerable people of concern in the capital of Lunda Norte, along with 500 face masks for elderly and vulnerable people in the host community. Since the beginning of the COVID-19 response in Angola, UNHCR has provided 3,581 people with soap for handwashing, along with 3,777

face masks to prevent the transmission of COVID-19. Meanwhile, in Bétou, **Republic of the Congo (RoC)**, seven offices and one hospital frequented by refugees and host populations have been disinfected. Six public primary and secondary schools in both Bétou and Impfondo have also been disinfected. This activity is implemented by hygiene promoters from UNHCR's partner to reduce the risk of COVID-19 transmission and preserve the health of the population in the areas where UNHCR operates.

Support to health systems and services has also been a priority focus area for UNHCR and partners throughout the COVID-19 response. In the **DRC**, UNHCR and partners screened 4,203 individuals over the past two weeks at different entry points and settlement control points in Haut Uele and Ituri Provinces. In addition, to improve communication between refugees and health centres, UNHCR distributed 24 walkie-talkies to community volunteers at Bele, Biringi and Meri sites, Haut Uele Province, to allow stakeholders to take quick action on potential COVID-19 cases. Finally, in Mayukwayukwa refugee settlement, **Zambia**, a separate quarantine centre is under construction using Refugee Housing Units – prefab structures – to accommodate new arrivals to the settlement. This is meant to restrict interaction between potential COVID-19 cases and existing refugees, and to allow close observation for COVID-19 signs and symptoms for 14 days before the new arrivals join the rest of the community in the settlement. So far UNHCR has established 3 isolation centres and 3 quarantine centres for COVID-19 in Zambia.

Protection, Communication and Community Engagement



19,320 people reached with COVID-19 risk communication since March 2020 in **Zimbabwe**



163,449 people reached in **Zambia** with COVID-19 awareness-raising since March 2020

Risk communication and awareness-raising on COVID-19 continues across the region, reaching refugees, IDPs and host community through community-based protection groups and community mobilizers, information sessions, flyers and leaflets, reaching nearly 2.6 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 **South Africa**, risk communication and information-sharing continued in refugee communities over the past two weeks, including a virtual information-sharing session in Western Cape Province. The session, which was attended remotely by refugee leaders and community members, addressed issues identified by refugees, namely the risk of deportation and access to documentation and social assistance. 48 people received information about accessing health care and the Government's COVID-19 relief grant. Furthermore, refugee community leaders in Durban, KwaZulu Natal Province, took part in a training-of-trainers session to support long- and short-term strategies for the management of COVID-19 within refugee-hosting communities. The 15 participants took materials in hard and soft copy back to their communities for dissemination. So far, UNHCR has reached 44,914 people with COVID-19 awareness-raising and risk communication in South Africa.

UNHCR's partner in **Zimbabwe** conducted training for 120 people who signed up to be 'Responsibility Champions' under the Risks, Attitudes, Norms, Abilities, and Self-regulation (RANAS) initiative. The RANAS approach focuses on systematic behaviour change to increase handwashing, mask wearing, and social distancing during the COVID-19 pandemic. This initiative is being rolled out in five out of 10 sections of the Tongogara refugee camp following observations that some people have not been adhering to COVID-19 prevention protocols, despite positive COVID-19 cases being reported in the camp. As an additional COVID-19 preventive measure, awareness messages were painted in public spaces and on perimeter walls. Since the beginning of the COVID-19 response, UNHCR and partners have reached 19,320 people in Zimbabwe with risk communication messaging.

In **Zambia**, awareness-raising on COVID-19 prevention measures continued, reaching 13,713 people in Mayukwayukwa refugee settlement and in local communities over the past two weeks. In addition, 22 people were trained in hygiene promotion facilitated by UNHCR's partner. Door-to-door COVID-19 awareness-raising was also conducted in eight communities in Mantapala refugee settlement reaching approximately 6,104 individuals. Since the beginning of the COVID-19 response, UNHCR has partners have reached 163,449 people in Zambia with COVID-19 awareness-raising and risk communication.

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 the **DRC**, UNHCR and partners are supporting refugee tailors in Lusenda camp and Mulongwe refugee settlement, South Kivu Province, to make 5,000 cloth masks for Burundian refugees and host community members with specific needs. Meanwhile in **Angola**, refugee tailors are working on an order of 4,000 masks under a livelihoods programme supported by UNHCR, while in Meheba refugee settlement, **Zambia**, 12,000 masks were made by tailors contracted under UNHCR's livelihoods partner and will be distributed to refugees and host community. Similarly, in **South Africa**, a third and final distribution of cloth face masks made by a refugee-run organization took place in a children's home in Cape Town. The initiative, which provides training and employment to women in the local community, is supported through UNHCR's social cohesion programme.

In addition to mask-making, UNHCR supports diverse livelihoods skills training to strengthen economic opportunities during the COVID-19 pandemic. In Mayukwayukwa refugee settlement, **Zambia**, 10 youth participated in a five-day skills programme entitled 'Start and Improve Your Business'. The programme teaches youth to develop a business plan, for which they are supported with start-up capital. Participants in the training included Congolese, Angolan and Burundian refugees and asylum-seekers. Also in Zambia, 192 refugee traders were selected for UNHCR's COVID-19 recovery fund programme. Beginning in mid-November, each beneficiary receives K2,500 (approximately US\$ 125) through the cash-based intervention (CBI) platform.



*A tailor in Mantapala refugee settlement, Zambia, wears a face mask while in her workshop.
©UNHCR/ B. Mulenga*

Challenges

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 restrictions for COVID-19 prevention are being lifted and chances of a resurgence still exist as people of concern along with the host community are returning to work and school. Furthermore, UNHCR, government and partners continue to face challenges ensuring reliable supply and stock of medical supplies and equipment for COVID-19, due largely to delays of international orders and lack of local providers.

There are also increasing 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.

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 11 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 11 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 | Spain 3.5M | Education Cannot Wait 3.9M | Qatar Charity 3.5M | 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.

UNEARMARKED CONTRIBUTIONS TO UNHCR'S 2020 GLOBAL PROGRAMME | USD

Sweden 76.4M | Private donors Spain 59.9M | Norway 41.4M | Netherlands 36.1M | Denmark 34.6M | United Kingdom 31.7M | Private donors Republic of Korea 30.6M | Germany 25.9M | Japan 23.8M | Private donors Japan 21M | Switzerland 16.4M | Private donors Italy 14M | France 14M | Private donors Sweden 11.7M | Italy 10.6M

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Global Financial Requirements: UNHCR Coronavirus Emergency Appeal

