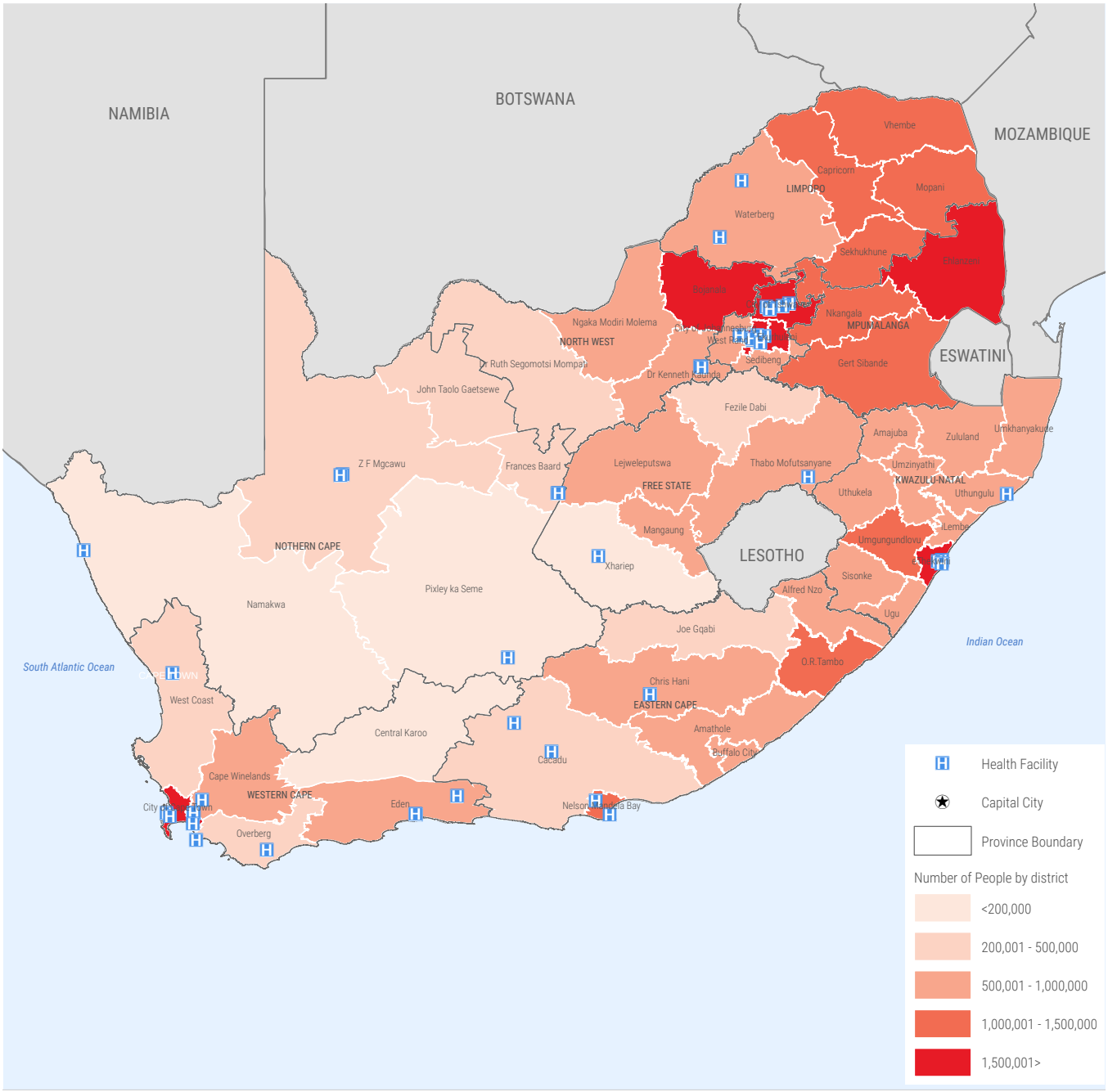
EMERGENCY APPEAL FOR THE IMPACT OF COVID-19

SOUTH AFRICA

MAY - NOVEMBER 2020

Overview Map



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COVER PHOTO

A little girl and her father are washing their hands at a communal water point in the Bekezela Informal Settlement, Newtown. Residents of this settlement are in need of basic amenities and some of them have seen their living conditions worsen as they are not allowed to work, due to the lockdown enforced in the country to halt the spread of COVID-19.. Photo: UNICEF/Mohammed

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Appeal at a Glance

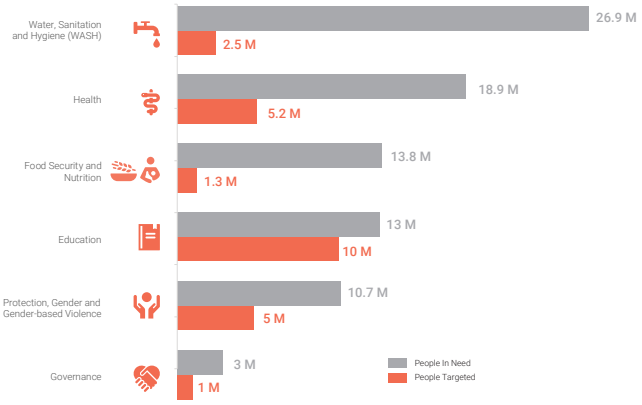
PEOPLE IN NEED
33.3M

PEOPLE TARGETED
9.9M

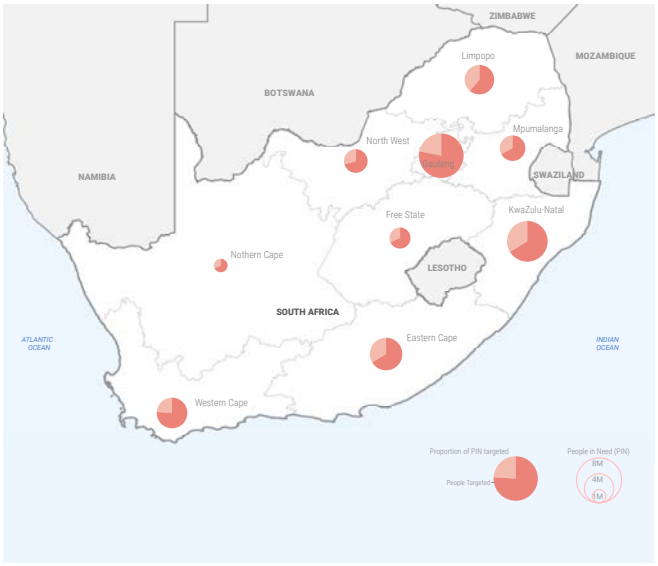
REQUIREMENTS (US$)
$136M

OPERATIONAL PARTNERS
21

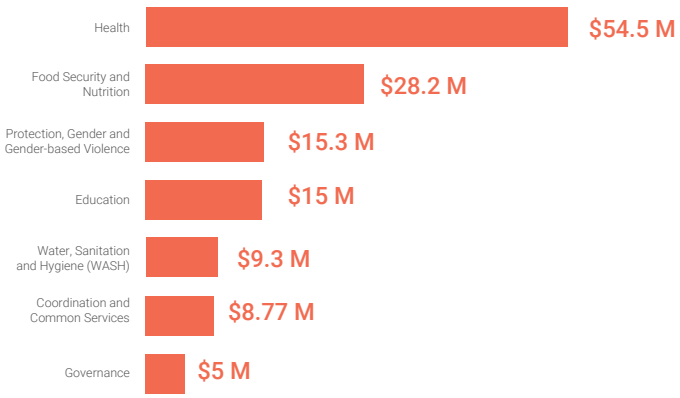
People in Need and Targeted by Sector



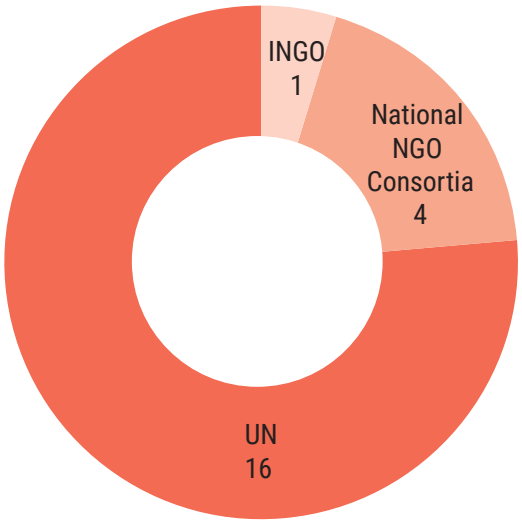
Overview of People in Need & Targeted



Requirements by Sector



Operational Partner by Type



Overview of the Crisis

South Africa reported it fist case of COVID-19 on 5 March 2020. While the first cases were imported, local transmission has led to a rapid increase in the number of cases. As of 21 April 2020, more than 3,400 cases and 58 deaths had been confirmed. On 15 March, President Cyril Ramaphosa declared a national state of disaster, and the government has since taken several measures to curb the spread of the virus, including closing borders, implementing strict social distancing measures and a 35-day nation-wide lockdown. These measures, along with the global economic shock caused by the pandemic, are expected to generate rising needs requiring an immediate and urgent response. Although South Africa is considered an upper-middle-income country, the amount of disparities—social, economic, and gender—make the country particularly vulnerable during this emergency. For example, 33 per cent of the urban population is concentrated in overcrowded slums; if the novel coronavirus is to strike this population, the probability of excess morbidity and mortality is a very real prospect. Furthermore, as a strategic regional business/ socio-economic hub and key to the region's socio-economic stability, a crisis in South Africa could have devastating broader regional consequences.

The public health emergency is unfolding into protection challenges which affect people and communities that are marginalized or in situations of vulnerability. Experiences in other countries has shown that the pandemic is highly likely to compound existing gender inequalities and increase risks of gender-based violence (GBV). Considering South Africa's existing challenge with GBV this is expected to escalate during and post the lockdown. According to the Demographic Health survey, one in five women (17 per cent) aged 18 to 24 had experienced violence from a partner in the past 12 months, 6 per cent of women older than 18 experienced sexual violence by a partner whilst a woman is murdered every four hours in South Africa where half of the cases identified were perpetuated by an intimate partner[1].

The pandemic will have devastating consequences for people living with HIV AIDS (the highest number globally- more than 7.5 million) who are particularly vulnerable to the impact of the virus. Some 2.5 million among them who are HIV-positive but not on antiretroviral (ARV) drugs, including many of the 1.5 million people living with HIV/ AIDS (PLHIV) who are aged 50 years old or older and an estimated 500,000 people who have low CD4 counts are extremely vulnerable. Many PLHIV also belong to marginalized populations such as sex workers, men who have sex with men (MSM), transgender people, people who inject drugs (PWID) and people in prisons. According to available data, HIV prevalence in these populations is much higher than general population and antiretroviral therapy (ART) coverage much lower. For example, while 2018 ART coverage among adult men, 15-years-old and above, was estimated to be 57 per cent, it was only 44 per cent among men who have sex with men, and much lower among people who inject drugs. Beyond access to ART, these marginalized populations face issues such as not being part of the formal economy. Further, there are more than an estimated 300,000 people who have active TB infections in South Africa, with more than half of them (177,000) having a dual HIV and TB infection. Among all people with active tuberculosis (TB) infections, there are 73,000 who are not yet diagnosed or notified of their disease, generally called "missing TB cases." It is estimated that there more than 72,000 people living with both HIV and active TB infection who are not receiving ART or TB treatment, putting them at a doublerisk.

Despite its standing as an upper-middle income country, nearly half of all households across the country struggle to meet their basic food needs and are particularly vulnerable to disruptions in market dynamics. Informal labourers, and small farmers, especially women, that do not have access to social grants, are particularly vulnerable. The latest quarterly Labour force survey (Q4 2019) indicates that nearly 20 per cent of the country's workers, approximately 3 million people, work in the informal sector and would require assistance to compensate for income losses from movement restrictions that prevent them from earning their livelihoods, with lasting effects on community resilience and social cohesion. Small scale farmers have a high dependence on their produce for both consumption and income generation that subsidizes their additional expenses. Any disruption to their activity places them in a situation where they will constitute one of the key vulnerable sectors. While the Department of Agriculture Land Reform and Rural Development launched a 1.2 billion Rand grant facility for small scale farmers to face supply side constraints due to lockdown, more needs to be done to complement the government's initiative by reaching out to vulnerable farmers and households that will be unable to apply for the grants.

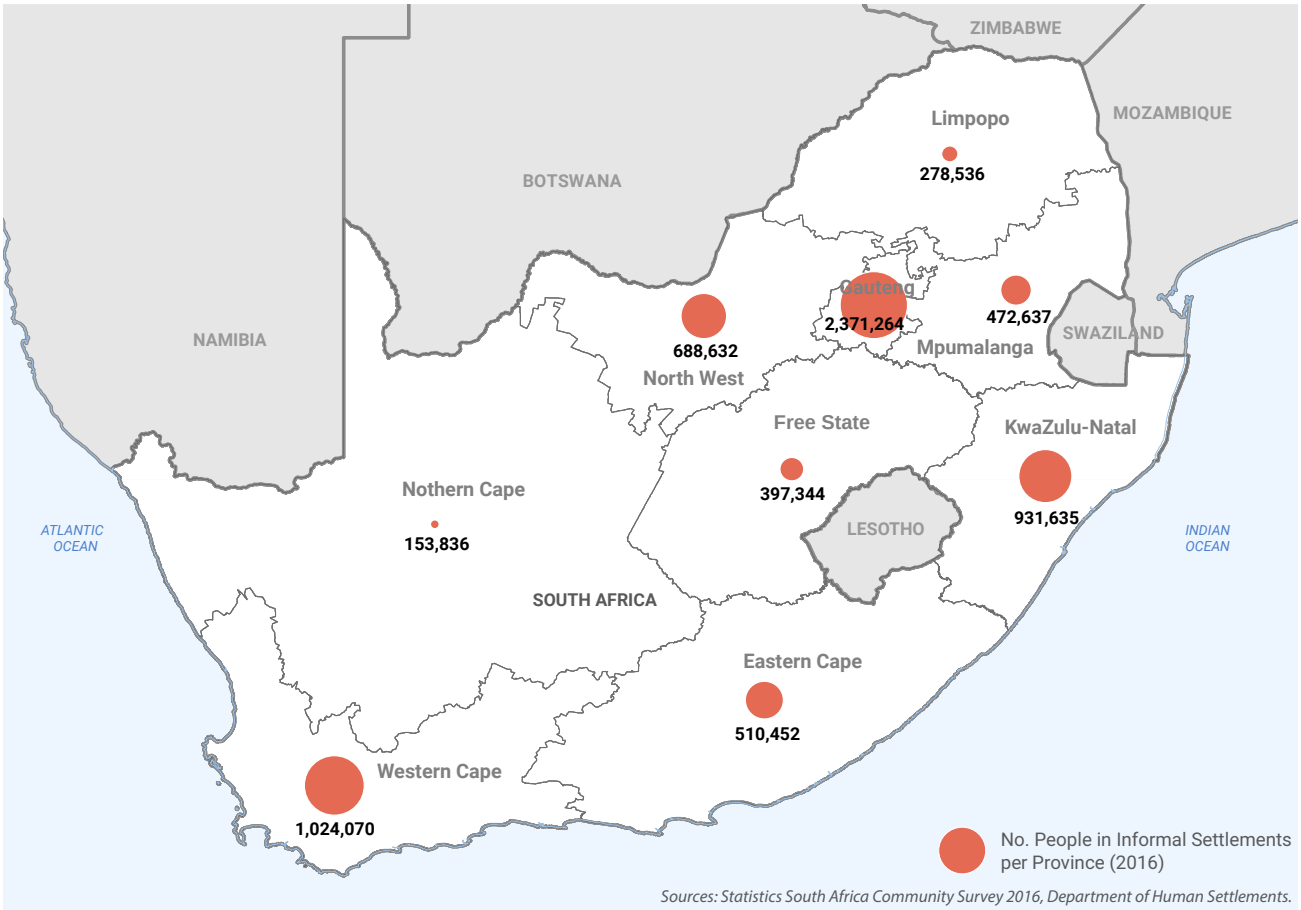
Over 13.8 million people live below the food poverty line, making less than 561 South African Rand (about US$29.3) per person/month (in April 2019 prices), meaning that they are unable to afford the daily minimum required daily energy intake, according to 2015 statistics. The consequence of this are risks of malnutrition particularly for children which have negative long-term effects on their health and educational outcomes. The pandemic is expected to impact negatively on this already persistent food insecurity. This is particularly alarming

given that currently the prevalence of stunting and malnutrition among children under age 5 is 27 per cent (1,5 million) and 2.5 per cent (360,500) respectively, according to UNICEF[2]. The impacts of the COVID-19 pandemic on the nutritional status of children and women are expected to include: significant undermining of the current efforts on breastfeeding due to inaccurate information about mother-to-child viral transmission; a significant impact on the quality of children's and women's diets (frequency, quantity and diversity) due to disrupted food systems (access to food) and a hike in food prices; and an increase in the number of undernourished children in need of therapeutic feeding and care due to poorer breastfeeding practices, poorer diets, increased morbidity, and disrupted primary health care systems.

Many of the 273,488 refugees and asylum seekers live in crowded conditions, the scale of the outbreak could be massive, particularly for this vulnerable group, according to UN-Habitat. The country has more than 2,700 informal settlements with an estimated number of 6.8 million people[3]. Informal settlements in South Africa are characterized by profound inequalities in access to basic services such as water, sanitation, and electricity. There is concern that if informal settlements are hit by Covid-19, the result could be extremely high infection rates given the poor access to water and sanitation, as well as the population density. According to the South Africa Reserve Bank, preliminary estimates suggest South Africa could lose about 370,000 jobs this year, on a net basis, with business insolvencies increasing by roughly 1,600 firms as the economy contracts. Such impact has the potential for triggering xenophobia, racism and discrimination on migrants as competition over scarce jobs intensify.

The closure of schools for an extended period will impact children's well-being and have a longer-term impact on inequalities, as the most vulnerable families may not send children (particularly adolescent girls) back to school. Nearly 13.1 million learners have been affected by the closure of schools. While distance-learning mechanisms are being attempted, they will not reach all children and youth, and those without internet access or adult supervision will be disadvantaged. Furthermore, 9 million children who normally benefit from school feeding, will be vulnerable during protracted school closure. School health programmes have been disrupted posing further health challenges for children. Children in lockdown situations are prone to heightened violence and abuse, including online. GBV is a major concern affecting women and girls who are locked down in unsafe homes. An estimated 600,000 migrant children live in South Africa. These children are particularly vulnerable to potential exclusion from safety nets and services. Equally, there is a need to ensure the right to education for the approximately 55,000 refugee and asylum-seeker children not affected.

People living in Informal Settlements



Sources: Statistics South Africa Community Survey 2016, Department of Human Settlements.

Response Approach

The United Nations recognizes that the outbreak is a global challenge that must be addressed through an inclusive approach based on international solidarity and cooperation among all stakeholders. It serves as a reminder that the human rights dimension of the pandemic determines that in order to combat any public health emergency, everyone – including persons with specific health issues, disabilities, the LGBTI communities, refugees and asylum-seekers, migrants and other marginalized and vulnerable groups, should be able to access health facilities and services in a non-discriminatory manner.

This Emergency Appeal for South Africa prioritizes the response necessary to address the immediate public health crisis and the secondary impacts of the pandemic on vulnerable South Africans, including children, the elderly, women, people living with disabilities, people living with HIV, refugees, migrants in the most affected regions of Gauteng, Kwa-Zulu-Natal and Western Gape, and in support of the Government-led response to COVID-19,to be carried out in the next six months (April to October 2020).

The Appeal complements the Government of South Africa's three-pronged strategy. This includes: intensifying the public health response to slow down the rate of transmission and to reduce infections; increasing social safety nets to cushion the impact of COVID-19 control measures; and effective coordination of the response. Since recording the first cases of COVID-19, the government has instituted a raft of public health measures in line with the advice of the World Health Organization (WHO). It has also developed a comprehensive package of economic support measures to assist businesses and individuals affected by the pandemic, including increasing access to credit and financial markets by reducing interest rates, supporting market liquidity and protecting the banking system; creation of a special COVID-19 Temporary Employer/Employee Relief scheme with over R30 billion to provide income support to workers where employers are unable to pay their full salaries due to the lockdown; increased social support services to protect poor and vulnerable households; and established the Solidarity Fund to mobilize resources from companies, organizations and individuals to combat the pandemic. It has thus far raised around R2.2 billion (President's Speech, 9 April 2020). To ensure that the strategies are effectively coordinated and informed by comprehensive, real-time data, the government has established the COVID-19 Information Center at the Council for Scientific and Industrial Research (CSIR) (DOH, 9 April 2020). The government does face daunting challenges to their ability to wholly manage this crisis. These challenges, including fiscal shortfalls, limited access to tax revenue and the recent downgrading of their credit worthiness to junk stock status, will not allow the government to solely manage this crisis.

In addition to the government's response, civil society organizations, with a rich history of cooperation and collaboration to improve the lives of South Africans, have come to the forefront to mitigate the effects of COVID-19 on society across all sectors. The United Nations has actively engaged a number of these civil society organizations through sector networks that have either been established by organizations during this period to coordinate the sector's response or existing platforms that have come together during this period. Examples include the C19 People's Coalition and the Civil Society Platforms of the South African National AIDS Council and that of the National Economic Development and Labour Council

The Emergency Appeal has been developed to support the existing coordination efforts of government, stakeholders and other partners with the aim to ensure efficient and effective prevention and response to identified national priorities. The World Health Organization represents the UN in the daily and weekly coordination meetings and, through this collaboration, has helped to identify gaps to which the UN and partners can support the response. Through UN consultation with government and other key stakeholders (civil society, youth serving organizations, private sector organizations, the Solidarity Fund and other development partners), gaps and needs have been identified and the government has requested both technical and financial support from the UN. Thus, the Emergency Appeal not only brings together all the needs/gaps, it also indicates the financial implications which exceed the resources available within the UN system and its partners in-country to address national gaps and priorities. In bringing these needs together, the expectation is that this will enhance alignment, harmonization and ensure that additional support from all other partners responds to the government-identified needs/gaps and that it is managed in a coordinated manner. In line with this, the expectation is that the UN and its partners will maintain its programming modality and bring added value through expert guidance and technical oversight, as well as coordination support, with implementation being done by government partners, civil society and other developmental partners. To complement the Government's response and in light of the Government's priority response areas, the United Nations in South Africa's Emergency Appeal presents a combination of: strictly re-prioritized activities from the United Nations Development Assistance Framework (UNDAF) for South Africa, which have been identified as most time-critical and urgent in support of the COVID-19 response; and new activities identified as immediately required to stem the outbreak and mitigate against its consequences. To maximize efficiency and effectiveness, wherever possible, activities included in the Emergency Appeal build on, augment, adapt and expand activities and initiatives already being implemented by

partners from both private and public sectors, including undertaking an assessment of the longer term socio-economic impact in order to develop a 12-18 months development plan together with national business associations, individual companies, civil society organizations, and non-governmental organizations.

The Appeal reflects the centrality of protection and a 'Rights Up Front' approach to COVID-19, which is imperative to prevent stigma and discrimination at this critical juncture. Community engagement and accountability to affected people will be at the heart of the response, both to enhance understanding of the additional impact of COVID-19 on people that are already vulnerable and to inform and adjust programming approaches and priorities as the response continues.

Prevention of Sexual Exploitation and Abuse (PSEA) will be prioritized across all aspects of the Appeal's implementation, including through ensuring that all people receiving assistance are aware that it is unconditional and know how to access complaints mechanisms and survivor-centred services. Recognizing that local actors will play a central role in the response to COVID-19, the Emergency Appeal prioritizes the principles of partnership and coordination. All actors engaged in the Appeal commit to working closely with established networks of community-based organizations to reach people in need in a principled manner, including adhering to the principles of PSEA.

The United Nations Resident Coordinator will engage with the Government in order to effectively implement the activities in the Appeal, including: ensure sustained access to particularly vulnerable hotspot areas, including to refugees and those living in urban informal settlements; facilitate internal movement of essential supplies and workers in case of lockdown; UN agencies and partners engaged in the Appeal commit to respecting all public health measures necessary to ensure community's safety, alongside effective localization measures. This will help reinforce community acceptance and reduce the risk of spreading the coronavirus while helping those in need. Partners will employ only personnel that are trained on implementing activities in the era of social distancing and equipped, as appropriate depending on relevant guidance for the specific activities carried out, with the necessary Protective Personnel Equipment (PPE) to contain the spread of the virus.

JOHANNESBURG

Before the closure of schools, students learnt how to wear masks at a pre-school in Lenasia, as part of a preventative measure against COVID-19. Photo: UNICEF/Mohammed

Strategic Objectives

Strategic Objective 1

Support public health responses to the spread of the COVID-19 pandemic

The key focus under this Strategic Objective is to ensure that partners are prepared and ready to support the government and the most vulnerable population to respond to COVID-19 in the 9 provinces of South Africa and specifically in the more at-risk high density urban and peri-urban areas, such as informal settlements. The actions are focused on containing the spread of the COVID-19 pandemic and decreasing morbidity and mortality. This will include strengthening preparedness measures to decrease risks and protect vulnerable groups, including older people and those with underlying health conditions, as well as strengthening health services and systems. In addition, support will be provided to detect and test all suspect cases while supporting efforts to improve the understanding of COVID-19 epidemiology. National and local emergency coordination mechanisms will be stepped up throughout the country and appropriate level of expertise and capacity to deliver advanced supportive care. Another key element of this Strategic Objective is risk communication and community engagement, including a specific focus on urban and peri-urban communities, informal settlements and rural areas. As frustration among the general public rises, this appeal aims to prevent, anticipate and address risks of violence, discrimination, marginalization and xenophobia towards refugees, asylum seekers, irregular migrants, and people of concern by enhancing awareness and understanding of the COVID-19 pandemic at community level.

Strategic Objective 2

Provide life-saving assistance to vulnerable communities to mitigate against negative socioeconomic impacts of COVID-19

Under this Strategic Objective the aim is to preserve the ability of the most vulnerable population—including migrants, asylum seekers and other vulnerable groups—to meet any additional food security, nutrition and other needs caused by the pandemic, including through productive activities and access to social safety nets and life-saving assistance and protection. This will include securing the continuity of the supply chain for essential commodities and services such as food and time-critical productive and agricultural inputs for the food insecure and those at risk of hunger. Actions under this Objective will also ensure the continuity and safety of essential services delivery - including health (immunization, HIV and tuberculosis care, sexual reproductive health, psychosocial and mental health, and gender-based violence services), water and sanitation, food supply, nutrition, protection, and education - for the communities and groups most exposed and vulnerable to the pandemic and its consequences. The UN will also work to ensure that prevention of sexual exploitation and abuse (PSEA) of beneficiaries is a key, cross-cutting requirement throughout the response.

Strategic Objective 3

Support government response for the COVID-19 through immediate interventions to improve governance, human rights and gender equality, coordination, social cohesion and service provision.

This objective aims to support strengthening of governance across a range of selected key sectors to support delivery of essential services and enable the government COVID-19 response to be fully implemented. Support will be provided to enhance capacity of existing government COVID-19 cluster structures at national and sub-national levels including multi-sectoral and multi-stakeholder players, within the private sector, civil society networks and community structures to implement vertical and horizontal coordination approaches to ensure efficient COVID-19 response delivery. Capacity building of selected levels of local government sectors to deliver basic services to their populations will be prioritized. Priority focus will be actions enhancing the realization of human rights, addressing impacts of the pandemic on the most marginalized and vulnerable populations including children, women, the elderly, people with disabilities, migrants, refugees and other key populations. Special focus will be the engagement of law enforcement agencies to address excesses in enforcement of movement restrictions and other regulations established by government. Support will be provided to civil society, community groups and the media to monitor, document and report as well as demand observance of human rights, gender equality, protection and promotion of positive values and practices to bolster COVID-19 response.

Sectoral Objectives & Response

A nurse is pictured at a maternity yard of a hospital. Photo: UNFPA

Education

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	PARTNERS	PROJECTS
13M	10M	$15M	2	1

Response Strategy

The main objective is to find solutions for the immediate period of school closures and for the post-closure period where the focus will be on curriculum catch up, working closely with government, the private sector and civil society. The government will lead in the restoring of the educational system, taking into account the most vulnerable learners, with the technical support and input of UNICEF, UNAIDS and civil society organizations.

Priority activities

Communication products in local languages, sign language, digital voice, etc. including by translating epidemiological models into understandable messages as well as programmatic implications of these models and by engaging with partners developing community-level information, education and communications (IEC) materials based on targets, priorities and messaging agreed with the National Department of Health and reflecting global messages, tailored to local needs.

1. Support the government's Department of Basic Education through Children's Radio Foundation to develop and provide education messages to learners through youth-friendly radio media.

2. Learner Support Programmes for online and broadcast support resources comprising subject content from early childhood to FET, with a special focus on Grade 7 and Grade 12 learners (exit points). This is specifically tailored, including broadcast, app-based and online support programmes. including content development and digitalization; installation of receivers in the most vulnerable populations.

3. School Health and Sanitation Support through provision of Basic and Essential Sanitation and Hygiene Package for each school (handwashing stations, classroom/office, toilet/bathroom, food preparation areas, protective gear for cleaning). Mobilization of key private sector partners to provide children with urgent food and hygiene supplies. Some of the corporates already responding through the Department of Basic Education include: Tiger Brands, Nestle, Woolworths Trust.

4. Capacity support and System Strengthening of DBE, including embedded technical assistance; supporting the Department of Basic Education in implementing the Standard Operating Procedures for the basic education sector to provide guidance to schools and education offices on how to prepare for the re-opening of schools.

5. Implement a last mile ecosystem model to leverage a network of unemployed youth as community ambassadors to facilitate product sales and distribution. Intervention will leverage several existing technologies and distribution capabilities to create digital jobs for youth, support existing township business and facilitate market inclusion for township consumers, small scale manufacture and distribution

Partners: UNICEF, UNAIDS

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Food Security and Nutrition

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	PARTNERS	PROJECTS
13.8M	1.3M	$28.2M	5	5

Response Strategy

COVID-19 has the potential to significantly disrupt both food supply and demand. Against that background, the UN response aims to provide alternative ways to access food, expand access to markets and to work with government and private sectors to monitor and provide critical information on food security. Collaboration between the government, UN and civil society will enable the response to reach the most vulnerable and to decrease the likelihood of suffering and malnutrition.

Priority activities

1. Support the Solidarity Fund in reaching out to 250 000 food unsecure households in collaboration with CSOs

2. Provide technical expertise for designing and rolling out of mechanisms that allow for redemption through small retailers

3. Expand work with female smallholder farmers to ensure market access and support to rural livelihoods and food systems.

4. Distribute agricultural inputs to 13000 beneficiaries in restoring their agricultural production in 7 province targeting small-scale farmers and vulnerable households already affected by drought

5. Support food and nutrition security of communities living in critical ecosystems to leverage yield increases by integrating Ecosystems Based Adaptation approaches.

Partners: FAO, WFP, IFAD, UNEP, WVI

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Governance

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	PARTNERS	PROJECTS
3M	1M	$8.8M	3	3

Response Strategy

The strategy focuses on providing support to enhance the National Disaster Management Centre (NDMC) at the national, provincial and local government levels for rapid responses, including involvement of civil society, by strengthening coordination mechanism and monitoring of human rights, gender issues, documentation and reporting on COVID-19 crisis and governmental response. A socio-economic impact analysis of COVID-19 will be developed to provide scenarios for use in national, post-crisis adjustment plans focusing on short-, medium- and long-term, especially for the most vulnerable population group; and support national industrial production and business continuity for small and medium-sized enterprises (SMEs) during the crisis.

The government will take the lead on creating an environment in which critical information is gathered, analyzed and acted upon with the technical guidance from the UN and critical input from civil society organizations.

Priority Activities

1. Support small to medium scale businesses by providing technical assistance, trainings, and acquisition of machinery to re-purpose, retool operations to strengthen their capacity to absorb the crisis.

2. Recruit United Nations Volunteers to support essential service programs, including health, WASH, informal workers, and to facilitate and support efforts on peace and stability, social cohesions and conflict prevention of violence against vulnerable groups during and post-COVID-19

3. Undertake a social and governance impact analysis of COVID-19 to generate recommendations to mitigate short and long-term impacts especially for the most vulnerable population groups

4. Support the Government to develop a framework for providing social safety nets for workers in the informal sector.

5. Develop and pilot a digital application that will allow the elderly and disabled to receive social grants without moving out of their homes and also allow them to purchase food online.

6. Strengthen national and sub-national, multisectoral and multi-stakeholder command council responses to the Covid19 pandemic

7. Create a centralized communications hub to share and distribute information on COVID-19, HIV and TB, human rights, access to services, and crosscutting messaging from the national, provincial, district and neighbourhood levels for advocacy and social mobilization

Partners: UNIDO, UNDP, SANAC

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Health

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	PARTNERS	PROJECTS
18.9M	5.2M	$54.5M	7	9

Response Strategy

The overall goal of the health appeal is to ensure rapid containment and to reduce excess mortality and morbidity due to the COVID-19 outbreak and its effect on the health system. The government, in collaboration with WHO, sister UN agencies and civil society, will support the roll out of preventative, mitigation and responses to fight the COVID-19 pandemic in South Africa. It will also ensure the continuity of care for essential, lifesaving services.

Priority Activities

The COVID-19 proposed activities are aligned around 6 main pillars:

1. Case management
2. Surveillance (including at Points of Entry), laboratory and diagnostics
3. Risk Communication & Community Engagement
4. Coordination
5. Technical assistance
6. Procurement

The maintenance of essential health services and Continuity of Universal Access to youth-friendly and integrated Sexual and reproductive health and rights (SRHR), HIV and gender-based violence (GBV) services and information; ensuring access to essential SRHR, maternal health, GBV prevention and response services for women, girls, adolescents, youth and other vulnerable persons including people living with disabilities, people living with HIV, people belonging to indigenous groups and those living in poverty aligned around the following areas:

1. Maintenance of Immunization services
2. Maintenance of Maternal, Child and Newborn Health services including prevention of mother-to-child transmission of HIV (PMTCT), pre- and post-maternal care, routine childhood illnesses, nutrition, and paediatric AIDS services
3. Maintenance of Community Health services, including SRHR information and services
4. Maintaining Mental Health services
5. Behavioural Change and Community Engagement
6. Ensure that nutrition services remain integrated in maternal and child nutrition, including monitoring the use of breastmilk substitutes
7. Ensure continued monitoring of Severe Acute Malnutrition and stunting at national, provincial and district levels
8. Provide strategic information support data to detect impact of the COVID-19 lockdown on the provision and access to PMTCT and pediatric HIV services
9. Raise awareness and promote compliance with the NDOH guidelines on COVID-19 through social mobilisation to ensure the flattening of the curve

Partners: WHO, UNFPA, UNAIDS, IOM, UNICEF, SANAC

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South African National Aids Council (SANAC)

Protection, Gender and Gender-based Violence

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	PARTNERS	PROJECTS
10.7M	5M	$15.3M	8	31

Response Strategy

The main objectives are to provide much needed targeted assistance to the most at risk communities , (including women and children, vulnerable and marginalized communities, people living with HIV, refugees, asylum-seekers, migrants homeless people, persons with disabilities and persons deprived of liberty), support the Government and relevant stakeholders with technical expertise, as well as enhance community-based protection and advocate for social cohesion through protection monitoring, coordination and direct implementation activities.

Priority activities

1. Provide protection coordination, support and technical guidance to relevant Government agencies, social service providers, civil society and other stakeholders to enable a targeted and effective response whilst ensuring the inclusion of everyone irrespective of status in the national response plans

2. Support the enhanced capacity of Emergency GBV Referral Pathways

3. Conduct risk analysis to inform policy, promote risk communication and community engagement and mobilization.

4. Provide a safety net for people of concern who have lost livelihoods due to the lockdown conditions with distributions of cash-based assistance to support access to health care services, purchase food and make rental payments, and emergency relief items.

5. Continue social assistance and counselling services for SGBV survivors and people with specific needs remotely, including reinforcing the resources of national providers of protection services.

6. Assist stranded migrants to access services and advocacy for inclusion of migrants in on-going preparedness and response plans to avoid stigmatization

Partners: UN WOMEN, UNFPA, UNHCR, UNODC, IOM, UNAIDS, OHCHR, SANAC

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Ms. Beatrice Mutali, Representative -UNFPA, mutali@unfpa.org

Mr. Leonard Zulu, Representative for South Africa Multi-Country Office (SA MCO) - UNHCR, zulu@unhcr.org

Ms. Zhuldyz Akisheva, Regional Representative - UNODC, zhuldyz.akisheva@unodc.org

Ms. Lily SANYA, Chief of Mission - IOM, lsanya@iom.int

Water, Sanitarion and Hygiene (WASH)

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	PARTNERS	PROJECTS
27M	2.5M	$9.3M	5	4

Response Strategy

To prevent the spread of COVID-19 and minimize its impact, the project will focus on improved Water, Sanitation and Hygiene (WASH) services, risk communication and community engagement in informal settlements, under resourced townships. With the leadership of responsible government agencies, the UN and civil society will help to shore up a key pillar of the COVID-19 response- Infection Prevention and Control (IPC)- which is a matter of life and death during this pandemic and is currently overstretched to meet the needs of the population.

Priority activities

UNICEF, UNEP, UNIDO, ILO, WVI

1. Provision of handwashing and sanitation infrastructure (hand washing stations, soap, hygiene kits, sanitary pads, hand sanitizers etc..) and supplies in informal settlements and other potentially high-risk communities

2. Hygiene promotion: In tandem with engaging local partners and stakeholders to identify installation points for handwashing infrastructure

3. Data collection, analysis and dissemination to: support development/adaptation and deployment of rapid, easy to use information management modalities for WASH and Infection Prevention and Control (IPC) interventions for COVID19 response and coordinate the review and utilization of data for decision making; Assist in data collection and analysis efforts associated with COVID-19 and response activities, develop recommendations, share findings with other agencies/stakeholder and Support virtual public dissemination of rapid assessments, polls and other two-way communication using easy-access technologies (e.g. social media, U-report) and other appropriate use of technology

4. Strengthen municipalities, communities and waste reclaimers in safe disposal of COVID-19 hazardous medical and sanitary waste

5. Rapid community assessments using alternate approaches for intervention development: Undertaking and supporting virtual public dissemination of rapid assessments, polls and other, messages and other two-way communication mechanisms using easy-access technologies (e.g. social media, U-report) and other technology innovations

6. Deployment of Hand Washing, Sanitation and Hygiene Messaging and Supplies: support development/adaptation and deployment of rapid, easy to use information management modalities and messaging for WASH; Infection Prevention and Control (IPC) interventions for COVID19 response, coordination and monitoring as well as the provision of supplies to ensure adaptation of practise. Supplies to be provided include hand washing soap, hygiene kits, sanitary pads, hand sanitizers and other supplies in informal settlements and other potentially high-risk communities.

7. Support to continuity of critical WASH services: Working with the engaging local leaders, women's groups, clubs/stokvels, partners and stakeholders to identify locations for critical infrastructure installation such as hand washing stations, water points, sanitation facilities and support continued provision of hygienic WASH services in informal and deprived communities.

8. Data and Information Management: Strengthen the review, analysis and utilization of available data for improved decision making on associated interventions and response activities for the COVID-19 by developing recommendations and disseminating findings with other agencies /stakeholders.

Partners: UNICEF, UNEP, UNIDO, ILO, WVI

Contact information of Lead Agencies:

Dr. Jama Gulaid, Representative - UNICEF, jgulaid@unicef.org

Dr. Joni Musabayana, Director - ILO

Ms. Cecelia Njenga, Representative - UNEP, cecilia.njenga@un.org

Khaled El Mekwad, UNIDO Representative and Head of Regional Office, k.elmekwad@unido.org

Maxwell Sibhensana, WVI, maxwell_sibhensana@wvi.org

Coordination & Common Services

REQUIREMENTS (US$)	PARTNERS	PROJECTS
$500K	1	1

Response Strategy

The strategy focuses on establishing a common UN logistics and operational support services aimed at increasing efficiencies and reducing transaction costs of UN Operations and enhancing overall quality of operational support to program delivery. While the government continues to create an enabling coordination environment through their leadership within the National Command Council for COVID-19, the UN will support the coordination and movements of information, and commodities; ensuring the appropriate monitoring of financial and relief services accountability to communities, to the last mile.

Priority activities

1. Develop a common UN information, communication and technology (ICT) services for COVID-19
2. Utilize established common procurement pipeline for PPEs and other essential items
3. Develop a common financial reporting and accountability tool

Partners: UNFPA

Contact information of Lead Agencies:

Ms. Beatrice Mutali, Representative - UNFPA, mutali@unfpa.org

Annexes

JOHANNESBURG

Two kids are seen in their yard in an informal settlement in the Jerusalema Informal Settlement, Johannesburg,. Lack of facilities, water and proper sanitation pose a threat to informal settlement dwellers. Photo: UNICEF/Mohammed

Participating Organizations

ORGANIZATION	REQUIREMENTS (US$)	ORGANIZATION	REQUIREMENTS (US$)
FAO	13.75 M	UNDP	6.5 M
Higher Health	0.5 M	UNEP	1.25 M
IOM	1.30 M	UNFPA	4.4 M
Lithalabantu	0.5 M	UNHCR	2.37 M
National Shelter Movement	0.5 M	UNICEF	23.9 M
OHCHR	0.22 M	UNODC	1.65 M
SANAC	1.12 M	WFP	13.5 M
Southern Africa Catholic Bishop Conference	0.5 M	WHO	53 M
UN WOMEN	1.5 M	WVI	0.5 M
UNAIDS	1.36 M		

Projects

Education			
Agency	**Amount Requested (US$)**	**Projects**	**Contact**
UNICEF	15,000,000	Education Sector Covid-19 Sector Response Programme	Dr. James Gulaid jgulaid@unicef.org
Sub-total	**15,000,000**		

Food Security and Nutrition			
Agency	**Amount Requested (US$)**	**Projects**	**Contact**
FAO	250,000	Emergency assistance for vulnerable small-scale farmers and households already affected by El Niño-induced drought	Dr Francesco Pierri Francesco.Pierri@fao.org
FAO and UNWomen		Value Chain Facilitation for Building Climate-Smart Inclusive Women Value Chains in Limpopo and Free State Provinces of South Africa	Dr Francesco Pierri Francesco.Pierri@fao.org
UNEP	400,000	Ecosystem-based Approaches to Adaptation: Strengthening Capacity for Evidence and Informing Policy for Climate Change Adaptation Action	Cecilia Njenga cecilia.njenga@un.org
UNEP	400,000	Ecosystem-based Approaches to Adaptation: Strengthening Capacity for Evidence and Informing Policy for Climate Change Adaptation Action	Cecilia Njenga cecilia.njenga@un.org
WFP, FAO	27,000,000	Emergency Food Relief for vulnerable households	Lola Castro lola.castro@wfp.org
WVI	180,000		Maxwell Sibhensana maxwell_sibhensana@wvi.org
Sub-total	**28,230,000**		

Governance			
Agency	**Amount Requested (US$)**	**Projects**	**Contact**
UNDP	5,000,000	UN response to Governance and Livelihoods implications for South Africa as a consequence of COVID-19	Dr. Ayodele Odusola ayodele.odusola@undp.org
UNDP	1,500,000	UN response to Governance and Livelihoods implications for South Africa as a consequence of COVID-19	Dr. Ayodele Odusola ayodele.odusola@undp.org
UNIDO, UNEP	2,300,000	Identifying products & components which can be locally manufactured to reduce dependency on imported ones	Mr. Khaled El Mekwad k.elmekwad@unido.org
Sub-total	**8,800,000**		

Health			
Agency	**Amount Requested (US$)**	**Projects**	**Contact**
IOM	630,000	Reducing preventable mortality and morbidity due to the COVID-19.	Lily Sanya lsanya@iom.int
IOM	88,500	Strengthening capacity of national border agencies, communities including port health and civil society for COVID-19 pandemic preparedness and response along the mobility continuum in South Africa	Lily Sanya lsanya@iom.int
UNAIDS	40,000	COVID-19 Communication for Communities	Dr Mbulawa Mugabe MugabeM@unaids.org
UNAIDS	70,000	Continuity of HIV and TB services	Dr Mbulawa Mugabe MugabeM@unaids.org
UNODC	240,000	Reducing Prison overcrowding as a means of limiting the exposure to COVID-19	Ms.Zhuldyz Akisheva zhuldyz.akisheva@un.org
UNODC	180,000	Covid-19 prevention and response in prisons	Ms.Zhuldyz Akisheva zhuldyz.akisheva@un.org
UNODC	160,000	Covid-19 prevention among people who use drugs	Ms.Zhuldyz Akisheva zhuldyz.akisheva@un.org

UNODC	100,000	Improving outcomes of COVID-19 prevention and treatment among PWUD	Ms.Zhuldyz Akisheva zhuldyz.akisheva@un.org
WHO	53,000,920	Supporting the health sector response to COVID19 pandemic in South Africa and mitigating its impact on the health system	Dr. Owen Laws Kaluwa kaluwao@who.int
Sub-total	**54,509,420**		

Protection			
Agency	**Amount Requested (US$)**	**Projects**	**Contact**
Higher Health	500,000	Promoting Safer Campuses during and post COVID-19 lockdown	Anne Githuku-Shongwe anne.githuku-shongwe@unwomen.org
IOM	300,000	Provision of protection and assistance to migrants affected by COVID-19	Lily Sanya lsanya@iom.int
IOM	288,500	Strengthening migrant communities and key stakeholders readiness and response to the coronavirus COVID-19 in border communities and urban areas of South Africa	Lily Sanya lsanya@iom.int
Lithalabantu	500,000	Reducing vulnerability and response to GBV	Anne Githuku-Shongwe anne.githuku-shongwe@unwomen.org
National Shelter Movement	500,000	Strengthening GBV referral pathways in context of COVID-19 during and post lockdown	Anne Githuku-Shongwe anne.githuku-shongwe@unwomen.org
OHCHR	220,000	Strengthening protection of human rights in the COVID-19 response in South Africa	Abigail Noko anoko@ohchr.org
Southern Africa Catholic Bishop Conference	500,000	COVID-19 support to vulnerable communities	Anne Githuku-Shongwe anne.githuku-shongwe@unwomen.org
UN WOMEN	400,000	Support to Women Living with HIV (WLWHIV) during COVID-19 pandemic	Anne Githuku-Shongwe anne.githuku-shongwe@unwomen.org
UN WOMEN	500,000	Response to Gender-based Violence in the Context of COVID-19 Lockdown	Anne Githuku-Shongwe anne.githuku-shongwe@unwomen.org

UN WOMEN	400,000	Social Protection for Women in the Informal Sector	Anne Githuku-Shongwe anne.githuku-shongwe@unwomen.org
UN WOMEN	50,000	Crisis Support to Women-Owned Businesses (WOB), including Women Farmers	Anne Githuku-Shongwe anne.githuku-shongwe@unwomen.org
UN WOMEN	150,000	Virtual Learning and Ongoing Support to Women Owned Enterprises	Anne Githuku-Shongwe anne.githuku-shongwe@unwomen.org
SANAC	1,050,000	Community-Based Measures on COVID-19 in mitigating the adverse effect of socio-economic impact and reducing the peak and spreading the infections over a longer period of time to drastically improve quality and reduce the mortality rate through linkage to the NDP and NSP 2017 - 2022.	Dr Mbulawa Mugabe MugabeM@unaids.org
UNAIDS	200,000	Safety and protection for PLHIV and marginalized populations	Dr Mbulawa Mugabe MugabeM@unaids.org
UNAIDS	1,050,000	Safety and protection for PLHIV and marginalized populations	Dr Mbulawa Mugabe MugabeM@unaids.org
UNFPA	2,000,000	Responding to women, girls and Vulnerable Groups survivours of GBV During COVID-19	Ms. Beatrice Mutali mutali@unfpa.org
UNFPA	2,400,000	Initial Response Plan to Ensure Continuity of Sexual Reproductive Health and Rights Services During the COVID-19 Pandemic in South Africa	Ms. Beatrice Mutali mutali@unfpa.org
UNHCR	607,200	To strengthen and support the technical capacity of government agencies to respond to the humanitarian emergency	zulu@unhcr.org
UNHCR	1,271,000	Social and livelihoods assistance to refugees and asylum seekers	zulu@unhcr.org
UNHCR	441,800	Social cohesion in KwazuluNatal, Western and Eastern Cape Provinces	zulu@unhcr.org
UNHCR	50,000	Communication with communities	zulu@unhcr.org
UNICEF	910,000	Prevention and response to GBV and violence against children	Mayke Huijbregts mhuijbregts@unicef.org

SANAC	18,000	Community-Based Measures on COVID-19 in mitigating the adverse effect of socio-economic impact and reducing the peak and spreading the infections over a longer period of time to drastically improve quality and reduce the mortality rate through (i) Advocacy (ii) Communications & public awareness (iii) Social mobilisation (iv) Contact tracing and screening and (v) Legal support and Human Rights	Mabalane Mfundisi mabalane@showmey-ournumber.org.za
UNODC	80,000	Supporting the Government in collection of evidence based data on COVID-19	Ms.Zhuldyz Akisheva zhuldyz.akisheva@un.org
UNODC	210,000	supporting Law Enforcement and immigration officers in responding to COVID-19	Ms.Zhuldyz Akisheva zhuldyz.akisheva@un.org
UNODC	80,000	Support to victims of trafficking and smuggling of migrants to access critical services	Ms.Zhuldyz Akisheva zhuldyz.akisheva@un.org
UNODC	200,000	Support to victims of Trafficking and Smuggling of Migrants including procurement of PPEs and daily use items for use in Shelters	Ms.Zhuldyz Akisheva zhuldyz.akisheva@un.org
UNODC	$100,000	Support to the Criminal Justice System to operate critical functions within the limitations of COVID	Ms.Zhuldyz Akisheva zhuldyz.akisheva@un.org
UNODC	200,000	Support to victims of GBV in accessing legal services	Ms.Zhuldyz Akisheva zhuldyz.akisheva@un.org
UNODC	100,000	Support to victims of GBV focused on the Criminal Justice System and Crisis Lines	Ms.Zhuldyz Akisheva zhuldyz.akisheva@un.org
SANAC	60,000	Community-Based Measures on COVID-19 in mitigating the adverse effect of socio-economic impact and reducing the peak and spreading the infections over a longer period of time to drastically improve quality and reduce the mortality rate through linkage to the NDP and NSP 2017 - 2022.	Mabalane Mfundisi mabalane@showmey-ournumber.org.za
Sub-total	**15,336,500**		

WASH			
Agency	**Amount Requested (US$)**	**Projects**	**Contact**
UNEP, UNIDO	550,000	Provision of hazardous waste management infrastructure and supplies in informal settlements and other potentially high-risk communities:	Cecilia Njenga cecilia.njenga@un.org
UNEP	350,000	Increase capacity and support municipalities in safe and environmentally sound management of hazardous medical and chemical waste:	Cecilia Njenga cecilia.njenga@un.org
UNEP	100,000	Environmental education and communication programmes regarding COVID-19 pandemic waste management in communities:	Cecilia Njenga cecilia.njenga@un.org
UNICEF, UNEP, ILO	8,000,000	Strengthen infection prevention and control IPC measures, WASH services and Hygiene Promotion in informal settlements and other potentially high-risk communities	Muriel Mafico mmafico@unicef.org
WVI	320,000		Maxwell Sibhensana maxwell_sibhensana@wvi.org
Sub-total	**9,320,000**		

Methodology for Calculations of People in Need and People Targeted

People in Need (PIN) and People Targeted by theme:

Education: Estimates are from official statistics from the Department of Basic education on the number of children currently in school.

Food Security: These estimates were derived from the Food Poverty Line. These are official statistics from the country's statistical department.

Governance: This was estimated based on the informal sector, which accounts for around 20 per cent of total employment in the country. These are official statistics from the country's statistical department.

Health: For Health estimates, we looked at Women of Reproductive Age (15-49), Adolescent Girls (10-19), Adolescent boys and girls (10-19), women who are currently pregnant, pregnant women who will experience complications, deliveries requiring C-section, cases of sexual violence who will seek care, People Living with HIV (PLWHIV) and PLWHIV who are receiving ART. These groups are considered to be vulnerable given that Covid-19 has also resulted in the overburdening of the health system in most affected countries and also compromises the continuity of care. The number of these cohort is over 33 million, however recognizing that not everyone in the cohort is necessarily vulnerable, the team decided to estimate 18.9 as potentially more vulnerable than other.

Protection: For Protection estimates, we looked at a number of data points, the first was the estimate of GBV and registered numbers of refugees and asylum seekers in South Africa. In South Africa, as in many countries, studies show that there is gross underestimate of GBV in the country given the low reporting of cases. As such we used 1/3rd of the country's women and adolescent girls as possibly being at risk for GBV, Intimate Partner Violence or other types of GBV. The number used was based on the 3 targeted provinces of Kwazulu-Natal, Western Cape and Gauteng as a representative population. We looked at women of reproductive age and adolescent girls as they are often the most vulnerable during any emergency. Some 273,488 refugees and asylum-seekers have sought international protection in South Africa. Around 12% of the refugee and asylum seekers population are over 60 years of age and around 5% currently receive assistance from UNHCR and its partners. People of concern in South Africa live in densely populated townships and are daily wage workers, exacerbating the challenges of social distancing and loss of livelihoods as a result of measures designed to combat the COVID-19 Pandemic. We also included the other vulnerable groups estimates of irregular migrants, given that they are difficult to locate, disaggregation. To mitigate the effects of the COVID-19 requires the inclusion of all vulnerable groups living in South Africa, especially refugees, asylum seekers, migrants and stateless people, in all initiatives for enhanced social protection and economic stimulus at the national and local levels to ensure an integrated and comprehensive response. In addition, the protection and psychosocial needs of women and children have been prioritised

WASH: These are official statistics from the country's statistical department. The numbers have been revised using the 2017 Population estimates and the updated data.

People targeted by sector: Although the targets were based on the need and identified gaps, other proxy's such as the UNs comparative advantage, technical capacity and resources were also considered. From there, a ratio was calculated to determine what the targets would be for the different provinces.

Overall People in Need and Target for appeal: The overall PIN is calculated by aligning all the sector's (except from Protection) people in need and targets by province, and taking the highest figure by province to ensure minimum duplication. Every effort was made to ensure that there was no duplication during calculations of people in need and people targeted.

End Notes

1. Republic of South Africa. 'Statistical Release: National Poverty Lines, 31 July 2019.' Retrieved at: http://www.statssa.gov.za/publications/P03101/P031012019.pdf

2. UNICEF, 2020 Joint Malnutrition Estimates (https://data.unicef.org/resources/jme-report-2020/)

3. Statistics South Africa 2016 Community Survey (http://cs2016.statssa.gov.za/wp-content/uploads/2016/07/NT-30-06-2016-RELEASE-for-CS-2016-_Statistical-releas_1-July-2016.pdf)

About

This document is consolidated by the UN Country Team and partners. It provides a shared understanding of the crisis, including the most pressing needs and the estimated number of people who need assistance. It represents a consolidated evidence base and helps inform joint strategic response planning.

The designations employed and the presentation of material in the report do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries

EMERGENCY APPEAL
SOUTH AFRICA

ISSUED APRIL 2020