



Reporting Period: 1- 30 June 2020

East and Southern Africa Region

COVID-19 Situation Report No. 5

United Nations Population Fund



Regional Situation

- COVID-19 continues to take an upward trajectory over the last four months with a sharp rise during the last month; four-fold increase from just under 50,000 in early June. All countries in the region have registered confirmed COVID-19 cases.
- Over 60% of confirmed cases are among 20-50 year-olds, the most socially and economically active group; significant mortality is found among those aged 40-60 (36%) and 60-80 (44%). Males account for 58% of confirmed cases.
- South Africa accounts for 81% of confirmed cases and 79% of deaths. This is due to high testing rates and reporting as compared to other countries.
- Countries that had not reported new cases see a surge in new cases, as restrictions are lifted for economic recovery. Seychelles reported over 72 new cases in one day, after 79 days with no new cases, due to resumption of commercial fishing by foreign firms.
- Many countries are struggling to clear testing backlogs. Increasing rates of hospitalization pose a serious strain on health facilities and compromise continuity of essential health services.
- Low risk perception, economic pressure, limited risk communication and community engagement and high-handed enforcement, fuel non-compliance with preventive measures.
- Close to 4 million refugees and over 9 million internally displaced persons face limited humanitarian access. Armed intercommunal and political clashes in South Sudan and ongoing violence in Cabo Delgado province in Mozambique increased displacement.
- Over 45 million food insecure people in Southern Africa have been hit hard by the social and economic impact of the restrictions, with Zimbabwe hit hardest with a combination of economic collapse and food insecurity. An invasion of the African migratory locusts has been reported in Southern Africa in June, signaling a looming food crisis in the region; this could have a significant effect on women's and girls' sexual and reproductive health and lead to a rise in GBV.
- The loss of employment by migrants in Southern Africa during the lockdowns and irregular migrant status may raise their vulnerability, especially among women and girls. Many migrants returned to their countries of origin through irregular border crossings, which can increase risk of sexual exploitation and abuse.

Situation in Numbers

 **224,710** Confirmed COVID-19 Cases

 **3,686** COVID-19 Deaths

Source: WHO 5 July 2020

Key Population Groups

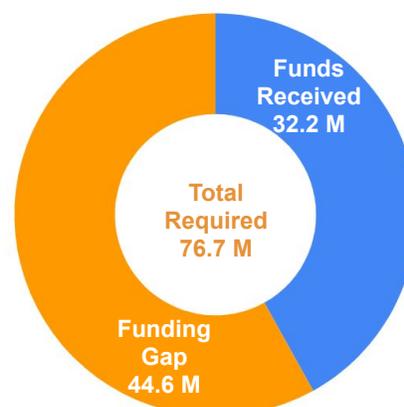
 **16 M** Pregnant Women

 **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

Coordination and partnerships

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](#).

Country offices continue to engage with the Governments, UN agencies and civil society partners in the national coordination for a (task forces/command councils, etc.). In line with the UNFPA Global response plans, country offices have advocated for the three strategic priorities to be included in the national COVID-19 response plans.

Guided by the UNFPA global response plan strategic priorities and accelerator interventions, UNFPA is engaged in the elaboration of the UN socio-economic response plan to COVID-19. UNFPA influenced reflection of SRHR dimensions informed by (a) impact on the Health systems and disruption of essential health service delivery, such as continuity of SRH/HIV/GBV services resulting in increased preventable maternal deaths, unintended pregnancies and recourse to unsafe abortion; b) Increased incidence of gender based violence demonstrated by the increased reporting through self-help lines and safe spaces (c) disruption of menstrual hygiene management in areas with limited access to water, sanitation and hygiene products for adolescent girls and young women;

Eastern and Southern Africa UN regional offices have also formed a “migration working group” that is working with countries and the regional economic communities (Southern African Development Community and East African Community) to address the plight of migrants and refugees in the COVID-19 era. Agencies are deploying their regional and country assets to influence the National COVID-19 task forces to ensure migrants are not left behind in the responses. The regional partnership forum continues to provide guidance to countries on case management, surveillance, continuity of essential services, mental health and psychosocial support and entry points. This forum has brought together all UN agencies at the regional level; UNFPA chairs the continuity of essential health services working group. The main objective of this forum is the contextualization of guidance to address regional specificities.

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

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:

- Advocacy for continuity of essential SRH services at national and sub-national levels
- Monitoring disruptions of SRH services and providing technical support to overcome bottlenecks in service delivery.
- 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.
- Support referral systems especially when public and private modes of transport have been constrained.
- Support capacity strengthening efforts for frontline SRH workers and health facility optimization for COVID-19 through virtual training platforms and mentorship.
- Support risk communication and community engagement initiatives aimed at reducing risk of COVID-19 transmission while addressing the increasing fear of health facilities by communities, especially women and girls.

Country examples:

Democratic Republic of Congo: UNFPA supported 60 maternity hospitals in the city of Kinshasa with infection prevention control (IPC) equipment and supplies, dignity kits and delivery kits. This will go a long way in supporting health workers to implement IPC measures in these hospitals, given that Kinshasa city is hard hit by the COVID-19 pandemic. This will protect both health workers and mothers coming to seek SRH services. This will in turn boost the confidence of both health workers and the community, hence ensuring continuity of SRH services.

Botswana: The UNFPA country office, working with WHO, UNICEF and UNAIDS, launched an assessment to track the continuity of essential Sexual, Reproductive, Maternal, Neonatal, Child and Adolescent Health (SRMNCAH) in the country. The assessment was supported by the regional offices of all agencies involved and will provide the Government and partners with recommendations to address bottlenecks in service delivery.

Regional Response Summary

Country examples (*continuation*):

Namibia: Handed over 18,000 sets of PPE for frontline health workers to ensure protection of both health workers and the women and girls coming to the facilities for sexual and reproductive health services. The PPE will also strengthen the capacity of COVID-19 treatment centres and hence free other health facilities to ensure continuity of essential SRH and GBV services. The PPE included coveralls, gloves, surgical respirators, goggles and boots.

Burundi: As part of efforts to ensure continuity of essential sexual and reproductive health services, UNFPA supported the training of 57 midwives in the Minimum Initial Service Package focusing on the impact of COVID-19. The trainings were carried out and guided by the social distancing and hygiene practices to prevent the spread of COVID-19.

Eswatini: Undertook an analysis on the availability of reproductive, maternal and newborn health life-saving commodities, to ensure continued provision of essential health care services during COVID-19. The collected information is being used to inform planning for the resumption of health services to ensure that SRH services are fit for purpose as services return to normal.

Kenya: Distributed over 36,000 sets of different PPE items to the county Government to help the response to COVID-19 while maintaining the continuity of essential health services. The CO team undertook missions to counties affected by drought and floods in the Rift valley province. The mission was engaged in advocacy with national and county leadership on SRH and GBV and harmful practices in the region and the effect of the COVID-19 pandemic on programmes addressing these issues in the region.

Uganda: With funding from the Government of Denmark, UNFPA supplied additional PPE worth UGX 807 million (about US\$ 216,927) to protect over 3,000 frontline health workers in 10 districts of Northern Uganda and West Nile regions. The PPE included 51,120 surgical masks, 5,700 respirators, 7,842 pieces of hand sanitizers and 520,800 pairs of gloves. Also supplied were 828 protective goggles and heavy-duty aprons and 4,530 liters of liquid soap. This came at a time when Uganda is grappling with shortages of PPE in hospitals and health facilities.

Addressing gender-based violence: Continuity and adaptation of GBV services and GBV prevention and mitigation measures

As GBV incidence rises, the regional and country offices are working to ensure that needs of survivors are met through:

- Continued advocacy for the inclusion of essential GBV services by national authorities during the lockdowns and other forms of restriction of movement.
- 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 Regional Emergency GBV Advisors (REGA) based in Nairobi, the regional team is strengthening the capacity of GBV coordinators to ably position GBV as an issue of concern within humanitarian coordination structures.
- Addressing the dignity needs of women and girls in quarantine centers to help them to easily reintegrate into society at the end of their quarantine period.

Country Examples:

Angola: 6,000 dignity kits were distributed in the areas affected by the drought in the South of Angola (Namibe and Cuando-Cubango Provinces), in partnership with the Ministry of Social Action, Family and Women Promotion, as part of the UNFPA humanitarian response, which includes COVID-19 prevention interventions. These dignity kits will not only restore dignity but improve the hygiene practices of women affected by drought and prevent them from getting infected with COVID-19.

Mozambique: Violence continues to flare in the Cabo Delgado province. A deteriorating humanitarian situation, due to insecurity and violence and climatic shocks, is leading to large-scale displacement, disruption of livelihoods, an increase in GBV and lack of access to basic services. UNFPA is supporting the establishment of services to respond to the high incidence of GBV. For example, a tent was installed at the Muxara police station in Pemba to handle the overflow of GBV survivors as increased numbers of GBV cases are being reported; several based on referrals from women-friendly spaces and protection desks that are also supported by UNFPA.

Country examples *continued*:

Namibia: Scaled up the distribution of dignity kits to girls, women, including pregnant and lactating women as well as people living with HIV and people living with disabilities through our partnership with the World Food Programme. During this reporting period, a total of 4,208 beneficiaries were reached in 6 regions.

Malawi: Donated masks and hand sanitizers to the Ministry of Gender. UNFPA continues to support the Ministry to provide services to returnees from South Africa especially pregnant women, girls and people with disabilities who are facing multiple challenges due to COVID-19.

Ensuring the supply of modern contraceptives and other reproductive health commodities

The regional office supplies team continues to work with the country offices to ensure uninterrupted availability of modern contraceptives and reproductive health supplies:

- Closely monitoring family planning and RH 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.
- Support resource mobilization for procurement of commodities including PPE for health care providers and community-based distributors by country offices.
- Prepositioning family planning and RH commodities to the lowest levels to avert any shortages arising out of logistical challenges in moving commodities.
- Providing technical support to country offices, implementing partners and Ministries of Health on supply forecasting, distribution and rational use during the COVID-19 pandemic.

Country Examples:

Angola: The distribution plan for contraceptives, including male and female condoms, which arrived in the country was finalized and the commodities will be distributed among the 150 health facilities in Luanda Province, to ensure the supply of modern contraceptives and other reproductive health commodities. During the distribution, it was noted that the stock-out of second-line ARV treatment still persists. UNFPA is supporting people living with HIV to use the media channels including social, electronic and print media to advocate for their rights to access to antiretroviral and other medicines.

Uganda: On 12 June 2020, UNFPA and ride-hailing company SafeBoda launched an e-Shop that will enable users in Kampala and Wakiso districts to order and receive reproductive health commodities using a “Personal Health Shop,” that is available through the SafeBoda App. Users can order condoms, contraceptives pills, HIV test kits, pregnancy test kits and Mama Kits conveniently and privately during the ongoing COVID-19 pandemic.

Zimbabwe: UNFPA continues to work with the food security and nutrition working group to ensure that women and girls continue to access contraceptives and other reproductive health commodities during distribution of food and farm inputs.

South Africa: UNFPA is supporting the Department of Health to conduct mobile clinics to underserved areas. These mobile clinics provide SRH services and clinical care to survivors of gender-based violence in selected areas in the provinces of Kwazulu Natal and Eastern Cape.

Risk communication and community engagement, including youth engagement, 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.

Country Examples:

Malawi: UNFPA Support is ongoing to YONECO district offices for the 5 target districts (Nsanje, Mangochi, Machinga, Balaka, Phalombe). Through Yoneco, UNFPA has mobilized young people to organize them into remote groups, where virtual meetings are being conducted. Stakeholder engagement on case management, awareness and mobilization have been completed. The youths will be the ‘foot soldiers’ to raise alarm on all GBV incidences in the COVID-19 crisis and also help to link survivors to service providers.

Country examples *continued*:

Namibia: UNFPA is collaborating with UNICEF and IOM conducted a rapid assessment on the availability of mental health and psychosocial support services (MHPSS) from Government, CSO and private sector. The information is being used to develop a telephone directory for MHPSS in all 14 regions and disseminate in all regions. UNFPA is working to ensure that women and girls are not left out and have access to MHPSS.

Mozambique: As part of efforts towards continuity of services amidst COVID-19, UNFPA supported a campaign where twenty-six (26) women and girls in Zambezia province benefited from obstetric fistula repair surgeries following the Ministry of Health circular to Provincial Health Directorates to exceptionally resume OF elective surgeries. The repairs have had a positive effect on mobilizing more women to come up and seek fistula repair and eventually contributing to the reduction of stigma against women and girls suffering from fistula.

Tanzania: The country office is working with AfriYAN, Restless Development and Femina HIP to strengthen the capacity of youth organizations to engage safely, effectively and meaningfully in ways that enable young people to expand their knowledge on COVID19 and play an effective role in the prevention and response. AfriYAN has started to develop messages on COVID-19 and young people – to be disseminated using online platforms. In the context of the National Contingency Plan, UNFPA continues to participate in the coordination, case management and IPC, logistics and supplies, risk, communication and

South Sudan: UNFPA supported the training of young girls on production of reusable sanitary pad in various IDP camps. Information sharing campaigns have also been held in various communities in partnership with Crown The Woman, a local organization promoting the rights of women and girls. During these sessions, hygiene education and COVID-19 prevention messages were shared.

Media & Communications

[Africa: The Current Trends In Sexual Reproductive Health Amid COVID- 19 Pandemic](#)

Damu-Sasa Partners with United Nations Population Fund, Kenya (UNFPA) for the World Blood Donor Day. [Video](#).

[UNFPA Malawi and International Office of Migration \(IOM\)](#) have donated PPE worth US\$6,000 (about K4.3 million) to the Immigration Department on behalf of all ministries working at the country's borders.

Handover of PPE to the Namibia MoHSS for the emergency operation center featured on the UN, UNFPA and other agencies social media platform and also in an article of the second most circulated [national newspaper](#).

UNFPA: South Africa should collaborate with other countries to tackle GBV. [EWN](#)

UNFPA distributes 10.000 Dignity Kits in Namibe province. [Angola Diary](#)

COVID-19+ woman gives birth. [Malawi The Nation](#)

Immigration gets COVID-19 protective equipment. [Malawi The Nation](#)

COVID-19 jeopardises progress made towards protecting women and girls from violence and harmful practices. [Mozambique Jornal Noticias](#)

Health Minister launches COVID-19 Situation Dashboard for Namibia. [Namibia Broadcasting Corporation](#)

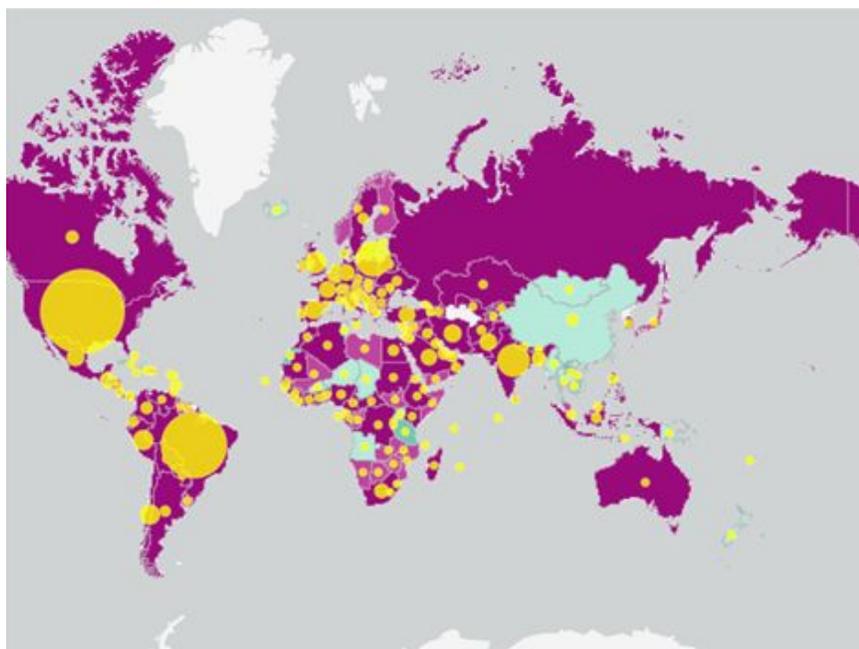
Covid-19 battle gets shot in the arm. [Namibia New Era newspaper](#)

Women struggle to access contraceptives. [Zimbabwe Newsday](#)

Women exposed to GBV during COVID-19 lockdown. [Zimbabwe Radio VOP](#)

Confirmed Cases and Deaths (UNFPA programme countries) WHO, 5 July 2020

Country	Confirmed Cases	Deaths
Angola	346	19
Botswana	275	1
Burundi	191	1
Comoros	309	7
Democratic Republic of the Congo	7,378	181
Eritrea	215	0
Eswatini	954	13
Ethiopia	6,386	116
Kenya	7,577	159
Lesotho	79	0
Madagascar	2,728	29
Malawi	1,613	17
Mauritius	341	10
Mozambique	969	7
Namibia	375	0
Rwanda	1,092	3
Seychelles	81	0
South Africa	187,977	3,026
South Sudan	2,058	38
United Republic of Tanzania	509	21
Uganda	927	0
Zambia	1,632	30
Zimbabwe	698	8
TOTAL	224,710	3,686



See UNFPA's [COVID-19 Population Vulnerability Dashboard](#) for real-time updates