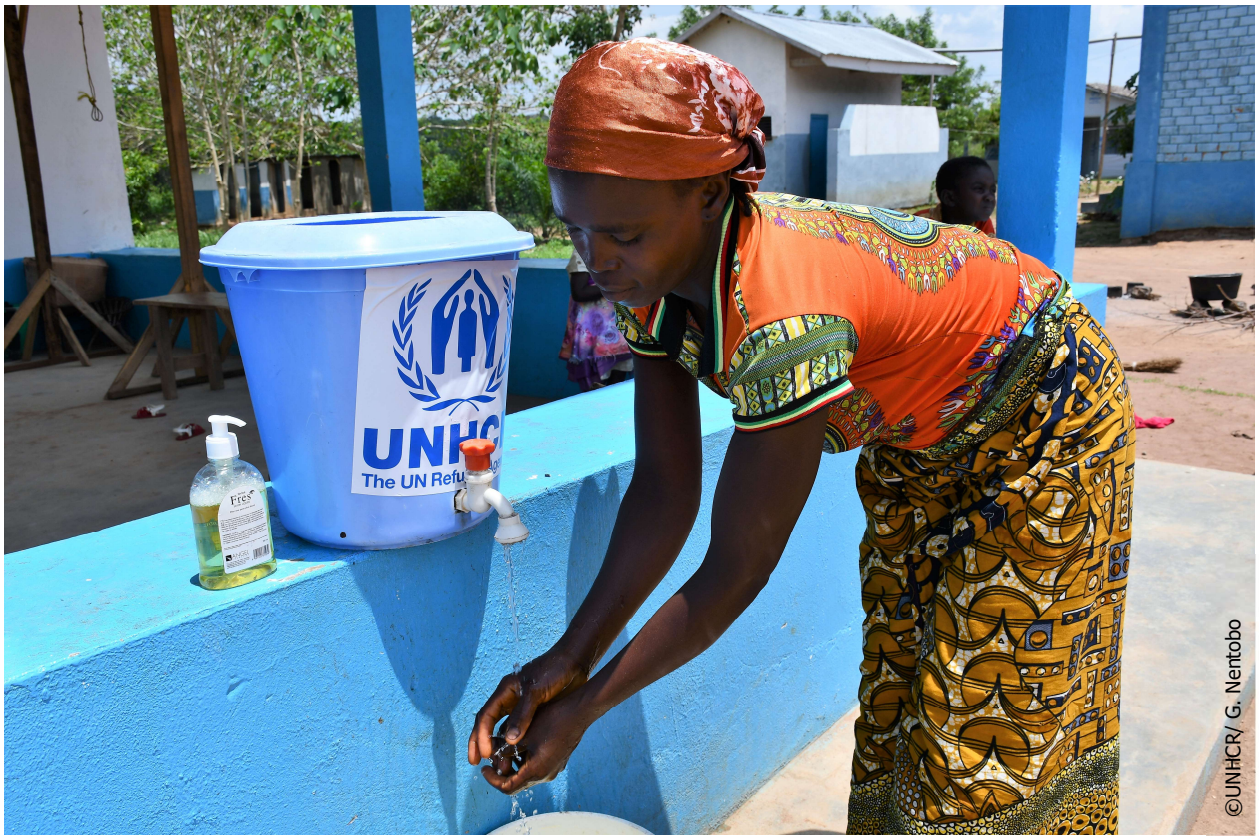
Southern Africa COVID-19 Response

March – September 2020



COVID-19: The first six months

Since the COVID-19 pandemic gained a foothold in Southern Africa in March 2020, there have been 767,314 reported confirmed cases of the virus across the 16 countries covered by UNHCR's Regional Bureau for Southern Africa (as of 28 September 2020). To limit the spread of the virus, Governments in the region have implemented precautionary measures including lockdowns, movement restrictions, social distancing and hygiene practices, as well as closure of borders, schools and shops. From the outset, UNHCR has focused its COVID-19 response in communities hosting people of concern – refugees, asylum-seekers, internally displaced people (IDPs) and stateless people. UNHCR has worked to ensure people of concern are included in national preparedness and response plans, stepped up support to Governments and host communities to reinforce their response to the crisis, and worked alongside the World Health Organization, other United Nations agencies and non-governmental organizations (NGOs) to respond to the needs of people of concern and their host communities during the COVID-19 pandemic.

Achievements

Throughout the first six months of the COVID-19 response, UNHCR and partners in Southern Africa 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 such as screening, handwashing and wearing masks, with strict protocols in place at registration and distribution points. In many countries, UNHCR's registration and identity management tools were adapted to allow for remote registration and case management as well as the touchless verification of identity using biometric tools at assistance and distribution points. Hotlines and community protection structures have been utilized to report protection issues and assistance needs and provide referrals for assistance – including for gender-based violence (GBV). UNHCR has focused heavily on risk communication and involved the community to enhance outreach to spread information about COVID-19 prevention and services. Health systems strengthening has been a priority, equipping health centres and training health workers, and establishing isolation and quarantine centres to reduce the risk of transmission, particularly in camps and transit centres. Additional handwashing facilities have been installed in public spaces frequented by people of concern, and additional soap has been distributed to promote good hygiene practices. 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 home-based learning to continue with their studies.

From March to September 2020 in Southern Africa[1]:

2.5 million people reached with COVID-19 risk communication

122,137 people reached with GBV messaging linked to COVID-19

27,797 people received cash or voucher support

1,905 health workers trained on COVID-19

45 isolation and quarantine centres established

77 health centres provided equipment and supplies for COVID-19

53,693 families received additional core relief items

235,892 people received reusable cloth face masks

455,433 people received extra soap for handwashing

13,990 people received hand sanitizer for personal use

4,436 additional handwashing facilities installed

18,305 students supported with home-based learning

[1] *All indicator figures in this report are as of 28 September 2020. All population figures in this report are as of 30 September 2020.*

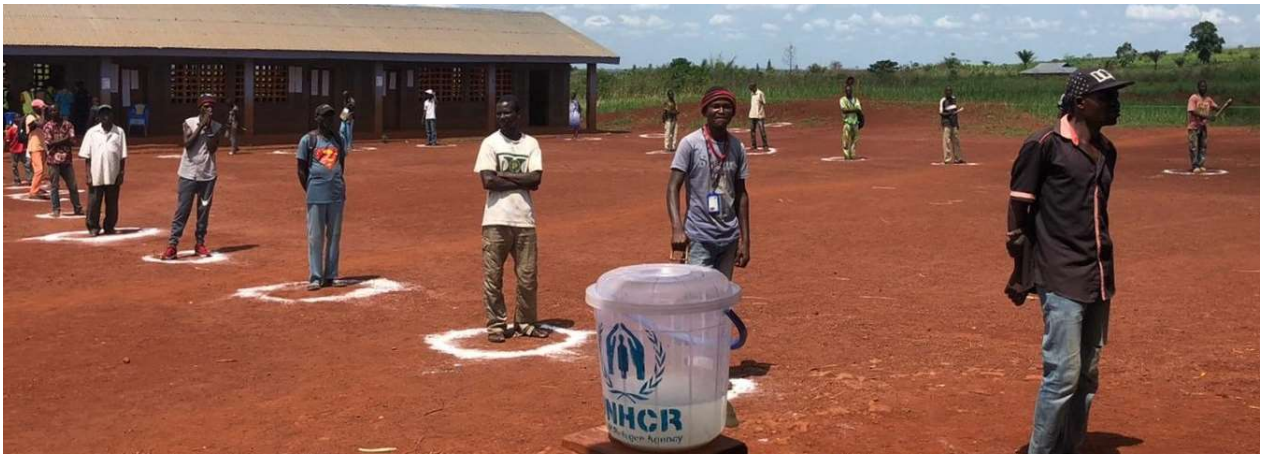
Challenges

While numbers of confirmed COVID-19 cases continued to rise in September 2020, the speed and scale of the spread slowed in many of the worst affected countries. This has been accompanied by eased restrictions and precautionary measures, presenting a risk of resurgence. UNHCR, partners and Governments have grappled with securing stocks of medicines, medical supplies and equipment for COVID-19 due to delays in delivery of international orders and lack of local suppliers. This has, in some cases, hindered a timely response to COVID-19, and also impacted health services' ability to treat other medical needs that arose. Slowness and sparse coverage of COVID-19 testing has also been a concern, linked to shortages of test kits, limited laboratory capacity, and delays in results being shared. This gap is particularly worrying in densely populated areas such as refugee and IDP camps, as well as some urban areas.

Months of COVID-19 restrictions have had severe economic impacts on vulnerable populations, including people of concern. Lost income as a result of limitations on movement and economic activity have led to an increase in the number of people seeking assistance from UNHCR. Concerningly, this includes those who had previously been self-sufficient but began to struggle to put food on the table, pay rent, or cover the cost of utilities. This has meant that in addition to direct COVID-19 assistance, there has been a spike in demand for social assistance, which has far outweighed the available resources. At the same time, reports of rising xenophobia and stigmatization of refugees has been noted, impacting the physical safety of people of concern as well as social cohesion and peaceful coexistence with local communities.

Despite innovative approaches to remote work, access to populations remains a concern and the number of interactions with UNHCR's populations of concern has decreased. This is evidenced by the sharp drop in registration regionally over the past six months. There is also more recently notable fatigue amongst people of concern and host communities with COVID-19 prevention measures, leading to complacency or non-compliance in wearing masks, respecting self-isolation, social distancing and other measures. UNHCR and partners are renewing efforts in risk communication and community engagement and seeking innovative approaches to strengthen impact. This is especially important as people are returning to work and school.

Finally, while UNHCR and partners have been working tirelessly to reach people of concern and host communities with scaled-up assistance and services, funding shortfalls across the region have taken a toll. For example, funding gaps have resulted in cuts to radio programming in UNHCR's risk communication campaign in the Democratic Republic of the Congo (DRC), hindered UNHCR's ability to provide the resources for home-based learning in Zambia, and halted UNHCR's cash assistance programme in South Africa. Nearing the end of the year, funding is still required to sustain critical COVID-19 programming and maintain important protection and basic service delivery.



Above: Refugees from the Central African Republic queue socially distanced in Mole camp, DRC ©UNHCR/ M. Vaillant
Front Page: A refugee woman used a recently installed handwashing station in Inke refugee camp, DRC ©UNHCR/ G. Nentobo

Angola

55,983 refugees, asylum-seekers, and other people of concern

7,062 people reached with COVID-19 risk communication

7,062 people reached with GBV messaging linked to COVID-19

800 families received additional core relief items

2,877 people provided with cloth face masks

2,701 people received soap to promote handwashing

494 additional handwashing facilities installed

650 students supported with home-based learning

23 health workers trained on COVID-19

1 quarantine and **1** isolation centre established

1 health centre supported with equipment and supplies to respond to COVID-19

Operational Context

The Government of Angola declared a State of Emergency in response to COVID-19 on 27 March. While the State of Emergency has been renewed several times, restrictions on movement, economic activity and livelihoods have been gradually lifted. Meanwhile, area-specific restrictions and procedures have been introduced in the most affected provinces, including areas hosting refugees and asylum-seekers. According to the State of Emergency Decree, humanitarian agencies have been allowed to continue delivering assistance to beneficiaries.

Throughout the period of lockdown, UNHCR maintained a reduced presence in Lóvua refugee settlement complemented by remote systems for protection and assistance delivery. For services that continued during lockdown, preventive measures were in place to ensure social distancing and hygiene protocols. In Luanda, the epicenter of the COVID-19 crisis, UNHCR advocated for and expanded service delivery to cater for the growing needs of the urban refugee population. Refugees in urban areas, many of whom already struggled with poor access to water, sanitation and health services, were particularly impacted by the economic impacts of the lockdown as well as heightened protection risks, such as GBV, harassment, arbitrary detention and exploitation.

Health

Health services continued to be delivered in Lóvua refugee settlement, targeting both refugees and local populations in four surrounding villages. UNHCR supported expansion of the health clinic in the settlement and rolled out training for 25 health workers on identification and referral of COVID-19 cases. A differentiated triage system for respiratory illness was also established at the health centre. In addition, UNHCR procured infrared thermometers and personal protective equipment (PPE) including 400 safety goggles to strengthen preparedness in fighting COVID-19.

UNHCR established one quarantine centre for individuals and families with suspected COVID-19 symptoms, and one isolation centre to treat people who test positive for COVID-19. The centers were furnished with an initial capacity of 25 beds each, with the possibility of expanding to 48 beds each if the need arises. Laundry facilities were also installed at the quarantine and isolation centres, along with three water tanks for preparing chlorine solutions for disinfection purposes. In support of urban refugees in Luanda, UNHCR's health partner recruited two nurses and two refugee health monitors to assist with monitoring vulnerable people and to facilitate medical referrals related to both COVID-19 and general healthcare.

WASH

New water points, including 'tippy taps' – homemade water dispensing devices – were installed for handwashing in Lóvua settlement and in the host community. A total of 494 additional handwashing stations were installed, including 471 in the settlement and 23 in the host community. All

refugees received doubled monthly rations of soap (500g per person per month), as well as 370 heads of households in the host community, while all eligible refugee women and adolescent girls received dignity kits.

Protection and Risk Communication

Throughout the pandemic, UNHCR and its partners worked to keep protection services running in the settlement and in urban areas, despite lockdown and reduced staff presence. In coordination with the UNHCR protection team, a list of refugees with specific needs was referred to benefit from additional CRIs, food assistance and closer monitoring during COVID-19. UNHCR and partners carried out regular joint border monitoring missions in Lunda Norte Province, bordering DRC's Kasai regions. No new refugee arrivals were observed, nor any incidents of deportation reported.

In Lóvua settlement, people with specific needs were provided with shelter assistance and were visited once per week to monitor and address their situation.

Protection incidents continued to be monitored in the settlement by refugee mobilizers and followed-up through remote and online coordination meetings, including incidents of GBV. Unaccompanied and separated children (UASC) were also monitored by community members. A UNHCR and NGO team trained teachers and refugee teaching assistants to identify signs of GBV and abuse and mental health issues amongst students. The four training sessions covered communication and familiarization with referral pathways for each of the different cases.

In the settlement, UNHCR also streamlined protection and other services to minimize the need for refugees to make specific trips to seek UNHCR services. For example, UNHCR coordinated with partners to decentralize and streamline services during general food distributions (GFD) into two different sites, with an even number of beneficiaries allocated for each site. During GFD, UNHCR Registration and Protection teams worked in parallel to attend to protection concerns and registration issues such as loss of ration card, case re-activation and registration of newborns. This helped to ensure solutions were expedited and households could access protection services at the same time as the GFD. This also served to minimize potential backlog that may have been created by the reduced UNHCR presence in the settlement during COVID-19 lockdown.

In Luanda, UNHCR's protection partner ensured that 382 vulnerable urban refugee households received food baskets, cleaning material and monitoring visits during the period of heightened vulnerability. UNHCR established a Protection Task Force for COVID-19 aimed to coordinate efforts of organizations responding to the impact of the pandemic and the State of Emergency in urban refugee communities. UNHCR's protection partner in Luanda ensured remote case management through the establishment of six helplines, and when movement restrictions were gradually lifted from late April, outreach volunteer workers carried out home visits.

Risk communication and awareness-raising about COVID-19 has been a critical component of UNHCR's response in Angola. At the onset of the pandemic, information campaigns were conducted including distribution of Q&A leaflets on the State of Emergency and about Government, UNHCR and partner helplines for COVID-19. These were distributed during household visits from UNHCR's protection partner, through volunteer networks, as well as through WhatsApp information trees established for information dissemination.

As the response continued, refugee journalists were trained by UNHCR and partners in Lóvua settlement to lead a mobile radio campaign about COVID-19 prevention. Information and awareness-raising campaigns were also rolled out in urban refugee-hosting areas of Luanda, Dundo and N'zagi, focusing on the need for social distancing and hygiene practices such as handwashing to avoid spreading of the virus. Further, UNHCR's protection partner, in cooperation with a health partner, trained 12 community mobilizers to conduct a door-to-door information campaign to promote handwashing, social distancing and use of face masks for both refugee and host communities. Information material was also developed, translated into four languages and disseminated the settlement and in Lóvua municipality. Through this campaign, 7,062 people, including members of host communities, were reached.

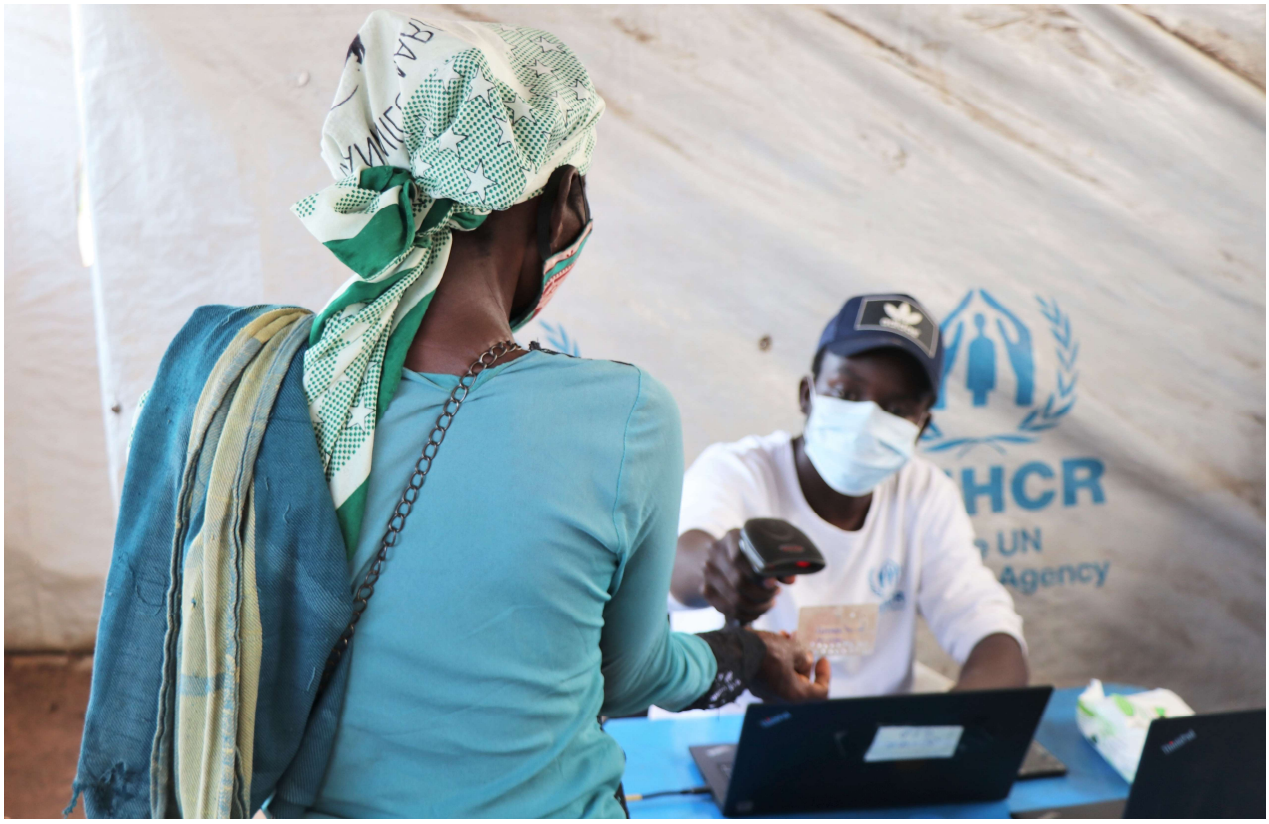
Core Relief Items

At the request of local government, UNHCR provided support through CRIs to the communities surrounding Lóvua settlement, contributing 100 jerry cans, 200 sleeping mats, 100 kitchen sets, 50 family tents, 100 plastic tarpaulins, 10 refugee housing units to be used as quarantine areas, 100 blankets, 100 buckets of 14-liters each, and 100 mosquito nets. A total of 800 vulnerable households received additional CRIs. A double distribution of soap to address the need for increased handwashing during the COVID-19 crisis was organized alongside the general food distribution in Lóvua settlement.

Education

UNHCR's education partner supported 650 refugee students with remote learning packages through a group of 34 teachers, including 18 refugees. Weekly assignments were distributed to all children enrolled in Lóvua settlement schools, from 3rd to 6th grade and secondary education students in 7th grade. As a result, while children were encouraged to stay home, they remained motivated to continue studying, despite of the fact that schools were closed in line with the State of Emergency.

With upcoming school re-opening in mind, UNHCR has been engaging stakeholders to identify priority actions and interventions to ensure students return to classes in a safe and healthy environment. Buckets for hand washing have been distributed to schools scheduled to re-open, along with plans for increased hygiene promotions and setting up classrooms to ensure social distancing.



A refugee in Lóvua settlement, Angola, has her token scanned by UNHCR registration staff at a distribution site, where COVID-19 prevention measures are observed. @UNHCR/ O. Akindipe

Democratic Republic of the Congo

5.5 million IDPs, **548,136** refugees and asylum-seekers, **2 million** returnees and other people of concern

1.6 million people reached with COVID-19 risk communication

33,701 people reached with GBV messaging linked to COVID-19

16,508 families received additional core relief items

76,982 people provided with cloth face masks

264,323 people received soap for handwashing

3,400 additional handwashing facilities

1,594 students supported with home-based learning

529 health workers trained on COVID-19

14 isolation and **10** quarantine centres established

61 health centres supported with equipment and supplies to respond to COVID-19

Operational Context

More than 5.5 million people have been uprooted by conflict within the DRC, the largest internally displaced population in Africa. The country also hosts more than half a million refugees, fleeing unrest and persecution in the neighbouring countries. Although a peaceful transition of power followed the presidential elections in the DRC in December 2018, the security and humanitarian situation continued to deteriorate, mainly in the east, in what is one of the most complex and long-standing humanitarian crises in Africa. Ongoing attacks by armed groups have hampered humanitarian access, hindered assistance to displaced people, and made COVID-19 prevention and awareness-raising activities particularly challenging. UNHCR's internal level 3 declaration for the DRC, which mobilized additional capacity in the context of the complex emergency, ended in August 2020. In addition, the DRC has been contending with Ebola outbreaks, putting additional strain on health systems.

As confirmed cases of COVID-19 continue to rise in the DRC, UNHCR is working closely with other UN and humanitarian partners to prevent the spread of the disease among refugees and the internally displaced. At the same time, UNHCR continues its regular activities to protect and assist refugees and internally displaced people and is redoubling its efforts to implement prevention and response measures in refugee camps and sites.

Health

UNHCR has supported the inclusion of refugees and IDPs in the DRC's national preparedness and response plan against COVID-19 and is following up with authorities to ensure that they are fully taken into account in the implementation of preparedness, prevention and response activities. Along these lines, UNHCR focused on the resilience of the national health system in 12 health districts where refugees are living.

To this end, UNHCR is reinforcing the national health system with lifesaving medication and critical medical equipment, so far reaching 61 health centres and hospitals including Government health facilities. In addition to basic medicines and medical supplies, UNHCR's support has included medical ventilators, 60 oxygen concentrators as well as an ambulance to bolster the national response capacity. Furthermore, UNHCR has supported training for over 500 national healthcare workers, as well as 1,269 community health workers, hygiene promotors, and community leaders who are participating in the Government's response effort covering both refugee and host communities in those districts. UNHCR has also established 14 isolation and 10 quarantine facilities across the country to prevent the spread of COVID-19 from suspected cases and new arrivals, and to treat confirmed cases as applicable.

WASH

UNHCR has installed approximately 3,400 handwashing stations in refugee camps and IDP sites across the DRC, as well as distributed soap and disinfected community infrastructures. UNHCR has also increased the frequency that refugees can pump water, to reduce queuing at water points and to allow for social distancing around the WASH facilities. UNHCR has also trained and supported refugees in setting up homemade 'tippy tap' handwashing stations using recycled materials, to promote handwashing at the household level.

Protection and Risk Communication

Throughout the COVID-19 pandemic, UNHCR has continued its protection and assistance activities in the DRC, making adjustments to systems of service delivery, reducing the number of people of concern received in UNHCR offices and adjusting activities to promote social distancing between staff and people of concern, as well as between people of concern. Handwashing and social distancing, as well as masks, are mandatory during any distribution or group activity.

The DRC has rolled out UNHCR's largest risk communication and awareness-raising campaigns in the Southern Africa region, reaching approximately 1.6 million people between March and September 2020 through community-based protection groups and community mobilizers, information sessions, flyers and leaflets. For example, UNHCR has translated information material prepared on behalf of the Ministry of Health into languages spoken by refugees and has supported the distribution across the country. Community-based groups conducted awareness-raising sessions in groups of less than 15 people, keeping at least two meters distance from each other. Thousands of people were reached through radio messaging in refugee and IDP-hosting areas, including in Kasai, Haut-Katanga, Tanganyika, Nord Ubangi, Sud Ubangi, North Kivu, South Kivu, Ituri and Haut Uele Provinces.

In addition to general messaging about COVID-19, UNHCR has additionally focused on sharing specific messaging on GBV risk and prevention, as well as how response services can be accessed. Since the beginning of the response, UNHCR and partners have reached more than 33,700 people across the country with messages on GBV related to COVID-19.

Core Relief Items and Cash-Based Interventions

In Bunia, Ituri Province; Kalemie, Tanganyika Province; and Kananga, Kasai Province, UNHCR and partners distributed core relief items as part of the COVID-19 response, which included bars of soap, surgical masks, pairs of gloves, hand washing facilities, wheelbarrows, shovels, megaphones, chlorine powder, mats, blankets, jerrycans and buckets. Overall, more than 16,500 families received additional core relief items from UNHCR during the COVID-19 response.

In addition, UNHCR has rolled out cash distribution using mobile banking. This allows UNHCR and partners to transfer money to refugees without physical contact. All refugees located in Kinshasa were targeted for this assistance and 269 households have now opened a bank account through this process. A similar process of setting