



East and Southern Africa Region

COVID-19 Situation Report No. 10

United Nations Population Fund



Reporting Period: 1-30 November 2020

Regional Highlights

- The region has registered about 1.3 million COVID-19 cases, with over 31,000 deaths reported.
- Despite a general reduction in new infections in the past three months, a surge is evident in various countries including in South Africa, Ethiopia, Kenya and Uganda.
- Health systems are strained, with more COVID-19 patients requiring hospitalization, yet PPE for health-care workers remains limited.
- In November, over 2,500 health-care workers were infected; as a result of this, health worker unions are threatening industrial action that could lead to further disruption of existing services.
- Countries across the regions are discussing the availability and roll-out of COVID-19 vaccines; the WHO, Africa CDC, African Union and other partners, are engaging governments on issues such as resource requirements and distribution modalities. UNFPA is advocating for vaccine access especially to protect health-care workers, the elderly and other vulnerable groups.
- The socio-economic impact of COVID-19 continues to be felt by the most vulnerable.
- More than 45 million people are facing moderate to severe levels of food insecurity in Southern Africa alone, with Zimbabwe being the most affected country. Migrants have resumed their move in search of livelihoods within and out of the region, further exposing them to COVID-19 and other vulnerabilities owing to movement restrictions.
- The conflict in Tigray region, Ethiopia, since early November, has forced more than 45,000 people to flee to Sudan for refuge, and additional 1.1 million people remain in need of humanitarian assistance due to the conflict. The conflict has also disrupted COVID-19 response in Tigray and neighbouring regions, which could potentially result in an upsurge of new cases.

Situation in Numbers



1,338,391 Confirmed COVID-19 cases



31,267 COVID-19 deaths

Source: WHO, 22 December 2020

Key Population Groups



16 M Pregnant Women



151 M Women of Reproductive Age

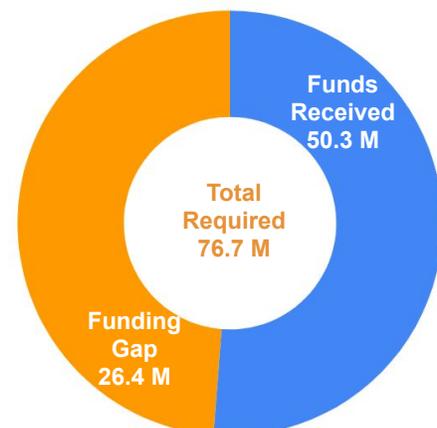


199 M Young People (age 10-24)



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 the [UNFPA COVID-19 global response plan](#).

UNFPA country offices work in close coordination with governments, UN agencies and civil society partners, to advance UNFPA's mandate in the national COVID-19 response plans.

On the UN socio-economic response plan to COVID-19, UNFPA engagement and inputs are informed by the following:

- Impact on health systems and disruption of essential health service delivery, such as continuity of SRH/HIV/GBV services;
- Increased incidence of GBV, demonstrated by increased reporting through self-help lines and safe spaces; and
- Disruption of menstrual hygiene management in areas with limited access to water, sanitation and hygiene products for adolescent girls and young women.

UN regional offices have formed a “migration working group” that is working with countries and regional economic communities to address the plight of migrants and refugees. Agencies are deploying their regional and country assets to influence the national COVID-19 task forces and include migrants in response plans.

UNFPA chairs the regional “continuity of essential health services” working group. The group carries out routine tracking of disruption of essential health services using quantitative, qualitative and anecdotal reporting tools, including media monitoring within the region. To ensure a continued focus on the ongoing humanitarian crises, UNFPA is involved in other regional humanitarian coordination forums. The regional GBV working group is supporting the countries to focus current programmes to respond to COVID-19 and address GBV programme implementation challenges occasioned by the pandemic.

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 the disruption of SRH services and providing technical support to overcome the bottlenecks in service delivery;
- Strengthening operational and logistical 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 capacity-building efforts for frontline SRH workers and health facility optimization for COVID-19 through virtual training platforms and mentorships;
- Supporting risk communications and community engagement initiatives aimed at reducing the risk of COVID-19 transmission, while addressing communities' growing reluctance to attend health facilities out of fear of becoming infected, especially among women and girls.
- In partnership with WHO, UNICEF and UNAIDS, the Regional Office has developed mechanisms to track the disruption of SRH services and utilization, brought about by COVID-19. This is intended to complement existing strategies in the region and continent, including the African Health Observatory, Demographic Surveillance Sites and existing national health management information systems in countries.

Country examples:

Ethiopia: UNFPA and the Ethiopian Public Health Institute and the Ministry of Health organised a training of trainers on Minimum Initial Services Package (MISP) for sexual and reproductive health in emergencies. Participants from government, UN agencies, and CSOs took part in the 6-day training.

Regional Response Summary

Country examples (continued):

- The training was the first of its kind in Ethiopia and has engaged trainers from the UNFPA East and Southern Africa Regional Office. The training will now be cascaded to the regions and will support government efforts to address humanitarian needs and respond to the COVID-19 pandemic.
- **Malawi:** UNFPA, through the Reproductive Health Department (RHD), supported the Association of Malawi Midwives with Internet services to provide midwives with access to additional information on management of pregnant women who are COVID-19 positive. The Country Office provided training and refresher courses to Community-Based Distribution Agents to ensure continuity of care; up to the last mile of sexual and reproductive health and rights information and services, including family planning. In addition, community mobilization was carried out in hot spot districts of Kasungu, Chikwawa and Nhatabay to discuss with opinion leaders and communities how best to mitigate issues of teenage pregnancy during the COVID-19 period.
- **Mozambique:** 13 maternal and child health nurses and 9 activists were recruited with support from UNFPA to run mobile clinics and SRH awareness sessions, from December 2020 until May 2021 in Dondo, Nhamatanda and Buzi districts of Sofala Province. The induction training for both MCH nurses and activists was scheduled for the first week of December. The new recruits will provide extra support to the strained health-care system and also enable training on Infection Prevention and Control for COVID-19.

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

The Regional Office and Country Offices are working to ensure that the rising needs of survivors of GBV are met, including:

- Continuing advocacy for the inclusion of GBV essential services by the national authorities during times of lockdown and other forms of restriction of movement;
- Reprogramming existing GBV initiatives, such as the Spotlight Initiative, to address rising prevalence of GBV during COVID-19;
- Working with the Regional GBV Emergency Advisors, based in Nairobi, the regional team is building the capacity of GBV coordinators in humanitarian contexts to ably position GBV as an issue of concern at the humanitarian coordination structures;
- Addressing the dignity needs of women and girls in quarantine centres to help them reintegrate into society at the end of their quarantine period;
- The regional GBV working group conducted situation briefs for the donor community, and regional humanitarian coordination forums in East and Southern Africa to improve awareness and support resource mobilization efforts to support the GBV response, in light of the rise in cases occasioned by COVID-19.

Country examples

- **Mozambique:** 10 new women-friendly spaces were established, including in the new Nangumi Resettlement site in Ancuabe, Cabo Delgado province. In Ancuabe, the Provincial Social Services provided a session on COVID-19 prevention and control and distributed 150 dignity kits.
- **Zambia:** Through ongoing support to drought-prone districts in Southern Province, the CO continued to support community outreach activities, including door-to-door sensitization on GBV as it relates to COVID-19. The door-to-door sensitizations are held with strict adherence to COVID-19 prevention measures. Also, following myths and misconceptions surrounding dignity kits in Lunga district, community sensitizations were conducted in all four chiefdoms, and as a result the community appreciated the importance of the dignity kits.
- **Rwanda:** UNFPA and UN WOMEN commissioned a gender rapid assessment on the impact of COVID-19 on women and men. The report was launched in the last week of December and will inform actions by the government and partners to strengthen the GBV response. Key findings were that women were most affected, as their sources of income were impacted negatively, while an increase in unpaid work by women and a general rise in GBV cases were reported during the early phase of the pandemic.

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, as follows:

- Close monitoring of family planning and reproductive health commodity stocks in all countries and provision of technical support to address any impending stock outs through redistribution from low consumption countries or any other means;
- Support to resource mobilization for procurement of commodities, including PPE for health-care providers and community-based distributors by Country Offices;
- Prepositioning of family planning and reproductive commodities to avert any shortages arising out of logistical challenges in moving commodities; and
- Provision of 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

- **Zimbabwe:** UNFPA continues to work with the World Food Programme and other food security and nutrition actors to ensure that contraceptives and condoms are distributed alongside general food distribution. Information on the importance and availability of sexual and reproductive services is also shared with communities during food distribution sessions.
- **Uganda:** UNFPA and Jumia Uganda, the country's largest e-commerce platform, have announced a new partnership that aims to increase access to reproductive health commodities and information through Jumia's e-shop. Clients will have convenient and private access to a wide range of reproductive health commodities, including male and female condoms, contraceptive pills, HIV self-test kits, pregnancy test kits and maternity kits (Mama kits). UNFPA and Jumia will also leverage the latter's large reach to disseminate information on sexual and reproductive health.

Risk communication and community engagement, including youth engagement, to leave 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

- **Kenya:** UNFPA is supporting sex workers along the trucking corridor serving Uganda, Rwanda, the DRC and Burundi. UNFPA supports drop-in centres where tele-counselling is offered for health consultations and treatment. Clients can get a multi-month prescription of ARVs and pre-exposure prophylaxis. Home deliveries of contraceptives are also available. For the sick, pregnant, HIV-positive and without income, food packages can be delivered.
- **Angola:** A five-day online Training of Trainees on Menstrual Health Management was carried out from 23-27 November for 26 participants, in partnership with BeGirl. The participants learned how to use Period Panties and Smart Cycle tools, as well as to be able to promote menstrual hygiene management and reproductive health with an age-appropriate approach. With the skills acquired and materials provided, the facilitators will be able to reach 1,000 girls and 1,000 boys with comprehensive menstrual and reproductive health education.
- **Namibia:** UNFPA distributed dignity kits to girls and women ages 10-49 in response to the devastating fire that ripped through Otweya settlement and the COVID-19 pandemic being declared a State of Emergency. The donation will help the women and young girls rebuild their lives after the fire's devastation.
- **South Africa:** Following a request from the Eastern Cape House of Traditional Leaders, UNFPA provided face masks and sanitary dignity products to assist the rural communities, especially girls who were reportedly missing school due to unavailability of sanitary products in the Eastern Cape.

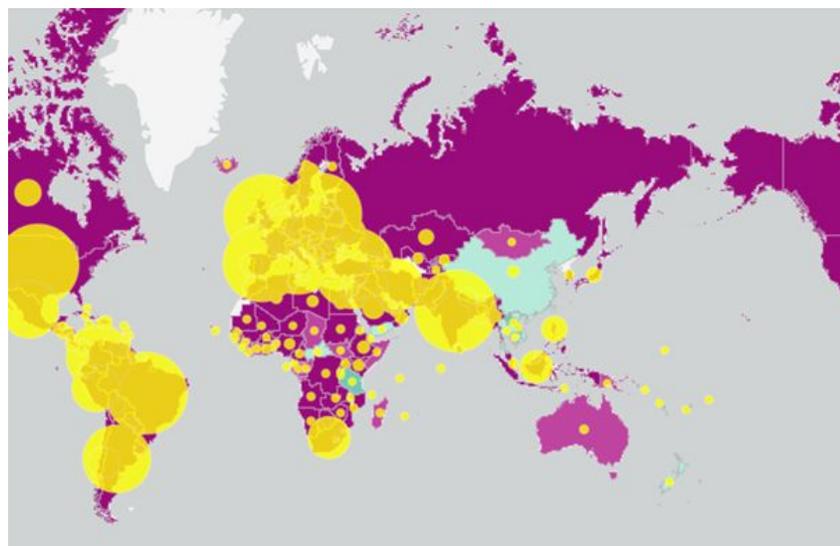
Media & Communications

UNFPA raises awareness, shares guidance and showcases achievements through media outreach and engagement:

1. [Teenage pregnancies rise in parts of Kenya as lockdown shuts schools](#)
2. [At the frontline in ending violence against women](#)
3. [Sex workers' struggle for sexual health and rights during the COVID-19 pandemic](#)
4. [A Group of Mothers in This Malawi Community Helped Keep Girls in School During COVID-19](#)
5. [How it took a village to create a brighter future for girls in Malawi](#)
6. [Communities step up efforts to end harmful practices: the inspiring story of Tilimbike Safe Community Space in Malawi](#)
7. [Our march continues 365 days a year](#)
8. [Championing the prevention of gender-based violence through campaigning for gender equality](#)
9. [Hope in the warm heart of Africa: Malawi's commitment to sexual and reproductive health and rights for all](#)
10. [Coronavirus pandemic brings more challenges in stopping FGM](#)

Confirmed Cases and Deaths (UNFPA programme countries), WHO, 22 December 2020

Country	Confirmed Cases	Deaths
Angola	16,686	390
Botswana	13,353	38
Burundi	762	2
Comoros	666	7
Democratic Republic of the Congo	15,493	370
Eritrea	807	0
Eswatini	7,562	141
Ethiopia	120,348	1,861
Kenya	94,614	1,644
Lesotho	2,285	44
Madagascar	17,633	260
Malawi	6,202	187
Mauritius	524	10
Mozambique	17,695	149
Namibia	19,299	180
Rwanda	7,232	59
Seychelles	202	0
South Africa	930,711	24,907
South Sudan	3,234	62
United Republic of Tanzania	509	21
Uganda	31,384	238
Zambia	18,768	375
Zimbabwe	12,422	322
TOTAL	1,338,391	31,267



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