Situation in Numbers

- 4,183 Confirmed COVID-19 Cases
- 109 COVID-19 Deaths

Source: WHO April 17, 2020

Highlights

- All countries in the region have reported cases except Lesotho and Comoros. South Africa is by far the most affected with 2,605 confirmed cases and 48 deaths, followed by Mauritius, the Democratic Republic of the Congo and Kenya.
- Mortality rates are rising, ranging from 1.2% in South Africa to over 20% in Burundi. Also, Mauritius and South Africa have the highest testing rates (6,501 and 1,603 tests per 1,000,000 population respectively) and the highest number of confirmed cases. WHO, Africa CDC and Member states are working to increase testing rates.
- Countries have enacted restrictions to stop the spread of the virus, including restrictions on movement and national lockdowns. While these measures are helping, they have had a negative impact on the continuity of essential services for sexual and reproductive health and rights. Livelihoods are severely affected by the lockdowns in a region with high poverty levels and a large percentage of the population engaged in the informal economy.
- UNFPA, WHO, UNICEF, UNAIDS and NGO partners advocated for sexual and reproductive health (SRH) and gender-based violence (GBV) services, to be maintained on the list of essential health services, and developed a contextualized guidance note on the continuity of essential maternal and newborn health services for countries.
- UNFPA is working with partners to prioritize GBV and wider protection concerns in the COVID-19 response. Under the regional partnership forum, UNFPA has provided support to countries to adapt non-touch response services such as counselling and referral for services. For existing humanitarian situations, UNFPA works with GBV coordinators in countries to build capacity and align national responses to COVID-19 contexts.
- It’s also imperative to ensure that national responses do not exclude populations whose vulnerability has been worsened by COVID-19.

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$)

- Total Required: 34.7 M
- Funds Received: 8.8 M
- Funding Gap: 25.9 M
Regional Response Summary

The UNFPA response in the region aligns with the 2030 Agenda, the 2020 WHO Global Strategic Preparedness and Response Plan, the Inter-Agency Standing Committee Global Humanitarian Response Plan, and the UNFPA COVID-19 Global Response Plan.

Coordination

UNFPA is part of the UN Country Team coordination forum that collaborates with the national COVID-19 response coordination task force. Building on the established working relationship with government ministries and entities, UNFPA country offices are playing an important role in national response mechanisms that are rapidly evolving. In countries with ongoing humanitarian situations, UNFPA is ensuring that sexual and reproductive health (SRH) and gender-based violence (GBV) services are maintained as the coordination mechanisms align with the national COVID-19 response. UNFPA continues to lead the GBV sub-cluster and SRH sub-working group in countries with established humanitarian cluster mechanism.

Country offices are working closely with UN Resident Coordinators and governments in ensuring a one-UN approach. This has led to joint procurement of personal protective equipment (PPE) and distribution of supplies, reducing logistics costs and the risk to personnel involved in the distributions.

UNFPA is involved in COVID-19 regional coordination bodies and the ongoing humanitarian response in the region, including chairing the regional sub-working group on continuity of essential services and a member of various working groups, infection prevention and control management, and risk communication and community engagement.

The inter-agency work on the socio-economic impact of COVID-19 is evolving in some countries, such as Namibia and South Africa, to ensure that the impact on target populations is captured. The number of countries involved in this work is growing as the pandemic spreads across the region.

Continuity of SRH interventions, including protection of health workforce

UNFPA Country Offices have supported continuity of sexual and reproductive health (SRH) interventions by:

- Expanding the list of essential services to include GBV and nutrition services;
- Contextualizing the WHO operational guidance for continuity of essential health services to the region;
- Developing guidance for facility based and community based provision of maternal and neonatal health services;
- Advocating with the regional economic communities to help countries share experiences on ways to facilitate health worker and pregnant women movements during the lockdowns (e.g. waiving of movement permits for private vehicles and motorcycles ferrying emergencies, reorganization of ambulance services, provision of accommodation for emergency workers like midwives who live far away from health facilities, and the prioritization of PPE for high contact environments in health facilities like the labour wards); and
- Working with UNICEF and other agencies in joint procurement of PPE in local and regional markets like South Africa and Kenya to reduce turnaround time.

Country examples:

- **Democratic Republic of the Congo**: Handed over mobile clinics to the national COVID-19 coordination centre and Ministry of Health to support contact tracing, surveillance of positive and asymptomatic cases, logistics and patients transport. The ambulances were received by the country’s First Lady.

- **Uganda and Kenya**: Supporting functionality of referral services for maternal health services. They have supported provision of fuel for ambulances, negotiating clearance for public health transport vehicles, motorcycle taxis to transport pregnant women to health facilities and supporting community health workers to update the mapping of pregnant women and their contacts to ease communication.

- **Zimbabwe**: Following the ban on public transport, health workers faced challenges in commuting to work, absence of critical cadres like midwives leaves pregnant mothers at risk of complications of pregnancy which could lead to increased maternal mortality. After advocating with authorities, the country office is now supporting health care workers in Central Harare with transport to and from their places of work by hiring dedicated commuter private vehicles.
Addressing GBV

UNFPA Country Offices have addressed GBV by:

- Coordinating with the GBV Area of Responsibility (AoR) and Regional Working Group on GBV, ensuring that UNFPA GBV sub-cluster coordinators have the capacity to exercise UNFPA leadership;
- Developing a guidance note on COVID-19 with a gender lens for UNFPA HQ, a guidance note on priority actions for the Regional Working Group on GBV, and regional key messages on GBV and COVID-19;
- Documenting and sharing across the region best practices to deliver GBV prevention and response services in the COVID-19 context, including through development of a comprehensive report and repository of relevant guidance notes on GBV and COVID-19;
- Planning the provision of technical assistance for programming through calls with Spotlight Initiative countries in the region, as well as organizing a webinar on prevention of sexual exploitation and abuse in the COVID-19 context; and
- Supporting forecasting and adjustments of essential GBV commodities to cater to COVID-19 prevention and response, such as through the inclusion of soaps in dignity kits.

Country examples:

- **Kenya**: To help address the sanitary needs of internally displaced people's in West Pokot, 1850 dignity kits, 400 mattresses and sanitary towels procured by the Kenya CO were delivered to Kenya Red Cross for subsequent distribution to the women and families in need.
- **Mozambique**, UNFPA is working in Sofala with DPGCAS (Gender and Social action department), the health department and Plan International to distribute adapted dignity kits that contain additional soap, whistles and IEC materials for COVID-19 prevention. These are part of efforts to improve risk communication and engagement with displaced people, the distribution is done in line with SOPs to mitigate any risks related to COVID-19 transmission. Six mobile clinics will be in operation in areas still recovering from Cyclones Idai and Kenneth.

Ensuring the supply of modern contraceptives and reproductive health commodities

At the onset of the COVID-19 pandemic, which affected countries where supplies of contraceptives are manufactured, ESARO undertook proactive measures to:

- Carry out a stock analysis of family planning and SRH commodities in the countries to understand stock levels and develop mitigation measures to avert potential stock outs that would arise. Over 60% of the countries were found to be having more than 6 months stock while 5 countries has between 3 and 6 months stock and 3 countries were found to be at risk of stock out within a 3 months period.

- Provide technical guidance to countries to ensure continued supply and access to contraceptives and other reproductive health medicines during the COVID-19 pandemic. Country offices were supported to reprogramme family planning funds, commodity forecasting and stock management, maternal life-saving medicines, and integration of family planning with other SRH services to improve access.

- At the operational level, country offices have been able to preposition family planning and SRH commodities to the lowest service level, increase volumes of commodities allocated to health facilities and work with implementing partners to provide community based distribution of commodities, while observing COVID-19 prevention guidelines. Country offices are also supporting the private health care providers to provide family planning commodities using youth networks for awareness creation on service availability.
UNFPA East and Southern Africa offices are actively engaged in media outreach to raise awareness, share guidance, and showcase achievements. Here are external media products shared widely:

Global and regional:

- **Joint UNFPA/WHO Regional Directors’ op-ed** on COVID-19 and the importance of continuity of SRH

- **COVID-19 information for young people** on tune me, a mobile platform for over three million young people in Southern Africa supported by UNFPA ESARO
  http://ls.tuneme.org/sections/your-body/coronavirus-and-you/

Countries:

- **Malawi** supports pregnant women and young people in response to rising COVID-19 infections

- **Zimbabwe** supports survivors of gender-based violence, especially during COVID-19 lockdowns

- **DRC**
  - Hands over mobile clinics to national COVID-19 coordination centre and Ministry of Health to support contact tracing, surveillance of cases, logistics and patient transport. The ambulances were received by the DRC First Lady.  https://twitter.com/UNFPARDC/status/124757726946549760?s=20
  - Protects survivors and caregivers, and supports the Multisectoral Integrated Center in Ndjili
    https://twitter.com/UNFPARDC/status/1250441800294084616?s=20

- **Kenya** supports free hotline for psychosocial support in collaboration with partners including Federation of Women Lawyers (FIDA)
  https://twitter.com/MakeWomenCount/status/1251124960657117184?s=20

- **Madagascar** message on hand washing from Partagez le défi #SafeHandsChallenge avec vos amis & vos proches, sensibilizez-les aux comportements clés pour arrêter la propagation du virus! Partagez votre vidéo !
  @MG_One_UN @MirandaTabifor @UNFPA_ESARO
  https://twitter.com/UNFPAMadagascar/status/1241996655379038208?s=03

- **Uganda** supported districts hosting refugees and hard-to-reach populations with PPE for frontline health workers and supported a district bordering the Democratic Republic of Congo with the isolation of COVID-19 cases.
Regional Response Summary (Cont.)

**Risk communication and community engagement**

All UNFPA offices in the region are engaged in risk communication and community engagement and have used a range of materials and channels to reach people, including the most vulnerable, with information about COVID-19 and how they can protect themselves and mitigate negative consequences.

- The UNFPA regional office is working with country offices to ensure that national responses do not exclude vulnerable populations including young people, people with disabilities, older persons, commercial sex workers, LGBTQ, people living with HIV. Through its flagship programmes “2gether for SRHR” and “Safeguard Young People”, programmes and information channels were refocused to ensure that these groups are reached with COVID-19 preventive and response information including access to care.

- Working with the regional partnership forum for COVID-19, the UNFPA regional office is part of the risk communications and community engagement working group chaired by UNICEF. The group is organizing a training for journalists on COVID-19 messaging and is also engaged in contextualization of risk communication guidance for various groups within region.

- UNFPA country offices have developed or are developing translations of corporate guidance documents and other information materials, as well as country-specific materials, focusing on pregnCuntrancy related questions, GBV, engaging men, older people and other issues, and are disseminating them through their social media channels and those of partners.

- UNFPA is working with young people through various initiatives, including with the African Union and Regional Economic Communities, supporting the African Union’s Youth Sector Response – focusing on four areas:
  - Be Safe (health);
  - Be Responsible (engagement);
  - Be Online (education and skills); and
  - Be the Change-maker (innovation).

**Country examples**

- **Botswana:** Engaged in advocacy with the national COVID-19 taskforce to ensure inclusion of age, sex disaggregation in the monitoring and reporting of COVID19 trends and impact. UNFPA also supports Statistics Botswana to adapt the planned 2021 Population and Housing census to the COVID-19 pandemic.

- **Zimbabwe:** Supporting bulk SMS for dissemination of electronic COVID-19 BCC messages and contributing to supporting the national COVID-19 youth hotline run by Youth Advocates providing counselling services, referral and follow up, and dissemination of information on COVID-19

- **Lesotho:** Utilizing the mobile platform “tune me” that is accessible to over three million young people in Southern Africa to provide information about COVID-19. Young people across the region will now be able to access information and basic facts about COVID-19 and interact with peers.

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One-stop centres for GBV survivors remain accessible in South Sudan amid COVID-19 pandemic.
To protect survivors and caregivers, UNFPA DRC provides material support to the Multisectoral Integrated Center in Kintambo.

UNFPA DRC in partnership with Denise Nyakeru Tshisekedi Foundation support response to COVID-19 with $224,000 in equipment.

Dignity kits assist vulnerable families in Zimbabwe amid the COVID-19 pandemic.
### Annex: Confirmed COVID-19 Cases and Deaths in ESARO (WHO, 17 April 2020)

<table>
<thead>
<tr>
<th>Country</th>
<th>Confirmed Cases</th>
<th>Deaths</th>
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<tbody>
<tr>
<td>Angola</td>
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<tr>
<td>Botswana</td>
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<td>Zimbabwe</td>
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<tr>
<td><strong>Total ESARO</strong></td>
<td><strong>4,183</strong></td>
<td><strong>109</strong></td>
</tr>
</tbody>
</table>

**Confirmed Cases by Country and Region**

Region: AFR, AS, LAC, ES, LAC, LAC, LAC, LAC, LAC, LAC, LAC.