

Regional Bureau for Southern Africa 4 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)

1,939 confirmed COVID-19 cases in Southern Africa region (Includes active cases, recovered, deaths)

Cases by countries

COUNTRY	CASES	DEATHS	RECOVERED
Angola	8	2	1
Botswana	4	1	0
Comoros	0	0	0
DRC	123	11	3
Eswatini	9	0	0
Lesotho	0	0	0
Madagascar	59	0	0
Malawi	3	0	0
Mauritius	161	7	0
Mozambique	11	0	0
Namibia	14	0	2
ROC	22	2	2
Seychelles	10	0	0
South Africa	1,380	5	50
Zambia	39	1	0
Zimbabwe	8	1	0
TOTAL	1,851	30	58

Source: WHO, Government, CDC and Johns Hopkins as of 2 April.

USD 255.2 million

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

Regional Developments

The COVID-19 pandemic continues to evolve rapidly in the Southern Africa region, which has the greatest number of confirmed cases in the continent. Across the 16 countries in the region, national efforts to contain the virus range from the suspension of all passenger commercial flights from affected countries, through the closure of borders in 12 countries, to national lockdowns in seven countries. 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 all 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 national preparedness and response measures. Operations are reviewing and adjusting their programmes to respond to emerging needs and find flexible, pragmatic solutions that allow UNHCR and its partners to stay and deliver.

Preparedness and response

Operations in the region have been looking for pragmatic and creative methods to deliver assistance given the growing risks and restrictions. Methods range from installing hand washing stations in transit centres, camps and settlements to the inclusion of women and girls in leadership roles, and their involvement in community-based protection initiatives.



UNHCR and partners distributing soap and raising awareness on COVID-19 in Maratane refugee camp, Nampula province, Mozambique. © UNHCR/Caetano Jose Valobdas

UNHCR and partners are limiting the number of people present at any given time during distributions of sanitation and core relief items (CRIs), such as blankets, kitchen sets, and jerry cans. The new arrangements are communicated through awareness efforts, designating special times for the most vulnerable, and extending distribution times. UNHCR and partners are employing similar practices for food distributions in **Angola, the Republic of the Congo and Zimbabwe**. In some cases, families will receive an advance on their rations (two months' worth instead of one) for increased food security. Efforts are also underway to expand cash-based initiatives to provide vulnerable individuals, which can be a more flexible and contact-less way to address their food, medicine, shelter or other essential needs.

UNHCR and partners in **Angola** have been training refugee journalists to conduct a mobile awareness campaign on COVID-19 prevention throughout Lóvua Refugee Settlement. The refugees have been provided with key messages on preventive and preparedness measures along with a sound system and transport.

Community protection focal points in **Mozambique** have been provided with mobile phones and credit to undertake protection monitoring in IDP communities.

In camps and settlements for persons of concern throughout the region, UNHCR and partners are establishing isolation centres and training health workers on how to identify and refer cases. They have also reinforced measures at points of entry to refugee camps, IDP sites and transit centres, including temperature-screening and handwashing stations. In **DRC**, asylum-seekers who are still at the transit centres will be transferred to Mulongwe Settlement, South Kivu Province and new hangars are currently under construction in the settlement where they will remain in quarantine for 14 days.

Challenges for operations

Throughout the region, social distancing measures can be difficult for refugees and IDPs to adhere to in camps and health facilities where shelter capacity is already tight. Notable examples include IDP sites across Ituri and North Kivu provinces in the **DRC**, where there are no new spaces available to build confinement structures, and the health centre in Dzaleka refugee camp in **Malawi** where spacing is limited.

With movement restrictions increasing throughout the region, UNHCR is working with governments and partners to continue to provide access to health facilities, particularly in urban areas where refugees mix with the local population. In remote areas, where health emergencies arise, many persons of concern and host community members must now contend with limited transport options to access medical treatment.

In **Zimbabwe**, the government announced that social protection programmes will continue, including those benefiting refugees, asylum-seekers and other persons of concern.

Financial requirements

UNHCR launched a revised [Coronavirus Emergency Appeal](#) on 27 March seeking USD 255.2 million to boost preparedness, prevention and response activities to address the immediate public health needs of refugees and host communities prompted by the spread of COVID-19. This amount is fully coordinated with and included in the [COVID-19 Global Humanitarian Response Plan](#) launched on 25 March.

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