



East and Southern Africa Region

COVID-19 Situation Report No. 3

United Nations Population Fund



Reporting Period: 1 - 13 May 2020

Regional Highlights

- All 23 countries in the region have reported confirmed COVID-19 cases, with Lesotho's first confirmed case on 12 May. South Africa has highest number of new cases in the region and the continent, with 7,808 cases and 153 deaths.
- There are varying degrees of testing with Malawi as the lowest with 70 tests per 1 million population compared to 18,845 in Mauritius. Private sector testing is still limited to South Africa and Kenya. Over 500,000 people have been tested in the region with South Africa accounting for over 65% of the total tests done.
- Some countries are easing restrictions, with Madagascar the first country to lift lockdown and reopen schools.
- UNFPA is working with governments and partners to address COVID-19, and ensure continuity of services.
- UNFPA established a tracking matrix for disruption of health services to verify and support countries to respond.
- Burundi has upcoming elections with political rallies and minimal social distancing, which could potentially lead to an increase in infections. The Malawi government attempt to institute a lockdown was rejected after a court injunction.
- Almost 4 million refugees and over 9 million internally displaced persons are faced with limited humanitarian access.
- Over 45 million food insecure people in Southern Africa have been hard hit by the socio-economic impact of the restrictions, especially Zimbabwe. The desert locust invasion in the East and Horn of Africa with COVID-19 poses a food crisis, which could have significant effects on women and girls' sexual and reproductive health (SRH) and potentially lead to a rise in gender-based violence (GBV).
- All country offices supported and commemorated the International Day of the Midwife with governments and partners honoring the role of midwives in the COVID-19 response.

Situation in Numbers



18,049 Confirmed COVID-19 Cases



388 COVID-19 Deaths

Source: WHO, 15 May 2020

Key Population Groups



16 M Pregnant Women



151 M Women of Reproductive Age

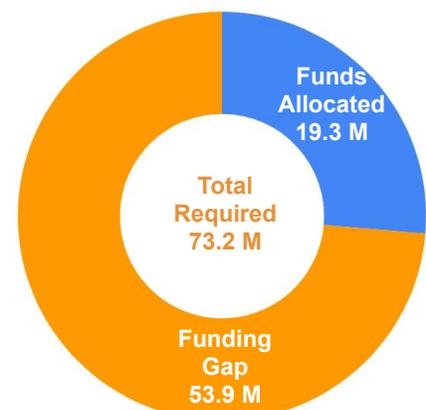


199 M Young People (age 10-24)



19 M Older Persons (age 65+)

Funding Status for Region (US\$)



Regional Response Summary

The UNFPA response in the region aligns with the [2030 Agenda](#), [WHO global strategic preparedness and response plan](#), [UN-coordinated global humanitarian response plan](#), the [UN framework for socio-economic response to COVID-19](#), and [UNFPA COVID-19 global response plan](#).

Coordination and partnerships

Country offices continue to engage with governments, UN agencies and civil society partners in national coordination through task forces, command councils, and others. These efforts ensure that UNFPA mandate areas (sexual and reproductive health (SRH), gender-based violence (GBV) prevention and response, and population dynamics) are part of the national response efforts for continuity of essential services.

At the UN country team level, country offices leverage joint response and resource mobilization efforts such as joint advocacy for continuity of essential services. Country offices with ongoing humanitarian crises are working to ensure that COVID-19 is mainstreamed in the humanitarian response plans and programmes.

To ensure continued focus on ongoing humanitarian crises, UNFPA is involved in the regional humanitarian coordination forums (Regional Inter Agency Standing Committee and Regional Humanitarian Partnership Team) for South and East Africa respectively. The regional GBV working groups are supporting the countries to focus current programmes to respond to COVID-19 and address GBV programme implementation challenges occasioned by COVID-19.

UNFPA East and Southern Africa Regional Office (ESARO) participates in the regional COVID-19 sub working groups on infection, prevention and control; risk communications and community engagement; and chairs the continuity of essential health services sub working group.

Continuity of SRH interventions, including protection of health workforce

The regional office and the country offices have supported the continuity of essential SRH services by:

- Advocating at national and sub national levels for the inclusion of SRH services in the list of essential services during the COVID-19 era.
- Strengthening operational and logistics support to national supply chains, including providing personal protective equipment (PPE) to health workers; and facilitating additional supplies of modern contraceptives and other SRH commodities.
- Supporting referral systems especially when public and private modes of transport have been constrained.
- Augmenting the capacity building efforts for frontline SRH workers and health facility optimization for COVID-19 through virtual training platforms and mentorships.
- Promoting risk communications and community engagement to address fear of COVID-19 infection at health facilities among women and girls.

Country examples:

- **Botswana:** Successfully advocated for the inclusion of SRH services into the list of essential services including at community level. Government has issued clear communications to the districts to ensure uninterrupted provision of Antenatal and Family Planning services at community level. The Ministry of Health is supported with an SRH consultant to ensure the development of relevant operational guidelines to be utilized at the health facilities.
- **Uganda:** Supported 14 districts in the Northern and West Nile regions of Uganda with fuel vouchers worth UGX 67.6 million (approx. US\$ 17,835) for ambulances to transport mothers to health facilities where they can deliver safely, amidst the COVID-19 pandemic.
- **Tanzania:** The country office is working with the Mkapa Foundation as an implementing partner to support recruitment and deployment of health workers (midwives and clinical officers) in Dar es Salaam and Zanzibar to support continuity of essential SRH services.
- **Rwanda:** Supported the revision of the National Guideline for Case Management of suspected and confirmed cases of COVID-19, to ensure integration of continuity of SRH services among women and girls quarantined, isolated or being treated for COVID-19.
- **Eswatini:** Continues to support the training of healthcare workers on basics of case management, health facility optimization, client flow and health worker safety including use of PPE. Working with the Ministry of Health, the country office has developed guidelines for the continuity of antenatal care services at health facilities and community outreach.

Continuity of SRH interventions, including protection of health workforce

Country examples continued

- **South Africa:** Supported week-long activities to recognize role of midwives in delivery of critical SRH services to women and girls despite risking their own lives in the COVID-19 pandemic. A webinar paying homage to the role of midwives in the COVID-19 pandemic was hosted by the Mail and Guardian, a leading media outlet in country.
- **Madagascar:** Continues to support the transportation of pregnant women to attend antenatal care and other health appointments. Additional emergency reproductive health kits have been delivered to the country to equip health facilities in areas affected by flooding and at risk of severe weather events.
- **Kenya:** In partnership with UN WOMEN, UNFPA is working with the Kenya Medical Women Association to scale up SRH and GBV services in urban informal settlements where lockdowns have been most severely enforced. These informal settlements are largely occupied by informal urban workers relying on daily income to access services at health facilities.
- **Seychelles:** Supporting the equipping of the quarantine centres to ensure that the needs of pregnant women and young people. UNFPA is supporting the Emergency Public Health Operations Centre on surveillance and capacity building of health care workers on infection prevention and control measures to ensure safe delivery of SRH services at health facilities.

Addressing Gender-based Violence

The regional office and country offices are working to ensure that the needs of GBV survivors, amidst of GBV incidence, are met through:

- Continued advocacy for the inclusion of GBV essential services by the national authorities during the times of lockdowns and other forms of restriction of movements.
- Reprogramming of existing GBV initiatives such as the spotlight initiatives to address the rising prevalence of GBV in the COVID-19 era.
- Working with the GBV regional adviser based in Nairobi, the regional team is building the capacity of the GBV coordinators in the humanitarian contexts to ably position GBV as an issue of concern and priority within the humanitarian coordination structures.
- Addressing the dignity needs of women and girls in quarantine centers, which will also help them to easily reintegrate into society at the end of their quarantine period.

Country examples:

- **Zambia:** Raised awareness around the importance of face masks for prevention of COVID-19 (following government directive on mandatory use). UNFPA supported the Young Women Christian Association (YWCA) enabled female youth to learn sewing and design of face masks, and donated over 500 reusable face masks to vulnerable young people in high-density communities of Lusaka City who cannot afford to buy masks. The face masks are made from local chitenge fabric and are washable and reusable without reducing their effectiveness.
- **Malawi:** Supported GBV awareness messages through dissemination on radio and TV during the COVID-19 pandemic. The country office is also supporting the GBV helpline with airtime and its popularization among communities. UNFPA is also supporting the youth to act as foot soldiers to carry GBV prevention messages in the community while observing social distancing regulations.
- **Burundi:** Supported the distribution of dignity kits to 1,350 women and girls affected by floods to support their hygiene needs as additional support to COVID-19 prevention efforts.
- **Angola:** Finalized plans to distribute 10,000 dignity kits for the hygiene needs of women and girls in the drought-affected provinces and to refugees from the Democratic Republic of Congo. COVID-19 prevention messages to be disseminated during the distribution. The ESARO gender and GBV in emergency colleagues provided technical support to the country.
- **South Sudan:** Donated 18,000 dignity kits to the Government through the Ministry of Gender to address the sanitary needs of displaced women and girls in protection of civilian sites through the country.

Ensuring the supply of modern contraceptives and other reproductive health commodities

The regional office Supplies Team is working with the country offices to ensure uninterrupted availability of modern contraceptives and reproductive health supplies by:

- Closely monitoring family planning and SRH commodity stocks in all the countries, and providing technical support to address any impending stock outs through redistribution from low consumption countries or any other means.
- Supporting resource mobilization for procurement of PPE by country offices.
- Prepositioning family planning and SRH commodities to the lowest levels to avert any shortages arising out of logistical challenges in moving commodities.

Country examples:

- **Uganda:** Through its Partner the Family Planning Consortium, UNFPA is running spot messages on family planning during prime-time TV, as well as scroll messages during the weekly President Museveni's address to the nation of COVID-19. The country office is also working with "safe-boda" an e-hail motorcycle taxi operation to distribute condoms around the capital during the lockdown period, over 200,000 condoms have been distributed so far.
- **Zimbabwe and Mozambique:** UNFPA is partnering with food security actors, WFP and FAO, to distribute family planning commodities and other SRH supplies to users and health facilities during food distribution. SRH and Family planning messages are also being disseminated in livelihood programmes with communities.
- **Zambia:** Partnered with USAID and the Medical Stores of Zambia to facilitate the pre-positioning of family planning commodities in hard to reach districts to ensure continued service provision.

Risk communication and community engagement, including youth engagement, and leaving no one behind

UNFPA is part of the regional risk communications and community engagement working group that aims at providing joint programmatic guidance to country offices, governments and media practitioners in the region.

UNFPA and UNICEF East and Southern Africa Regional Offices and the WHO Africa Regional Office conducted a webinar on COVID-19 and well-being for young people. The webinar was attended moderated by one young person from AFRIYAN Zimbabwe and attended by over 100 young people from 18 countries.

Country examples:

- **Malawi:** UNFPA is using the 2018 Census data to map populations at high risk of contracting or dying from COVID-19 using an interactive geospatial dashboard. Thematic maps will be produced on the risk of COVID-19 targeting the locations of specific populations including the elderly, young women and girls, pregnant women, people with disabilities. In collaboration with Malawi Editors Forum, the country office will orient media houses on the use and interpretation of the COVID-19 dashboard. An information campaign through TV and Radio programs will complement the outreach campaign to raise awareness of the locations of populations at risk and hotspots for contracting COVID-19.
- **Namibia:** In partnership with the Society for Family Health, UNFPA has provided SRH services including GBV and contraceptives using mobile clinics conducted over the last two weeks. Young people were provided with COVID-19 prevention messages and screening, HIV testing and counseling including referral of those testing positive for care and support.
- **Mozambique:** Supported health facilities in the Cabo Delgado province with procurement and installation of six tents to support the provision of sexual and reproductive health to women and girls recovering from the devastation of cyclone Kenneth that hit landfall in April 2019. The tents will ensure continuity of essential SRH services in the event that existing facilities are overwhelmed by COVID-19. They will also ensure privacy and quick turn around of services for women and girls.
- **Democratic Republic of Congo:** Continued to support the Government with equipment and training for fistula repair in the conflict affected areas. The equipment and supplies financed with support from the Italian cooperation will ensure the restoration of dignity to women suffering from obstetric fistula. The support will also improve the emergency obstetric care in the region and prevent more women from fistula even as the world battles the COVID-19 pandemic.

At the regional level, the UNFPA communications team co-organized a meeting with the World Bank for UN agencies and development partners. The engagement brought together communications' focal points to ensure coherence and clarity of key messages during COVID-19.

A webinar was produced paying homage to midwives and their role in supporting women and girls with critical SRH services in the COVID-19 pandemic in South Africa. <https://twitter.com/UNFPASA/status/1258724950418100225/photo/1>
Watch the youtube video [here](#)

GBV will escalate if lockdown continues – Interview: <https://iono.fm/e/856368>

UNFPA projects alarming rise in unintended pregnancies as COVID-19 rages on – Interview: <https://iono.fm/e/854917>

Sudan Outlaws Female Genital Mutilation:

<https://www.nytimes.com/2020/04/30/world/africa/sudan-outlaws-female-genital-mutilation-.html>

UN: South Africa's ban on sale of alcohol during lockdown contributed to low GBV statistics:
<https://ewn.co.za/2020/04/28/un-sa-s-ban-on-sale-of-alcohol-during-lockdown-contributed-to-low-gbv-stats>

UNFPA Namibia in partnership with Society for Family Health have conducted mobile clinics to provide SRH services and COVID-19 screening and information for young people.

https://twitter.com/UNFPA_Namibia/status/1258417253948837890

UNFPA Tanzania supports midwives at the frontline during the COVID-19 pandemic
<https://tanzania.unfpa.org/en/news/protecting-midwives-defenders-womens-rights-times-covid-19>

UNFPA Kenya Representative participated in TV interviews where he highlighted the initiatives that UNFPA has undertaken to promote access to SRH and GBV services during the COVID-19 response in Kenya.

<https://www.youtube.com/watch?v=Cu1qWN30X4c>
https://youtu.be/_plywVGfVE

Joint UNFPA/UN WOMEN-Kenya Op-Ed for dissemination to donors.
<https://www.nation.co.ke/oped/opinion/Let-s-stop-sexual-violence/440808-5533856-rrlb6jz/index.html>



© UNFPA

A UNFPA-supported mobile van has been visiting places such as shopping malls and neighborhoods in Namibia where the public can conveniently access health services.

Confirmed Cases and Deaths (UNFPA programme countries) WHO, 15 May 2020

Country	Confirmed Cases	Deaths
Angola	48	2
Botswana	24	1
Burundi	27	1
Comoros	11	1
Democratic Republic of the Congo	1,298	50
Eritrea	39	0
Eswatini	187	2
Ethiopia	272	5
Kenya	758	42
Lesotho	1	0
Madagascar	230	0
Malawi	63	3
Mauritius	332	10
Mozambique	115	0
Namibia	16	0
Rwanda	287	0
Seychelles	11	0
South Africa	12,739	238
South Sudan	231	1
United Republic of Tanzania	509	21
Uganda	160	0
Zambia	654	7
Zimbabwe	37	4
Total East and Southern Africa Region	18,049	388

Confirmed Cases by Country and Region

Region ● Arab States ● Asia and the Pacific ● East and Southern Africa ● Eastern Europe and Central Asia ● Latin America and the Caribbean ● West and Central Africa

