

East and Southern Africa Region

COVID-19 Situation Report No. 6

United Nations Population Fund



Reporting Period: 1 - 31 July 2020

Regional Highlights

- The COVID-19 pandemic continues to take a constant upward trajectory in the region with all countries affected at different stages of the pandemic. A total of 629,655 cases have been registered to date with 11,041 deaths (Case fatality rate of 1.75%) and 431,145 (70%) recoveries. The new confirmed cases have tripled since the last sitrep a month ago.
- Over 62% of the confirmed cases are from 20-50 years, the most social-economically active group; significant mortality is among the ages 40-60 years (36%) and 60-80 (44%). There has been a significant change from a male majority to almost equal proportions of males and females among the confirmed cases (52% males 48% females). This could be attributed to the caregiving role for females in the region, as cases increase in number.
- Countries continue to relax restrictions on movement imposed to control the spread of COVID-19. Kenya and Rwanda opened up their airspaces to international travelers with easing of quarantine measures for returning residents and visitors as a way of stimulating economic recovery
- South Africa accounts for 85% of the confirmed cases and deaths in the region, with 8,000-12,000 daily new confirmed cases over the last three weeks. Health systems in some of the provinces have been stretched though not yet to the limit with essential services being constrained.
- Health care workers have not been spared the brunt of the pandemic. In South Africa alone 24,104 health workers have been affected with 181 fatalities with concerns over the provision of PPE. Frequent closures of health facilities have been reported across the region as health care workers and patients test positive for COVID-19
- Kenya, Ethiopia, Madagascar and Zambia have had a sharp rise in the number of new cases reported on a daily basis.
- Conflict and climate change related severe weather events have resulted in 9,042,700 people being internally displaced while various countries are host to 3,805,000 refugees in the region. A further 4,650,000 people form part of the host community for these forcibly displaced persons leaving a total of 17,405,000 people burdened by the effects of severe weather and conflict.
- Over 53 million food insecure people in the region have been hit hard by the social economic impact of the restrictions, with Zimbabwe hit hardest with a combination of economic collapse and food insecurity. In Mozambique, insecurity in Cabo Delgado province is hampering access by humanitarian actors and further complicating the disruptions of essential sexual and reproductive health services caused by COVID-19.

Situation in Numbers



618,629 Confirmed COVID-19 Cases



10,586 COVID-19 Deaths

Source: WHO 5 August 2020

Key Population Groups



16 M Pregnant Women



151 M Women of Reproductive Age

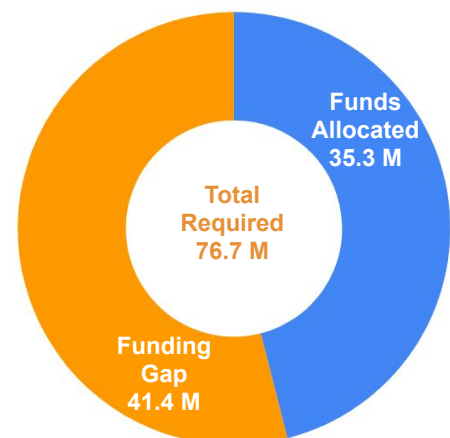


199 M Young People (age 10-24)



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 COVID-19 (task forces/command councils, etc.). In line with the UNFPA global response plan, 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 sexual and reproductive health and rights (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 (GBV) demonstrated by the increased reporting through self-help lines and safe spaces, and (c) disruption of menstrual hygiene management in areas with limited access to water, sanitation and hygiene products for adolescent girls and young women.

ESARO UN regional offices have formed a “migration working group” that is working with countries and the regional economic communities (SADC and EAC) 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 main objective of this forum is the contextualization of guidance to address regional and national specific disruptions to health services. 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, ESARO is involved in the regional humanitarian coordination forums (RIASCO and RHPT) for South and East Africa respectively. 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 the 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;
- Supporting the capacity building efforts for frontline SRH workers and health facility optimization for COVID-19 through virtual training platforms and mentorships; and
- Supporting risk communications 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:

Zambia: UNFPA provided technical support to the Ministry of health to develop and approve guidelines for the continuity of essential services amid the COVID-19 pandemic. The Country office is supporting printing of the guidelines and protocols. UNFPA is supporting community outreach in target provinces where high COVID-19 caseloads have caused significant disruptions to health services. This helped to ensure continuity of SRHR services, especially among women and adolescents.

Rwanda: UNFPA is supporting the analysis of data from the rapid assessment on continuity of essential and life-saving reproductive, maternal, child and adolescent health services amidst COVID-19, carried out from 15-19 June and expected to end by 7 August. UNFPA supported an integrated Maternal Child Week campaign in which 12,247 women of childbearing age received information about family planning and 98,794 young girls have received HPV vaccination.

Regional Response Summary

Country examples *continued*:

Mozambique: Given the increasing number of IDPs from the northern districts in Pemba, Metuge, Montepuez and other southern districts of the province, UNFPA continues to support health authorities in the provision of integrated SRH services through mobile brigades. Six mobile clinics have delivered sexual and reproductive health services to nearly 30,000 women from remote communities and displaced populations in Sofala and Cabo Delgado. Of those, 18,000 women received contraceptives and 3,800 pregnant women took part in antenatal check-ups, provided by mobile clinics.

Malawi: UNFPA donated personal protective equipment (PPE) worth USD 1.4 million to the Ministry of Health to support frontline health workers in the delivery of essential SRH health services. The PPE will go a long way to boost the morale and safety of health workers providing these services to ensure women and girls do not suffer complications of pregnancy and childbirth, which would have otherwise been missed, detected late or left unattended.

Madagascar: The rise in COVID-19 cases prompted the resumption of restrictions of movements in the capital Antananarivo and surrounding areas. UNFPA continues to provide free transport to pregnant women to health facilities for antenatal care, deliveries and other health emergencies during times of lockdown. Access has been negotiated for the vehicles transporting the women and girls to the health facilities.

Seychelles: UNFPA supports the surveillance and contact tracing teams to ensure that pregnant women that have been exposed to the risk of COVID-19 are provided with access to SRH services and information. The teams also ensure that pregnant women are accorded the necessary protection during quarantine.

Botswana: UNFPA has provided technical and financial assistance to MoHW for development, printing and dissemination of 10,000 brochures addressing Frequently Asked Questions (FAQs) on pregnancy and childbirth in the face of COVID-19. The FAQs were developed as part of the Information Education and Communication (IEC) materials targeting vulnerable population groups during the COVID-19 pandemic. The brochures are printed in both English and Setswana languages to ensure that all sections of the population are included.

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 rising GBV incidence are met:

- 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 REGA 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 at the 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

Tanzania: UNFPA supported a training for 60 C/Sema National Child Helpline staff from the Mainland (30) and Zanzibar (30) on GBV and Violence Against Women and Children (VACW) in the context of COVID-19. The training aimed at developing capacity of helpline staff to respond to the needs of callers who are seeking support on GBV/VAWC issues.

Namibia: The Ministry of Gender Equality and Child Welfare with support from UNFPA organized a three-day training workshop for media practitioners on gender-based violence during the COVID-19 pandemic. A total of 24 members of the media, including TV, print and radio, attended the training. The training was conducted in line with the national guidelines for prevention of COVID-19.

Zimbabwe: Under the spotlight initiative, UNFPA and partners continue to provide information on availability of legal, medical and social support services to survivors of GBV during the COVID-19 pandemic. Information on available services is shared with communities on radio, TV and other media channels, including social media.

Eswatini: UNFPA and the Deputy Prime Minister's office co-led the social protection cluster where interventions on GBV are nested. The group supports advocacy for sustained GBV response services through the collection of information on GBV cases from hotlines and service centres.

Angola: 8,500 dignity kits were distributed in the areas affected by the drought in the South of Angola (Namibe, Huila, Cunene, and Cuando-Cubango) provinces. This activity is implemented in partnership with the Provincial Directorates of Health – DPS, Social Action, Family and Gender Equality – GASFIG, Civil Protection and Provincial Governments, as part of the UNFPA humanitarian response, including COVID-19 prevention interventions.

Country examples *continued*:

South Africa: One of the challenges facing young girls is availability of menstrual hygiene supplies as their caregivers have been economically affected by COVID-19, which puts them at risk of sexual exploitation and abuse. In South Africa, to protect young girls from sexual exploitation and abuse, UNFPA and UNICEF are supporting the implementation of the Sanitary Dignity Framework, through the provision of menstrual health dignity kits for vulnerable girls and women including for persons living with disabilities.

Ensuring the supply of modern contraceptives and other reproductive health commodities

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

- Closely monitoring FP 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;
- Supporting resource mobilization for procurement of commodities including PPE for health care providers and community-based distributors by country offices;
- Prepositioning FP and RH commodities to the lowest levels to avert any shortages arising out of logistical challenges in moving commodities; and
- 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

Uganda: UNFPA in partnership with the International Rescue Committee is supporting Village Health Teams (VHTs) to raise awareness about HIV prevention and family planning. VHTs are supporting young people to test for HIV through counselling sessions and referral to health facilities. The young people in turn become advocates for family planning and HIV prevention in their communities, raising acceptance for these interventions during the COVID-19 pandemic.

Zambia: UNFPA is working to prevent potential stock-outs due to current shipment delays. The country office has initiated plans to place commodity orders for 2021 by the end of Q3 2020 to help mitigate logistics challenges in the global logistics supply system. In order to ensure availability of essential family planning and reproductive health commodities, the country office supported last mile commodity distribution to 491 hard-to-reach facilities in UNFPA supported provinces.

Zimbabwe: UNFPA continues to distribute condoms, family planning commodities and information on SRH service availability during food distribution efforts.

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

Burundi: World Population Day was celebrated under the High Patronage of Her Excellency the First Lady of Burundi, Madam Angeline, under the theme: "Protecting the health and rights of women and girls during and after the COVID-19 pandemic." On this occasion, dignity kits were distributed to 32 young girls under 24, living with disabilities and 2,400 soaps for hand washing.

Democratic Republic of Congo: UNFPA is supporting the Ministry of Health and the Psychosocial Commission to uphold the dignity and sanitary needs of COVID-19 positive women during isolation. UNFPA has provided dignity kits for distribution to COVID-19 positive women in five support structures at health facilities in Kinshasa.

Country examples *continued*:

Kenya: COVID-19 has affected initiatives designed to end Female Genital Mutilation (FGM) in the region. As part of efforts to support the **Kenya** Government in its drive to eliminate FGM by 2022, UNFPA and the Ministry of Public Service and Gender visited Taita Taveta county to create awareness and engage in advocacy aimed at ending the practice. During the mission, dignity kits were distributed to adolescent girls as part of the awareness raising and to reduce their risk of contracting COVID-19.

Malawi: UNFPA is spear heading and promoting the public-private partnership (PPP) in contracting local manufacturers of PPE (scrub suits, aprons, shoe covers, coveralls and cloth face masks). This corresponds to the UN strategy to address both the social-economic impact of COVID-19 and protection of health care workers involved in case management of COVID-19.

Mozambique: UNFPA supported the Viamo 3-2-1 service, which provides key information on COVID-19 through interactive-voice response, had more than 280,000 listeners and 1.2 million interactions with the 10 COVID-19 messages provided by the system from April through June. Close to 41% of the listeners were between 18 - 24 years of age and were largely male, with the most popular languages being Portuguese and Macua. UNFPA continues to utilize this data to adjust outreach and messaging creation and dissemination efforts to ensure more girls and women are accessing the service.

Rwanda: UNFPA is supporting awareness raising on COVID-19 prevention and the procurement of PPEs for health care providers operating in refugee camps (Mahama, Kiziba, Kigeme & Mugombwa). This is meant to ensure continuity of health services for refugees and host communities.

Media & Communications

[The Launch of the State of World Population \(SWOP\) Report](#) on 30 June 2020 and [World Population Day](#) on 11 July 2020, were commemorated through a series of virtual webinars, social media outreach, and public media events on radio and television across the country.

On World Population Day, Andrea Wojnar, the UNFPA Representative in Mozambique, [states in an article on ONU Noticias](#), that while the world is dealing with the disastrous impact of COVID-19, this is the time to use the power of youth to act as change agents in their communities.

UNFPA Malawi handed over PPE and other medical supplies to Hon. Deputy Minister of Health, Chrissie Kalamula Kanyasho, M.P worth USD 1.4 million. "This is indeed a timely donation coming at this time of the pandemic which helps the Government to channel resources", says Hon. [Kanyasho](#).

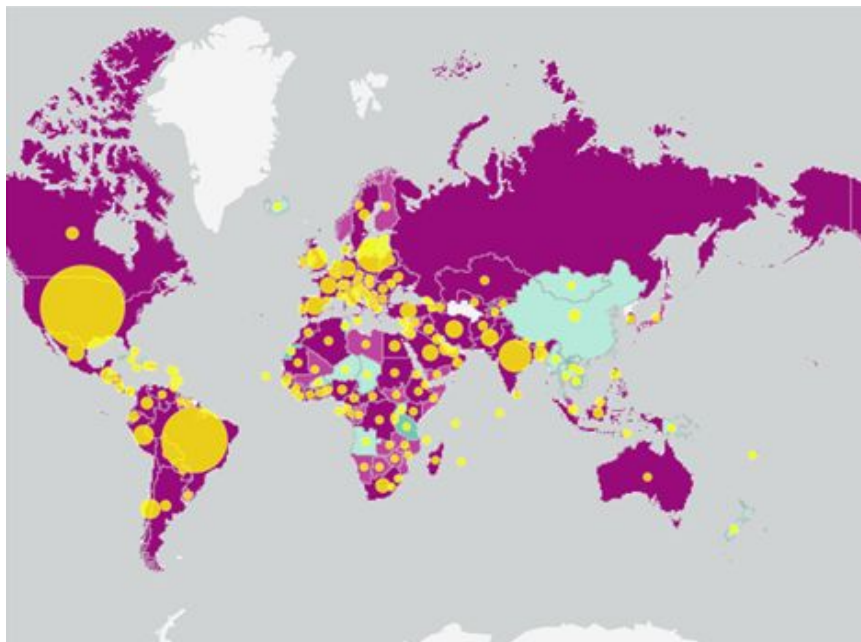
37 health units in Cabo Delgado province, northern Mozambique, have been closed in the past three years following armed attacks, endangering the lives of thousands during the COVID-19 pandemic, according to a local NGO's statement. ([Xinhua](#))

Kenya's Ministry of Health said in a statement on Friday that Wajir, Turkana, Kisii, Nandi, Lamu, Homabay and Kisumu counties had recorded a 30 per cent increase in incidents of violence. ([Citizen](#))

Amid COVID-19, UNFPA realizes an [increase in utilization](#) of sexual and reproductive health services in humanitarian settings in Uganda.

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

Country	Confirmed Cases	Deaths
Angola	1,344	59
Botswana	804	2
Burundi	395	1
Comoros	388	7
Democratic Republic of the Congo	9,177	214
Eritrea	282	0
Eswatini	2,856	49
Ethiopia	19,875	343
Kenya	23,202	388
Lesotho	726	21
Madagascar	11,895	123
Malawi	4,361	128
Mauritius	344	10
Mozambique	2,029	15
Namibia	2,470	12
Rwanda	2,099	5
Seychelles	114	0
South Africa	521,318	8,884
South Sudan	2,437	47
United Republic of Tanzania	509	21
Uganda	1,203	5
Zambia	6,580	171
Zimbabwe	4,221	81
TOTAL	618,629	10,586



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