

Regional Bureau for Southern Africa 17 April 2020

Key figures

8,873,588 persons of concern in the region, including 767,754 refugees, 311,755 asylum-seekers, 5,600,782 IDPs, and 2,134,349 IDP returnees (as of 31 March)

3,517 confirmed COVID-19 cases in Southern Africa region (*Includes active cases, recovered, deaths*)

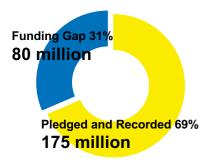
Cases by countries

COUNTY	CASES	RECOVERED	DEATHS
Angola	12	5	2
Botswana	14	0	1
Comoros	0	0	0
DRC	222	23	22
Eswatini	8	8	0
Lesotho	0	0	0
Madagascar	81	29	0
Malawi	14	0	2
Mauritius	250	65	9
Mozambique	27	2	0
Namibia	13	3	0
ROC	101	11	5
Seychelles	11	0	0
South Africa	2,062	410	34
Zambia	16	30	2
Zimbabwe	19	1	3
TOTAL	2,850	587	80

Source: WHO, Government, CDC and Johns Hopkins as of 16 April.

USD 255 million

Requested for UNHCR's COVID-19 response globally over the next nine months



Regional developments

Across the 16 countries in the Southern Africa region, national efforts to contain the virus range from the suspension of all passenger commercial flights from affected countries, through the closure of borders to national lockdowns. Some countries have instituted a partial lockdown: goods and cargo, returning citizens and legal residents are still allowed to move across borders. These measures are coupled with restrictions on the number of people allowed to gather in one place, and the prohibition of events and activities related to religion and sports. UNHCR is working with governments, WHO and other UN agencies and NGOs to secure the inclusion of refugees, internally displaced persons (IDPs), stateless people and other marginalized communities in preparedness and response measures.

Preparedness and response

UNHCR has been taking to the airways in the region to spread information about COVID-19 prevention and response. UNHCR and partners have conducted 20 radio talk-shows in the **Democratic Republic of the Congo (DRC)** on the theme of "sexual and gender-based violence (SGBV) and the COVID-19 pandemic" over community radios in Kalemie, Manono and Moba territories in Tanganyika Province. UNHCR has also been organizing local radio messaging in all refugee-hosting areas in **Zambia** and engaging with role models such as local musicians to produce COVID-19 prevention radio and social media messages for the host and refugee communities.

In the region, UNHCR and partners are actively supporting remote learning structures to facilitate continuity for students. Refugee teachers and teachers working for UNHCR's education partner in **Angola** have been preparing weekly assignments and distributing them to the 643 children enrolled in third to seventh grades in the Lóvua settlement schools. In collaboration with Yetu Community Radio, UNHCR and partners in **Malawi** are broadcasting a radio lesson programme for 234 students around 14 years-old in eighth grade as a pilot, and offering revision lessons for postponed exams.



A refugee from the Central African Republic receiving her cash for food assistance for the coming two months in Inke camp, Nord Ubangi province. © UNHCR/ Ghislaine Nentobo



UNHCR has been working with partners, local NGOs and faith-based community networks to identify and assist vulnerable persons among the refugee and host communities in **South Africa**. In KwaZulu Natal Province, this has resulted in food deliveries to the homes of 20,000 vulnerable persons (including around 400 refugees and asylumseekers), and in Pretoria over 600 vulnerable people, including homeless, received mattresses, blankets and hygiene kits. In the **DRC**, cash-for-food distributions began on 14 April in all four camps hosting refugees from the Central African Republic in Nord and Sud Ubangi provinces, amidst stringent measures to prevent the spread of COVID-19, including social distancing, handwashing points and protective gear for partners. Congolese authorities erected checkpoints along routes to the camps to control the number of passengers per vehicle.

Over the week, UNHCR and partners organized trainings for health workers and refugee volunteers about the dangers and prevention of COVID-19. In **DRC**, 45 health workers received training in Aba, Haut-Uele Province – an area hosting South Sudanese refugees. In **Malawi**, 132 refugees involved in community-based organizations in Dzaleka refugee camp received training on COVID-19 and were also briefed on remote community base management for SGBV and Child Protection. The Congolese Doctors Association in **Zambia** along with authorities and UNHCR's medical partner carried out medical screenings for 118 patients in Meheba Refugee Settlement, treating various ailments and promoting awareness about COVID-19. The doctors also held an orientation session on COVID-19 with health staff from the six health clinics within the settlement.

To provide sufficient screening facilities and accommodation for new arrivals during the 14-day isolation period, operations have been working with authorities to designate space and erect shelters. UNHCR and partners opened a new reception centre in Dzaleka refugee camp in **Malawi** on 14 April that can accommodate up to 200 new arrivals during isolation. Reception and registration will be conducted in two Refugee Housing Units (RHUs). In **Mozambique**, authorities in Maratane Refugee Settlement erected an isolation centre with 12 rooms, five latrines and a water supply system. UNHCR provided plastic sheeting, mats, buckets, and kitchen sets, as well as construction materials. UNHCR provided 10 RHUs to the Ministry of Health in **Zambia** to setup at high-risk points, including border areas. One RHU has since been setup at Mushindano where buses are being screened.

Challenges for operations

The slowdown in economic activities amidst the COVID-19 outbreak is hitting refugees in urban areas particularly hard, as they often earn a precariously low income. They cannot rely on traditional support systems, such as family or other networks, which is creating anxiety. The loss of livelihoods could also lead to increased domestic violence: an already-underreported protection issue. Violence in North Kivu and Ituri provinces in **DRC** has led to displacement towards areas that are already overcrowded with no capacity to absorb new arrivals, further increasing the risk of COVID-19 spreading. Partners in **Eswatini** and **Madagascar** have been reporting growing needs amongst people of concern. Blanket assistance is not provided in these countries, so the local authorities and partners are assisting refugees and asylum-seekers on a case-by-case basis.

Financial requirements

UNHCR launched a revised Coronavirus Emergency Appeal on 27 March seeking USD 255.2 million to boost preparedness, prevention and response activities. This amount is fully coordinated with and included in the COVID-19 Global Humanitarian Response Plan launched on 25 March.

Special thanks to the major donors of softly and unearmarked contributions and pledges at the global level to the Coronavirus Emergency Situation giving UNHCR critical flexibility to rapidly respond to evolving needs.

CONTRIBUTIONS AND PLEDGES TO THE COVID-19 APPEAL | USD

USA 64m* | UK 25m | Japan 23.9m | EU 17.9m | Denmark 14.6m | CERF 6.9m | Canada 6.4m | Ireland 3.3m | Sweden 3m | Sony Corporation 3m | Education Cannot Wait 1.8m | Australia 0.8m | Private Donors 0.3m

* USD 400,000 of the USA contribution has been earmarked for the DRC operation

UNEARMARKED CONTRIBUTIONS | USD

Sweden 76.4m| Norway 41.4m | Netherlands 36.1m| Denmark 34.6m | United Kingdom 31.7m | Germany 25.9m| Private donors Spain 20m | Switzerland 16.4m | Private donors in Republic of Korea 10.5m

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