



© UNFPA

Reporting Period: 18-30 April 2020

Rights, Safety
and Dignity for
Women and
Young People



East and Southern Africa Region

COVID-19

Situation Report No. 2

Highlights

- South Africa continues to have the highest number of confirmed cases at almost 5,000.
- Marked variances in testing rates across the region have been reported, with a range of 22 to 7,600 tests per 1 million persons in Malawi and Mauritius, respectively. Key factors include limited availability of testing materials and the country protocols for screening. Most countries in the region are focused on screening and quarantining people coming in from outside the country.
- Early detection of local transmission needs to be strengthened across the region. Africa Centers for Disease Control and the World Health Organisation (WHO) are working with member states of the African Union to scale up surveillance and testing.
- Countries are expected to ease lockdowns and restrictions over the coming weeks, as governments balance slowing the transmission of the virus and resumption of economic activity.
- Tensions are rising due to the socioeconomic impact of COVID-19, especially for those who work in the informal sector. There is risk of an increase in infection rates with the easing of restrictions, and countries will need to intensify risk communication and community engagement efforts to mitigate this risk.
- UNFPA continues to work with partners and governments to address bottlenecks for the continuity of essential health services.
- A guidance note on continuity of maternal and neonatal health services has been jointly developed by UNFPA, WHO and UNICEF regional offices for ESA.
- Nearly 4 million refugees and over 9 million internally displaced persons have limited access to humanitarian support due to restrictions and physical distancing.
- Over 45 million food-insecure people in Southern Africa have been hit hard by the socioeconomic impact of the restrictions, especially in Zimbabwe due to economic collapse and food insecurity. Response to the desert locust invasion in the east and Horn of Africa has also been severely curtailed by COVID-19.
- Furthermore, a looming food crisis in the region could have a significant effect on women and girls' sexual and reproductive health (SRH) and potentially lead to a rise in gender-based violence (GBV).

Situation in Numbers



8,105 Confirmed COVID-19 Cases



193 COVID-19 Deaths

Source: WHO April 30, 2020

Key Population Groups



16 M Pregnant Women



151 M Women of Reproductive Age

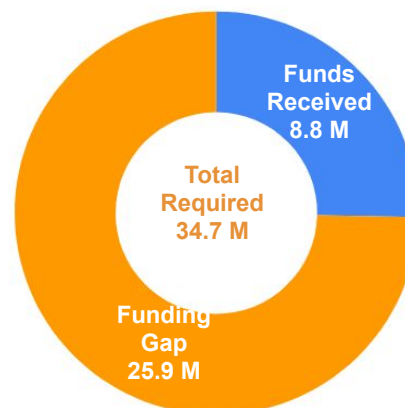


199 M Young People (age 10-24)



19 M Older Persons (age 65+)

Funding Status (US\$)



Regional Response Summary

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

Coordination and partnerships

UNFPA country offices continue to engage with the governments, UN agencies and civil society partners in national coordination efforts. The main objective has been to ensure UNFPA's mandate (SRH, GBV and population dynamics) is part of national response efforts, and that continuity of essential services in the three thematic areas is maintained.

At the UN country team level, countries are working to ensure they leverage joint response and resource mobilization efforts of the country teams. Joint advocacy for continuity of essential services is ongoing in these teams. Countries with ongoing humanitarian crises are also working to ensure that COVID-19 is mainstreamed in the humanitarian response plans and programmes.

At the regional level, UNFPA's office is involved in the regional coordination forums including the Inter-Agency Standing Committee and Humanitarian Partnerships Team for Southern and East Africa. The regional GBV working groups are also supporting the countries to focus current programmes to respond to COVID-19 and address implementation challenges associated with COVID-19.

Continuity of SRH interventions, including protection of health workforce

UNFPA has supported the continuity of essential SRH services by:

- Supporting national- and local-level planning, coordination and monitoring to ensure access to SRH services. COs have provided programmatic guidance to ministries of health and advocated for interventions to address bottlenecks to service delivery, such as the movement of health workers and supplies;
- Strengthening operational and logistics support to national supply chains, including providing personal protective equipment (PPE) to health workers, as well as facilitating additional supplies of modern contraceptives and other SRH commodities;
- Supporting referral systems when public and private modes of transport have been constrained;
- Supporting capacity-building efforts for frontline SRH workers and health facility optimization for COVID-19 through virtual training platforms and mentorships; and
- Continuing to monitor the utilisation of services from both anecdotal and quantitative sources, through countries. The Kenya country office has demonstrated a marked drop in utilization indicators for SRH and GBV during March 2020. The data is being used for advocacy to address the bottlenecks to utilization of SRH and GBV services.

Country examples:

- **Tanzania:** Supported the health promotion unit at the Ministry of Health to develop content for the toll-free National COVID-19 #199 Helpline for callers, including pregnant women and those who are breastfeeding, to get accurate and up-to-date information about how best to protect themselves and access SRH services. Supplies including PPE have been procured to support frontline health workers.
- **Rwanda:** UNFPA joins government Health Development partners to coordinate support, and is co-leading a SRH sub-group of partners committed to ensuring that women and girls, especially pregnant and lactating women, continue to have timely access to safe and quality health care, including SRH care.
- **Eswatini:** Supported the training of 500 healthcare workers on basics of case management, health facility optimization, client flow and health worker safety including use of PPE. Working with the Ministry of Health and WHO, these efforts have addressed the heightened anxiety among health workers at the beginning of the COVID-19 pandemic and restored their confidence, thereby ensuring continuity of SRH services.
- **South Africa:** Supports the government's Department of Health with the provision of personnel and equipment for mobile clinics to provide SRH services for the most vulnerable populations. The mobile clinics will target populations with limited access to health services.
- **Madagascar:** Supports the transportation of pregnant women to attend antenatal care and other health appointments. This intervention was implemented after communities identified a lack of transportation for women as a challenge, following the ban on public transport. Even after the ban was lifted, social distancing restrictions within public transportation has led to an increase in transport costs.
- **Angola:** Through a partnership with UNFPA Brazil, the CO allocated funds to support healthcare workers to undertake a virtual course titled "Emerging Respiratory Diseases including COVID-19: Methods for Detection, Prevention, Response and Control." 164 healthcare workers have completed the course.

Regional Response Summary (continued)

Addressing GBV

UNFPA offices are working to ensure that GBV is addressed through:

- Continued advocacy for the inclusion of GBV prevention and response essential services by the national authorities during lockdowns and other forms of restrictions on movement;
- Reprogramming of existing GBV initiatives such as the Spotlight Initiative to eliminate violence against women in the COVID-19 era;
- Working with the Regional Emergency GBV Advisor based in Nairobi, building the capacity of GBV coordinators in regional humanitarian contexts to position GBV as an issue of concern in humanitarian coordination structures; and
- Addressing the dignity needs of women and girls in quarantine centres, which will also help them to easily reintegrate into society at the end of their quarantine period.

Country examples:

- **Burundi:** Supported the distribution of dignity kits to 350 vulnerable girls and women of reproductive age quarantined in Makombe. The distribution was conducted in collaboration with the Burundi team of the Red Cross. The dignity kits included sanitary pads; a bucket for washing oneself; and three pieces of soap, loincloth, t-shirt, body lotion and solar lamps.
- **Tanzania:** Working with C-Sema, a local civil society organisation that manages the National Child Helpline for violence against women and children, to strengthen the capacity of the helpline to respond to calls on COVID-19, GBV and SRH from girls and boys during the COVID-19 response phase in both mainland Tanzania and Zanzibar.
- **South Sudan:** Supported ten Family Protection Centres, also known as one-stop centres for survivors of GBV, in humanitarian hotspots to conduct COVID-19 awareness-training for their staff focusing on GBV prevention, response and referrals during the COVID-19 period. The training focused on infection prevention and control for frontline workers to enable the centres to continue operating during the pandemic period. The centres are now recognised as part of the essential services and operate with guidelines from the Ministry of Health.

Ensuring the supply of modern contraceptives and other reproductive health commodities

The regional supplies team is working with the countries to ensure uninterrupted availability of modern contraceptives and reproductive health supplies by:

- Closely monitoring family planning and reproductive health commodity stocks in all countries and providing technical support to address any impending shortages through redistribution, from low-consumption countries or any other means;
- Mobilizing resources to procure family planning and reproductive health commodities for countries; and
- Prepositioning family planning and reproductive health commodities to the lowest levels to avert any shortages arising out of logistical challenges in moving commodities.

Country Examples

- **Mozambique:** Developed partnerships with organisations supporting existing digital platforms such as M-health (Alo Vida, SMS Biz and e-Health DIKA) to strategically disseminate information on SRH and family planning services delivery and availability in the COVID-19 context. The CO has collaborated with the World Food Programme to include condoms and family planning during food distribution.
- **Kenya:** Worked with partners such as the International Rescue Committee and the UN High Commissioner for Refugees to sustain access to maternal health and family planning services through health facilities and a network of community health workers during the COVID-19 response period.

Risk communication and community engagement

UNFPA is part of the regional risk communications and community engagement working group that aims to provide joint programmatic guidance to countries, governments and media groups in the region.

UNFPA and UNICEF East and Southern Africa regional offices and the WHO Africa regional office conducted a webinar on COVID-19 and well-being for young people. The webinar was moderated by one young person from AFRIYAN youth network in Zimbabwe and attended by over 100 young people from 18 countries.

Regional Response Summary (continued)

Country Examples continued

- **Zambia:** As part of the joint UN system in Zambia's support to the Government of Zambia, UNFPA in collaboration with the Ministry of Youth facilitated the dissemination of youth-friendly information on COVID-19 through the UNEME Platform – a mobile application aimed at empowering young people to make choices about their bodies, rights, love life and health. The platform also addresses various myths around COVID-19, primarily through social media.
- **Namibia:** UNFPA in collaboration with the Ministry of Youth launched a 4-day door to door campaign by the youth to convey messages on COVID-19 awareness and prevention in the communities countrywide. This was at the launch of the National youth day and the 2020 Namibia Youth Day.
- **Democratic Republic of Congo:** Despite the COVID-19 pandemic, the UNFPA country office has supported the training of doctors, nurses and anesthesiologists on fistula repair. A free obstetric fistula repair campaign started in the province of South Kivu on 25 April 2020 and will restore dignity to women even as the nation fights to control the COVID-19 pandemic.

Media & Communications

UNFPA offices are actively engaged in media outreach to raise awareness, share guidance and showcase achievements. Here are external media products shared widely:

Regional highlights:

- The Africa [Knowledge Hub on COVID-19](#), hosted by the Economic Commission for Africa, was launched with support of UNFPA ESARO to consolidate peer reviewed technical briefs and COVID-related information for the region.
- [Joint op-ed](#) with WHO and UNFPA Regional Directors published advocating for continued access to SRHR services including GBV as part of national COVID responses
- [New page dedicated](#) to the COVID-19 response added to the ESARO website. The page also hosts a series of blogs by the Regional Director launched to contextualize the COVID-19 in region with respect to UNFPA mandate including: support for frontline workers, ensuring MISP is implemented as part of government responses to COVID-19, engaging youth against COVID-19; the need to contextualize health system responses to address pandemics.
- A youth-focused mobisite, [TuneMe](#), updated to include social media messaging for young people on COVID-19. The TuneMe messages cover Zambia, Lesotho, Namibia, Botswana, Malawi, Eswatini and Zimbabwe.

Madagascar:

- UNFPA Madagascar CO [supports the transportation of pregnant women for antenatal care](#) and other services at health facilities.

Kenya:

- UNFPA Kenya Representative [gives an insight into the wider socioeconomic effects of COVID-19](#) and the importance of country-level preparedness for disasters.
- In Kenya, women and girls at greater risk of GBV and harmful practices during the COVID-19 pandemic. Caroline Murgor, National Coordinator (FGM), [speaks out on a TV interview](#).

Namibia:

- Namibia youth are encouraged to [play their role in helping to curb the spread of COVID-19](#).

South Africa:

- In South Africa, [young couples struggle to access contraception](#) during lockdown.

Mozambique:

- In Mozambique, UNFPA supports [protection of women and girls through health tents](#).

Ethiopia

- In Ethiopia, midwives work to [provide continuity of care for pregnant women](#).

Annex: Confirmed COVID-19 Cases and Deaths in ESARO (as of 30 April 2020)

Country	Confirmed Cases	Deaths
Angola	27	2
Botswana	23	1
Burundi	15	1
Comoros	0	0
Democratic Republic of the Congo	500	31
Eritrea	39	0
Eswatini	91	1
Ethiopia	130	3
Kenya	384	15
Lesotho	0	0
Madagascar	128	0
Malawi	36	3
Mauritius	332	10
Mozambique	76	0
Namibia	16	0
Rwanda	225	0
Seychelles	11	0
South Africa	5,350	103
South Sudan	34	0
United Republic of Tanzania	480	16
Uganda	79	0
Zambia	97	3
Zimbabwe	32	4
Total ESARO	8,105	193

Confirmed Cases by Country and Region

Region ● APRO ● ASRO ● EECARO ● ESARO ● LACRO ● WCARO

