



Reporting Period: 1-30 September 2020

East and Southern Africa Region

COVID-19 Situation Report No. 8

United Nations Population Fund



Regional Highlights

- All countries in the region have continued to register new cases of COVID-19. Although the new infection rates have significantly reduced over the last eight weeks, it is evident that new clusters of infections are emerging in specific localities in many countries.
- South Africa has the highest number of new cases but has consistently registered a reduced rate of new infections over the last six weeks.
- Preparedness actions for a possible second wave are critical for all countries.
- Health worker infections remain a concern; over 38,000 health care workers were infected as of mid September, with nearly 32,000 of them in South Africa. This is very concerning because health services are disrupted when health workers have to go into self-isolation for prolonged periods of time.
- The reopening of economic activity and borders comes with increased risk for new infections, and the laxity in following preventive measures only makes the risks greater. Heightened political activities relating to upcoming elections in Uganda and Tanzania could also jeopardize prevention efforts.
- Food insecurity is still largely prevalent and expected to worsen in the next three months following a lean season. In addition, migratory locusts swarming in Eastern, Horn and Southern Africa present a major threat to the coming agricultural season; locust swarms could potentially destroy the new crops in the coming season.
- Flooding and conflict across East African countries have hampered COVID-19 prevention measures especially among displaced populations facing severe water, sanitation and hygiene problems.
- Access by humanitarian workers continues to be constrained by flooding and conflict in many countries. Of particular concern is the upsurge of violence in Cabo Delgado Province in Mozambique.

Situation in Numbers



915,031 Confirmed COVID-19 Cases



21,086 COVID-19 Deaths

Source: WHO, 7 October 2020

Key Population Groups



16 M Pregnant Women



151 M Women of Reproductive Age

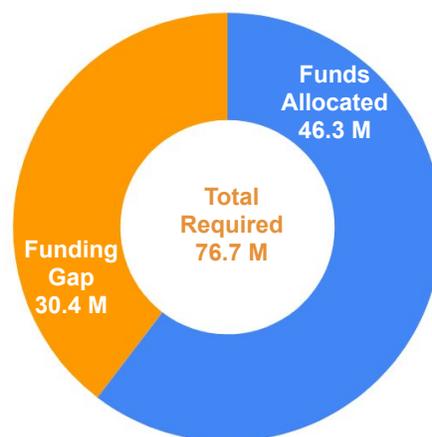


199 M Young People (age 10-24)



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 are engaging and coordinating with governments, UN agencies and civil society partners. In line with its global response plan, UNFPA continues to influence national COVID-19 response plans.

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

- Impact on health systems and disruption of essential health service delivery, such as continuity of sexual and reproductive health services (SRH), HIV and gender-based violence (GBV) services;
- Increased incidence of GBV demonstrated by the 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 the regional economic communities 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.

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 continued focus on ongoing humanitarian crises, UNFPA is involved in other regional humanitarian coordination forums. The regional GBV working groups are also supporting the 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 the capacity strengthening efforts for frontline SRH workers and health facility optimisation for COVID-19 through virtual training platforms and mentorships.
- 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.
- In partnership with WHO, UNICEF and UNAIDS, the regional office is developing mechanisms to track the disruption of SRH services and utilisation, 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:

- **Botswana:** The UNFPA country office (CO) has been working with the Ministry of Health to ensure that SRH/GBV services are well integrated into the continuity of essential health services guidelines. This is part of preparedness efforts to ensure that essential health services are not disrupted in the event of outbreaks in localities or a potential second wave in the country. The regional working group on continuity of essential health services has been supporting this process.
- **Rwanda:** UNFPA is supporting the finalisation of the report from the Rapid Assessment on Continuity of Essential and Lifesaving Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH) services amidst COVID-19. The report will be validated on 8 Oct 2020 by the National Technical Working Group on RMNCAH.
- **South Africa:** UNFPA is providing technical assistance to the National Department of Social Development and National Department of Health to support delivery of essential SRHR and maternal and newborn health services in KwaZulu-Natal and Eastern Cape. The project aims at providing catch-up SRHR interventions following severe disruptions of health services during the COVID-19 pandemic. The interventions will also go a long way to support strengthening of health systems in the two provinces. The project will be implemented in partnership with Pink Drive services and the Department of Health.

Regional Response Summary (continued)

Country examples (continued)

- **South Sudan:** UNFPA, working with partners, deployed 27 midwives to the most underserved and hard-to-reach areas to ensure the continuity of SRH services as the pandemic continues to spread in the country. The midwives will also support the needs of survivors of GBV to access clinical management of rape and psychosocial support.
- **Uganda:** UNFPA donated an ambulance to the refugee-hosting and underserved district of Yumbe to support referral of pregnant mothers to functional emergency obstetric care facilities. The ambulance will support the transportation of refugee and host community pregnant women who have been facing challenges finding transport to hospitals.
- **Zambia:** As part of support to ensure continuation of SRH service provision during the COVID-19 pandemic, UNFPA handed over PPEs & assorted infection prevention and control (IPC) supplies valued at \$173,670.56 to the Ministry of Health, to be distributed and used in selected SRH and GBV facilities in Central, Western, North Western, and Luapula Provinces. The CO also supported capacity strengthening of health workers in Central, North Western and Western provinces in the provision of a method mix of family planning services including IPC practices.

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 needs of survivors of the rising GBV incidence are met:

- Continuing advocacy for the inclusion of GBV essential services by 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 (REGA) 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 to easily reintegrate into society at the end of their quarantine period.
- The regional GBV working group conducted situation briefs to the donor community and regional humanitarian coordination forums in East and Southern Africa to improve awareness and support resource mobilisation efforts to support the GBV response in light of the rise in cases occasioned by COVID-19.

Country Examples

- **Burundi:** UNFPA conducted a four-day training with social workers from community-based organisations, local organisations and community structures (Comité de Développement Familial et Communautaire) operating in Rumonge and Gitega provinces. In total, 50 social workers (21 men and 29 women) attended the training. The topics included basic GBV concepts, the impact of COVID-19 on GBV, PSEA, discussions on case management and psychosocial support issues, and recommendations in terms of good practices, the local legal context and international legal frameworks protecting women and girls in Burundi. The training took place in Gitega from 22-25 September 2020.
- **Kenya:** UNFPA supports the Feminist for Peace, Rights and Justice Centre (FPRJC) which undertakes community SRH and GBV responses in Kibera, the largest informal settlement in Kenya. The Centre focuses on the empowerment of young people with knowledge and skills to address their SRH and GBV needs. The Centre has been provided with dignity kits and PPE materials to support case workers supporting the young people attending the centre.
- **Uganda:** UNFPA trained Uganda Police on GBV prevention and response in the context of the increasing cases during the COVID-19 pandemic. The mid-year Uganda Police Crime Report (January-June 2020) shows that on average, a total of 2,707 cases of sexual and gender-based violence were reported to police every month. The training was aimed at improving police responsiveness and collaboration with other sectors in provision of services to survivors of GBV.
- **Zambia:** UNFPA is supporting the strengthening of GBV information desks in areas with high incidences of GBV. As part of these efforts, 120 volunteers in two target districts were trained on prevention of sexual exploitation and abuse (PSEA) and GBV risk identification and protection mechanisms including COVID-19, aimed at reducing GBV incidence. Further trainings will be conducted to expand the reach of the GBV information desks across more districts.

Ensuring the supply of modern contraceptives and other reproductive health commodities

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

- Closely monitoring family planning and reproductive health (RH) commodity stocks in all countries and providing technical support to address any impending stockouts through redistribution from low consumption countries or any other means.
- Support resource mobilisation for procurement of commodities including PPE for health care providers and community-based distributors by COs.
- Prepositioning family planning and RH commodities to avert any shortages arising out of logistical challenges in moving commodities.
- Providing technical support to COs, implementing partners and Ministries of Health on supply forecasting, distribution and rational use during the COVID-19 pandemic.

Country Examples

- **Uganda:** The country office is supporting the Ministry of Health to maintain a responsive supply chain system for RH commodities. This includes: pipeline monitoring, provision of RH commodities, monitoring of stock status at central warehouses (National Medical Stores and Joint Medical Stores), as well as support to ensure commodity redistribution at district and facility levels. Through partnership with motorcycle taxi drivers (*boda boda*), over 71,000 people have been reached with family planning information and commodities.
- **Zambia:** UNFPA has supported the training of 91 Community-Based Distributors (CBDs) and healthcare providers in 16 districts of Western Province in provision of the family planning method mix in the context of COVID-19. The CBDs and healthcare providers were provided with IPC materials to support them during their work.
- **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 SRH services is also shared with communities during food distribution sessions in the communities.

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

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

Country Examples

- **Angola:** A menstrual hygiene course is being prepared by the CO based on the South-South Cooperation with Mozambique and the civil society organisation BeGirl. The expected result is to impact knowledge about the subject, initially of 1,000 adolescents and young people of both sexes. This initiative is linked to current efforts of the CO to improve the dignity of adolescents during COVID-19. The project also intends to distribute underwear with reusable sanitary towels for girls and a collar for the control of the menstrual cycle for girls and boys.
- **Democratic Republic of Congo:** UNFPA launched a project to support the needs of 1,000 teenagers and women in Kinshasa whose income sources had been disrupted by the lockdowns instituted in the early stages of the pandemic. The groups have been supported with equipment to resume activities in the informal sectors, involving vegetable and food markets, stone crushing and construction, among others.
- **Namibia:** UNFPA donated PPE to the Ministry of Sport, Youth and National Service. The donation, which included disinfecting and sanitizing solutions, infrared temperature devices, disposable gloves, masks and spray bottles, will be distributed to youth training centres and enable them to reopen safely and resume training for young people. The PPE will benefit 8 multi-purpose centres and, consequently, the young people who come to the centres for their skills-building programmes.
- **Tanzania:** The CO is continuing to work with AfriYAN, Restless Development and KIWOHEDE to strengthen the capacity of youth organisations and youth groups to engage safely, effectively and meaningfully in ways that enable young people to expand their knowledge on COVID-19 and play an effective role in the prevention and response. AfriYAN has developed messages on COVID-19 and young people – these are now being disseminated across online platforms.

Media & Communications

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

BBC News Africa - [Feature on World Contraception Day](#)

Eswatini: [Prime Minister engages Eswatini youth in an Economy Recovery Symposium](#)

Malawi: [Mangochi Maternity Operation Theatre Prospects Excite MoH](#)

[Teen pregnancies rise in Malawi amid coronavirus pandemic](#)

[Youths Want Say And Involvement in Fight Against Child Marriages](#)

Namibia: [UNFPA joins forces with ONE Economy Foundation to commemorate suicide prevention month by highlighting the risk factors of suicide](#)

[UNFPA Namibia donates PPE to support the resumption of sports](#)

Uganda: [Police records over 6,000 defilement cases in six months](#)

[Special court sessions to increase access to justice for survivors of gender-based violence commence](#)

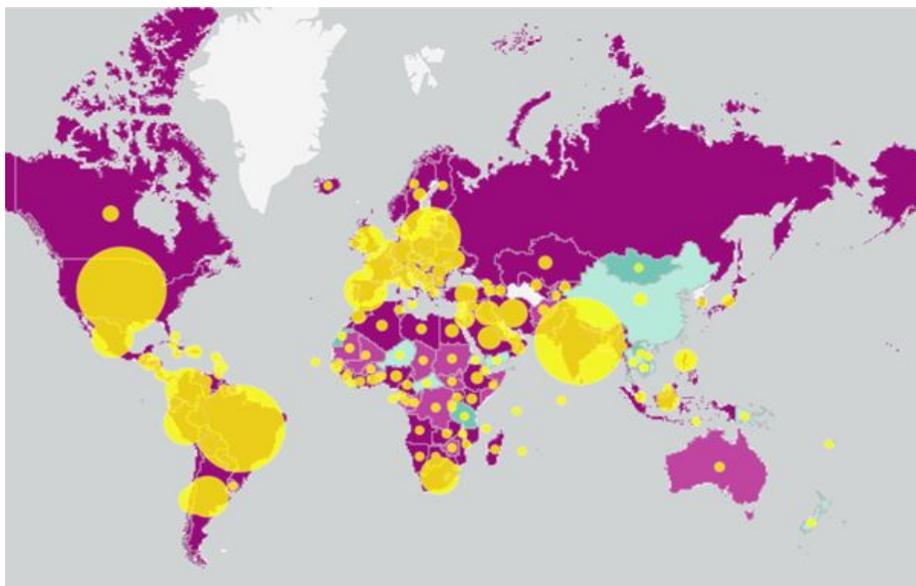
[Uganda's male action mentors are addressing violence, one community at a time](#)

[UNFPA Ambulance support – saving expectant mothers' lives](#)

[UNFPA trains Uganda Police on gender-based violence prevention and response](#)

Confirmed Cases and Deaths (UNFPA programme countries) WHO, 7 October 2020

Country	Confirmed Cases	Deaths
Angola	5,530	192
Botswana	3,172	16
Burundi	515	1
Comoros	487	7
Democratic Republic of the Congo	10,788	274
Eritrea	398	0
Eswatini	5,598	112
Ethiopia	80,003	1,238
Kenya	39,586	743
Lesotho	1,639	38
Madagascar	16,570	233
Malawi	5,796	180
Mauritius	395	10
Mozambique	9,196	66
Namibia	11,673	125
Rwanda	4,873	29
Seychelles	146	0
South Africa	683,242	17,103
South Sudan	2,748	50
United Republic of Tanzania	509	21
Uganda	9,082	84
Zambia	15,170	335
Zimbabwe	7,915	229
TOTAL	915,031	21,086



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