

Southern Africa

24 July 2020

Highlights

Since the beginning of UNHCR's COVID-19 response in Southern Africa



2 million people reached through COVID-19 risk communication



299,000 households received soap for handwashing to prevent COVID-19



3,869 children and youth supported with distance and home learning



A UNHCR Health and Nutrition Officer attending to a baby at Mantapala Health Post in Zambia. ©UNHCR/K. Shimoh

Population Figures

9,487,977 people of concern to UNHCR in Southern Africa, including



769,874 refugees and 312,261 asylum-seekers



6,212,334 internally displaced persons (IDPs)



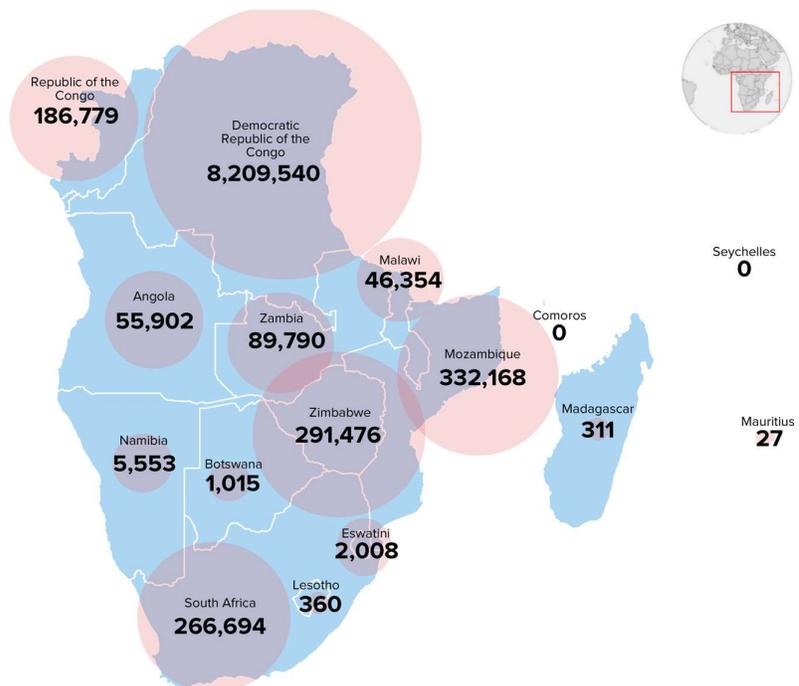
2,134,349 IDP returnees and 23,248 refugee returnees



35,911 other people of concern

(as of 23 July 2020)

People of Concern to UNHCR in Southern Africa



Operational Context

As of 20 July 2020, there are a reported 407,198 confirmed cases of COVID-19 in the 16 countries covered by UNHCR's Regional Bureau for Southern Africa, representing a 150 per cent increase over a three-week period. South Africa continues to report the highest number of confirmed cases on the continent, with case numbers spiking in recent weeks. While governments across the region continue to take precautionary measures to limit the spread of the virus, including lockdowns, closure of borders, schools and shops, and movement restrictions, these measures are gradually being eased in many countries of the region, in spite of increasing case numbers.

Slowness of COVID-19 testing remains a concern, due in part to shortages of test kits and limited laboratory capacity. This is having a negative impact on the transmission chain, especially in areas where people live in close proximity to one another, such as in camps and in some low-income urban areas. Further, COVID-19 restrictions have had severe economic impacts on vulnerable populations, including refugees, asylum-seekers and internally displaced persons. Lost income as a result of limitations on movement and economic activity has meant that the number of people requesting assistance from UNHCR has increased significantly, notably among those who had previously been self-sufficient, as they now struggle to put food on the table, pay rent, or cover the cost of utilities.

UNHCR is working with governments, World Health Organization and other UN agencies and NGOs to secure the inclusion of people of concern – refugees, internally displaced persons (IDPs), stateless people and other marginalized communities – in preparedness and response measures for COVID-19.

UNHCR and partners have also committed to a 'stay and deliver' approach, continuing to provide critical services and assistance while adopting social distancing and other COVID-19 mitigation measures. This includes implementation of strict health protocols at distribution points, the use of hotlines to report protection issues and assistance needs, and support to virtual and distance learning and capacity building. UNHCR has also been expanding its outreach efforts in the region with the support of partners and community volunteers to spread the message among persons of concern and their host communities about COVID-19 prevention and services.

UNHCR Response

Health and WASH



67,000 people received soap for handwashing to reduce the spread of COVID-19 in **Zambia** since March 2020



10 isolation and quarantine facilities established and 8 equipped since March 2020 in the **Democratic Republic of the Congo**

UNHCR and partners continued health activities across the region, to prevent and respond to COVID-19. This includes stepping up support to establish and equip isolation and quarantine facilities in order to reduce the possible spread of COVID-19 in refugee and IDP-hosting areas. In the **Democratic Republic of the Congo (DRC)** UNHCR handed over a quarantine centre to the Kasai Province Governor in Katshongo to be used for future identified COVID-19 cases. Since the beginning of the COVID-19 response, UNHCR has established 10 isolation and quarantine centres in the DRC and provided equipment and other support to an additional 8 centres. In **Malawi**, construction work at the COVID-19 isolation facility in Dzaleka refugee camp has been completed, while in **Angola**, construction of laundry facilities at the isolation and quarantine centres in Lóvua settlement have been completed, along with three water tanks installed at the centres for preparing disinfectant solutions. In **Zimbabwe**, UNHCR issued an additional 18 refugee housing units to expand the isolation centre in Tongogara refugee camp. Medicine, PPEs and other supplies were also delivered to equip the isolation and quarantine centres, including 90 blankets, 200 mosquito nets, 10 kitchen sets, 20 jerry cans and 34 plates for use at the isolation centre. Across the region, UNHCR has established 28 isolation and quarantine facilities, and equipped an additional 17.

UNHCR has also continued to step up hygiene promotion across the region, with a focus on soap and water supply to facilitate hand washing to prevent the spread of COVID-19. In **Zambia**, hygiene promotion is ongoing in all three refugee settlements via a door-to-door campaign reaching over 70,000 refugees and host community members. The campaign includes distribution of hygiene-promotion items including soap at double the usual monthly rations,

as well as 101 buckets and basins distributed for institutional handwashing. Nearly 67,000 people have been provided with soap for handwashing since the beginning of the COVID-19 response in Zambia. To reinforce COVID-19 prevention measures in **Eswatini**, 122 families in Malindza refugee reception centre received soap, sanitizers and other hygiene equipment from UNHCR's partner. Since the beginning of the COVID-19 response, 746 people of concern have received soap, face masks and hand sanitizers in Eswatini. To increase access to handwashing facilities in **Namibia**, 38 'tippy tap' hand washing stations were installed over the past three weeks in three locations in Osire refugee camp, including the secondary school and the kindergartens. Community members were also trained to make tippy taps themselves.

In the **DRC**, UNHCR distributed soap to 67,312 IDPs and members of the host community in North Kivu Province, which will help to prevent the spread of diseases including cholera and COVID-19. In the same province, 130 handwashing stations were installed in the 13 UNHCR-managed IDP sites. In South Kivu Province, UNHCR and its WASH partner began a second large-scale soap distribution, reaching 24,145 Burundian refugee households in Lusenda and Mulongwe, while over 3,000 Burundian refugees staying in Kavimvira, Monge Monge, and Sange Transit Centres received soap bars. In Ituri Province, UNHCR and its WASH partner continued distributing soap to 12,312 IDPs staying in the Higher Pedagogical Institute (ISP) site in Bunia, Ituri Province. Finally, in Kasai Central Province, UNHCR and its WASH partner organized a handwashing and hygiene session targeting 2,709 individuals in Dimbelenge Territory. Since the beginning of the COVID-19 response, UNHCR has provided soap for handwashing to more than 102,500 people in the DRC.

Protection, Communication and Community Engagement



6,235 people reached with COVID-19 risk communication since March 2020 in **Angola**



5,912 people reached with SGBV messaging linked to COVID-19 in **Zimbabwe** since March 2020

Risk communication and awareness-raising on COVID-19 continues to feature in the response across the region reaching refugees, IDPs and host community members with messages about what is COVID-19, how it is contacted, how it can be prevented, and how to seek testing and treatment. People of concern and host communities are reached through community-based protection groups and community mobilizers, information sessions, door-to-door visits, flyers and leaflets, and radio show spots. In the **DRC** the region's largest information and awareness-raising campaign on COVID-19 continues, with 87,316 refugees, IDPs and host community members reached with during the reporting period, and a total of 1.3 million reached since the beginning of the COVID-19 response. In particular, awareness-raising on SGBV risks related to COVID-19 remains an important aspect of this campaign, with messages on SGBV prevention, referral pathways and available services. Given operational restrictions due to COVID-19, community-based protection groups have played an important role in information campaigns on SGBV and COVID-19. For example, over the past three weeks, community-based protection groups have reached 1,350 IDPs and locals in Ituri Province, as well as 807 refugees, IDPs and host community members in South Kivu Province.

In **Angola**, UNHCR's partner conducted awareness-raising on COVID-19 reaching 1,093 refugees in 21 villages in Lóvuá settlement over the past three weeks. This campaign will continue over the next few weeks and has so far reached 6,235 people. Refugees and asylum-seekers continue to play a key role in COVID-19 awareness-raising and prevention activities in **Zimbabwe**. 40 refugee community workers comprising 20 youth peer educators, 10 community child workers and 10 community volunteers conducted COVID-19 awareness-raising campaigns, reaching 600 refugee and asylum-seekers heads of households during the reporting period and 15,219 since the beginning of the COVID-19 response. At the same time, reports of SGBV incidents are on the rise, including intimate partner violence and family conflicts are linked to income challenges. In light of this, UNHCR is also focusing on specific SGBV prevention and response information, having reached 5,912 people with SGBV messages since the beginning of the COVID-19 response.

The COVID-19 pandemic has heightened risk of xenophobic attitudes in some parts of the region, and UNHCR is supporting government measures to improve communication and counter xenophobia. This includes provision of accurate and timely evidence-based information on the possible impact of COVID-19 outbreaks in refugee settlements and surrounding host communities. For example, in **Zambia**, UNHCR is working with Government to counter xenophobia, dispel fears and clarify misperceptions among host populations regarding refugees and

migrants and COVID-19 outbreaks. This is being achieved through ongoing community dialogues with refugees and host communities, as well as participatory assessments to gather empirical data on the socio-economic impact of COVID-19. Risk communication and community engagement is also ongoing through culturally appropriate, Ministry of Health -approved information, education and communication material in local languages as well a regular community dialogues, music and radio-messaging.

Education and Livelihoods



650 children and youths supported with distance and home-based learning in **Angola**



5,000 cloth masks donated by refugees for school-going children and youth in **Zambia**

Livelihoods support has become more important than ever given the economic impacts of COVID-19 lockdowns and restrictions in various countries. UNHCR has been working to link COVID-19 prevention and response activities with livelihood opportunities for refugees, asylum-seekers and host communities to help them provide for their families and overcome some of the economic shocks caused by the COVID-19 pandemic. In some cases, these opportunities are linked with government programmes and initiatives into which refugees and asylum-seekers have been integrated. For example, in **Zimbabwe**, the Chipinge District Ministry of Agriculture conducted training for 50 refugee farmers in Tongogara refugee camp to bolster their income-earning potential amidst the economic impacts of COVID-19. In the **Republic of the Congo (RoC)** UNHCR launched a Cash for Work project in Bouemba for the mass production of masks to prevent COVID-19. A group of eight tailors and seamstresses, including seven asylum-seekers and one local are undertaking this project. In collaboration with UNHCR's local partner, sewing machines were provided to the participants of the project. Meanwhile, in **Zambia**, UNHCR has identified 30 qualified refugee health personnel and is engaging the Ministries of Home Affairs and Health to secure their inclusion in the national response as part of the frontline health workers.

In **Zambia**, urban refugees in Lusaka supported the Government's efforts to prevent the spread of COVID-19 in schools by donating 5,000 cloth face masks for school-going children in examination classes, who include both refugee and host community children. Schools are still closed to learners in non-examination classes. Schools in **Angola** are scheduled to re-open at the end of July, and UNHCR is supporting preparations by providing buckets for hand washing to schools in refugee-hosting areas. In the meantime, 650 refugee children and youth have been supported with distance and home-based learning, enabling them to continue their studies amidst COVID-19 school closures. While schools remain closed in **Zimbabwe**, the Ministry of Primary and Secondary Education is engaged with primary and secondary school teachers in Tongogara refugee camp and facilitated an Accelerated Learning Workshop for 15 primary and secondary school teachers, with seven teachers from Tongogara Primary School and eight from St Michael's Secondary School attending. Teachers were taught how to prepare examination candidates in a short time and to implement non-formal education concepts. 1,259 refugee children and youth are currently being supported with distance and home-based learning in Zimbabwe.

Challenges

At this stage in the COVID-19 response, funding shortfalls are having a notable impact on operations. For the countries under the South Africa Multi-Country Office, funding for the COVID-19 response finished at the end of June, meaning that emergency cash assistance and food parcels are no longer being provided to people in need. While regular programmes like legal assistance continue for urban refugees, and camp-based refugees in Botswana, Namibia, Eswatini and Lesotho continue to receive basic assistance, the lifeline of cash payments has come to a temporary halt. These one-off payments supported refugees, asylum seekers and members of the host community who had lost their jobs as a result of the pandemic and were struggling to feed their families and pay rent. Without urgent new funds, vulnerable members of refugee and hosting communities risk going without enough to eat and being evicted from their homes. In South Africa, UNHCR has assisted more than 11,400 families with emergency cash assistance, however thousands more have not been reached due to lack of funds.

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](#). US\$438 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 24 July 2020, the region has received earmarked funding totalling nearly US\$7.2 million, accounting for approximately 23% of financial needs. The Regional Bureau for Southern Africa is grateful to donors who have earmarked contributions to operations in the Southern Africa region for COVID-19 response, including the United States of America (USA), the European Union (EU), the United Kingdom (UK), UN Malawi SDG Acceleration Fund and private donors.

GLOBAL CONTRIBUTIONS AND PLEDGES TO THE UNHCR COVID-19 APPEAL | US\$

USA 186M | Germany 61.9M | EU 43.5M | UK 31.3M | Japan 23.9M | Denmark 14.6M | United Nations Foundation 10M | Private donors 8.9M | CERF 6.9M | Canada 6.4M | Qatar Charity 3.5M | Spain 3.4M | France 3.4M | Ireland 3.3M | Sweden 3M | Sony Corporation 2.9M | Austria 2.5M | Finland 2.4M | Education Cannot Wait 1.8M | UNO-Flüchtlingshilfe 1.7M | Norway 1.4M | USA for UNHCR 1M

UNHCR is also grateful to the donors that have provided unearmarked support. 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 | US\$

Sweden 76.4M | Norway 41.4M | Private donors Spain 39.8M | Netherlands 36.1M | Denmark 34.6M | United Kingdom 31.7M | Germany 25.9M | Private donors Republic of Korea 20.5M | Switzerland 16.4M | France 14M | Private donors Japan 12M

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Global Financial Requirements: UNHCR Coronavirus Emergency Appeal

