



UNITED NATIONS
SOUTH AFRICA



UNITED NATIONS IN SOUTH AFRICA

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Table of Contents

Foreword	2
Introduction	4
COVID-19 Impact on South Africa	5
UN Support to the National COVID-19 Response	8
Health	11
Food Security and Nutrition	14
Protection, Gender and Gender-Based Violence	16
Education	18
Water and Sanitation	19
Governance and Livelihoods	20
Coordination and Resource Mobilisation	21
UN System Response to COVID-19 in 2021	23
Challenges and Lessons Learnt	23
Conclusion	25
Annexes	26



Foreword



The past year has been unlike any other that we have faced. As the pandemic arrived in South Africa in March 2020, it upended carefully laid plans to finalise our United Nations Sustainable Cooperation Framework, and our efforts to advance the Sustainable Development Goals in the

country. COVID-19 has been a multi-dimensional crisis that threatens lives, health and livelihoods, and reinforces inequalities whilst disrupting the development system that seeks to address these pressing issues. COVID-19 is an unprecedented challenge that requires an unprecedented response; the UN System in South Africa pivoted rapidly and effectively, bringing all of our resources and energies to support the national effort in combating this virus and the socio-economic turmoil that accompanied it.

South Africa is perhaps the most unequal country in the World, with gaps in living conditions, job security, food security, and access to welfare between its minority of wealthier citizens and those that have been left behind. COVID-19 has worsened these disparities and the living conditions for many of South Africa's most vulnerable. As 2020 drew to a close, 3 million jobs had been lost, and nearly 12 million South Africans were now at crisis levels of food insecurity, and concerning indications of a rise in violence against women and girls have been noted. All of this is against a backdrop in which at least one million South Africans have fallen ill and more than 50 000 have died, with research indicating that there have been more than 120 000 excess deaths, potentially attributable to this pandemic.

The United Nations System began its work before the pandemic arrived in South Africa, working with Government departments to identify emerging priorities and to plan our interventions. Every one of the 17 resident United Nations Agencies, Funds and Programmes reprioritised their programming, repurposed funding, and reallocated resources to support the campaign against the pandemic. The Country Team and partners launched an Emergency Appeal as early as April 2020, that helped to both mobilise necessary resources and guided the UN Systems response. Over the course of the past year, the UN and its partners undertook 230 activities and interventions across six strategic areas to address and mitigate the impact of COVID-19, raising and repurposing more than \$25 million to fund this work. COVID-19 has also established new key partnerships, including a partnership with the Solidarity Fund - a 3-billion-Rand fund established to support the national fight against the pandemic.

As 2020 came to a close, the Country Team in South Africa has sought to integrate our COVID-19 response into the work plans of the United Nations Sustainable Cooperation Framework. This will ensure that our support to the national COVID-19 response continues whilst not losing even more time in our effort to realise the 2030 agenda. As we move into programming for 2021, a key focus will be bringing about the support of the UN System to a District level. This will be realised through our partnership with the Government of South Africa on the District Development Model, which is designed to enhance and accelerate local development and service delivery to South Africa's long-waiting people.

Ms. Nardos Bekele Thomas
UN South Africa Resident Coordinator

Introduction

The emergence of COVID-19 in late 2019 is the most recent zoonotic disease that has crossed the species barrier between wildlife populations and humans, defying containment measures and establishing itself as a global pandemic. It emerged in late 2019 and while medical knowledge has significantly increased, there are remain notable gaps in our understanding of the virus even as new medical and epidemiological information continues to be uncovered. The United Nations World Health Organisation (WHO) has highlighted that the virus can be associated with different epidemiological trends both regionally and within regions,¹ and has highlighted the need for tailored national responses to ensure effective management of the disease. COVID-19 has continued to rapidly spread across the globe, with more than 100 million cases, and over two million deaths reported worldwide by January 2021.² Over the last months, the epicentre of the pandemic initially shifted away from Europe, with America and the South East Asia region reporting the majority of the cases.³ The United States is currently the world's worst affected country with more than 26 million cases and over 430,000 deaths, followed by Brazil and India, with India currently reporting the highest transmission rates. Meanwhile, Europe appears to be facing the potential of a resurgence after a significant increase in infection rates has been reported across much of western Europe in the past month. Although Africa has officially reported just over a million cases, the WHO has expressed concern over the spread of COVID-19 in the region, given the limited capacity of its health care systems and the fact that limited number of testing creates uncertainty about caseloads on the continent. A comprehensive picture of the scale and impacts of the pandemic on the continent remains unclear.

The WHO has previously noted that the three defining features of this pandemic have been:

- (i) speed and scale, noting the manner in which the disease has quickly spread to all corners of the world;
- (ii) severity, particularly in relation to the older age groups, and among those with underlying health conditions; and
- (iii) societal and economic disruptions, with shocks to health and social care systems leading to severe socio-economic consequences.⁴

Although these features and associated concerns have manifested themselves clearly, many aspects of the biology and epidemiology of the COVID-19 virus remain unknown. The United Nations (UN) Decade of Action to deliver the Sustainable Development Goals (SDGs) and the thrust towards accelerating sustainable solutions to the world's biggest challenges⁵ have taken a whole new meaning in the face of COVID-19. According to the forecasts of key international financial institutions, the latter is expected to cause the world in 2020 to 'suffer the worst economic downturn since the Great Depression'⁶ according to the forecasts of key international financial institutions. For Sub-Saharan Africa, the World Bank has projected growth to contract between 2.1% - 5.1% in 2020, marking the first recession in the sub-region over the past 25 years with Nigeria, Angola, and South Africa likely to see the sharpest falls in real Gross Domestic Product (GDP).⁷ The Bank further notes that COVID-19 will cost the sub-region between \$37 billion and \$79 billion in output losses for 2020 due to a combination of effects, including: (i) trade and value chain disruption, impacting commodity exporters and countries that have a strong value chain participation; (ii) reduced foreign financing flows from remittances, tourism, foreign direct investment, foreign aid, combined with capital flight; and (iii) through direct impacts on health systems, and disruptions caused by containment measures and the public response.⁸ In addition, the impact of COVID-19 on public health, governance and socio-economic indicators threatens hard-won stability within many countries in the sub-region, presenting new, or exacerbating existing, political and security challenges.

¹ WHO Executive Director, COVID-19 Press Conference, 22nd April 2020.

² WHO COVID Dashboard, <https://covid19.who.int>, accessed on the 15th September 2020.

³ As of mid-September 2020.

⁴ COVID-19 Strategy Update, World Health Organization, April 14, 2020 p.4

⁵ <https://www.un.org/sustainabledevelopment/decade-of-action/>

⁶ <https://www.imf.org/en/News/Articles/2020/04/15/sp041520-exceptional-times-exceptional-action>

⁷ <https://www.worldbank.org/en/news/press-release/2020/04/09/COVID-19-coronavirus-drives-sub-saharan-africa-toward-first-recession-in-25-years>

⁸ Ibid.

COVID-19: Impact on South Africa

On March 5, 2020, South Africa confirmed its first case of COVID-19, with the initial locus of the outbreak centred in the Western Cape. The virus rapidly spread, however, with outbreaks recorded in all nine provinces. The swift spread of the virus was initially mitigated by the Government's Risk Adjusted Strategy, whose implementation took the form of one of the most stringent lockdown systems in the world. The strategy was based on a five-level alert system. Level 5 included a curfew, the closure of both international and provincial borders, movement restrictions and travel bans, prohibition of public gatherings as well as a ban on the sale of alcohol and cigarettes.

The initial period of the lockdown was characterised, by a slow rise in infections, with only 5,951 confirmed cases reported national wide as South Africa announced a move to Level 4 on 1 May 2020. However, as the country moved into the less restrictive Level 3 on 01 June a significant escalation in transmission was recorded. This transmission increased exponentially over the following three months, reaching 651,521 reported cases on 15 September 2020, an 84-fold increase. Efforts to compile statistics that could accurately capture the scale of the disease spread have been hampered by the limitations of testing capacity. The South African COVID-19 Modelling Consortium has assessed that the peak caseload in the current surge was reached in August. At the peak of this surge South Africa had the sixth highest infection rate in the world,⁹ and the highest infection rate and number of cases in Africa, with Gauteng and KwaZulu-Natal overtaking the Western Cape as the worst affected provinces with regard to caseloads.

Despite the severity of this surge, mortality appears lower than anticipated, with an 88% recovery rate being registered in early September. This in spite of the fact that 7.6m South Africans live with HIV/AIDS, and that there has been an increase of approximately 300 000 annual new cases of TB. Moreover, 12.7% of the country is diabetic, a key co-morbidity of COVID-19. A number of theories have been expounded with regard to the lower mortality rates. However, no conclusive evidence to support these has emerged to date. Early data from a localised seroprevalence study show indications of a significantly higher rate of infection, between 29-40% of the population, leading the Department of Health to note that, potentially, up to 12 million South Africans may have been infected.

A national seroprevalence study is currently being undertaken to confirm these findings.¹⁰ In the final month of 2020 South Africa was hit by a second,

more severe surge, with more than 23 000 confirmed infections per day during its peak. As a response the country returned to an adjusted level three lockdown, from late December 2020, to early January 2021. The severity of the second surge was in part due to the emergence of the 501Y.V2 strain, that is believed to be responsible for the majority of new infections in the country, being more transmissible. The efficacy of the COVID-19 vaccinations towards this strain remain uncertain.

While the impact of COVID-19 has been significant across the globe, it has been further exacerbated in the South African context by prevailing systemic and structural challenges which render the country and its people particularly vulnerable to exogenous shocks.

Despite being classified as an upper middle-income country, South Africa is one of the most economically unequal countries in the world, with a Gini coefficient of 0.63, while currently standing third globally on the Palma Ratio for inequality. Prior to the pandemic, 30.9 million people lived in poverty (roughly 55% of the population). Moreover some 8 million people lived in extreme poverty,¹¹ which means that this latter group of people fails to meet their minimum nutritional requirements and struggle to have access to food, clean water and shelter.¹² Findings from a socio-economic study commissioned by the UN, indicate that COVID-19 will aggravate poverty levels, with 34% of those currently in the middle class potentially falling below the poverty line. Chronically poor households may fall into deeper poverty with strong gender implications: 73% of female-headed households are at risk of worsening poverty compared to 64% for male headed households. The majority of people most affected are women.

Initial surveys indicate that by end of Level 5, the lockdown had led to three million people losing their jobs, 58% of whom are women. The decline in employment has led to the worsening of inequalities along traditional lines of race, gender, occupation, earnings, location, and education. Consequently, an already unequal national situation has been made much worse. National income studies have long revealed that women across the value chain earn less than men, and that the gendered labour market also means that women lost their jobs more quickly as companies shut down in the hard lockdown phase. Researchers also found that unpaid care work went up substantially by at least four additional hours a day. Because women head most households, the duty of care for children, and of home-schooling, fell to them. The impact of unemployment and hunger has been felt across the rural-urban divide, with higher unemployment and hunger being reported in rural and peri-urban areas than in urban areas.¹³

⁹ At the height of the surge South Africa has more than 13,900 infections in a single day.

¹⁰ Ministry of Health, Media Statement, 14 September 2020.

¹¹ The World Bank defines extreme poverty as living below \$1.90 per day.

¹² UN Rapid Needs Assessment, June, 2020.

¹³ National Income Dynamics Study – Coronavirus Rapid Mobile Survey, Synthesis Report Wave 2 September 2020.

Furthermore, almost half of all households reported going hungry in the past three months. Adults reported going without food so that children could be fed. 15% of people reported that their child had gone hungry in the last seven days during the survey. 7% said their child went hungry almost every day, or every day.¹⁴ Moreover, 47% of households reported that they ran out of money to buy food in April, by June this had dropped to 37%. Compared to 21% in 2018, however, this figure remains a significant increase.¹⁵ The UN Rapid Needs Assessment found that “Food and nutrition security is compromised for vulnerable populations due largely to constraints on people’s access to food. The [cost of] household food basket increased by 7.8% (R250) between March and May 2020, and families living on low incomes may be spending 30% (R974) more on food in May than they did two months ago.”¹⁶

On 30 June, Oxfam - in collaboration with the Young Nurses Indaba Trade Union (YNITU) - released a report¹⁷ on the working conditions of healthcare workers in South Africa in the context of COVID-19. The report highlighted that the quality of healthcare in South Africa was compromised by unfair labour practices and the poor treatment that healthcare workers face, particularly black women who represent the overwhelming majority of healthcare workers in the country. Nurses have reportedly seen their working conditions worsen in the context of the pandemic due to chronic understaffing, long working hours, and several policy gaps identified by the report. In addition, the deterioration of their mental and physical health creates a domino effect that impacts the efficiency of the health chain and causes lower quality of care for patients.

The enforcement of the lockdown led to more than 230 000 people being charged for contravening regulations, and to numerous reports of abuses (including the deaths of at least 10 South African citizens allegedly at the hands of security forces).¹⁸ There has also been a dramatic increase in demonstrations since the beginning of the COVID-19 lockdown in South Africa, according to the Institute for Security Studies (ISS) Protest and Public Violence Monitor.¹⁹ During the lockdown period of 27 March to 31 July 2020, a total of

511 protests were recorded.²⁰

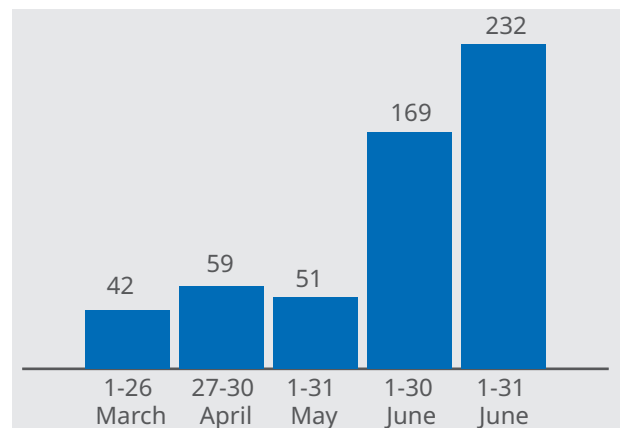


Figure 1: Number of protests recorded over the lockdown period by ISS

During this period, the Western Cape recorded the most protest action (33%), followed by Gauteng (27%), KwaZulu-Natal (17%), and the Eastern Cape (15%). These are the most populous provinces and also those hardest hit by the pandemic. The leading cause of demonstrations was the policing of lockdown restrictions and crime (14%), with a particular focus on gender-based violence. The second most prevalent issue for those taking to the streets was labour-related concerns (13%), primarily the supply of protective equipment to staff such as healthcare workers. In third place was electricity supply problems, particularly in Gauteng as a result of power outages and restrictions during peak usage times. More than three in five protests (62%) were peaceful with no need for police intervention.

In recognition of the structure of the economy and the country’s demographic profile, the Government’s immediate priorities have been:

- (i) to slow down the spread and reduce the rate of infections by intensifying the country’s public health response;
- (ii) develop a comprehensive package of economic support measures to assist businesses and individuals affected by the pandemic; and

¹⁴ National Income Dynamics Study – Coronavirus Rapid Mobile Survey, Synthesis Report Wave 1 July 2020.

¹⁵ National Income Dynamics Study – Coronavirus Rapid Mobile Survey, Synthesis Report Wave 2 September 2020.

¹⁶ UNDP, COVID-19 Rapid Needs Assessment, August 2020.

¹⁷ <https://actions.oxfam.org/south-africa/south-africa/Care4Carers/en/>

¹⁸ As a result of legal proceedings the South African police have issued guidelines on policing the lockdown on 20 May and the military issued a code of conduct on 21 May 2020.

¹⁹ <https://issafrica.org/crimehub/maps/public-violence>

²⁰ Between 27 March and 30 April during the strictest lockdown phase, 59 protests were recorded, an average of two daily. From 1 to 31 May, when lockdown was eased slightly there were 51 protests, an average of two per day. Lockdown was further relaxed in June, when 169 events were recorded – an average of six daily. During July, 232 demonstrations took place, an average of eight a day and three times more than what has been recorded historically in July. It is the highest number ever recorded in a single month since January 2013. The average number of protests for July were almost 8 per day and three times more than what has been recorded historically in July. It is the highest number ever recorded in a single month since January 2013.

(iii) develop a programme of increased social support to protect poor and vulnerable households. Aiming for a more coordinated response, the Government took the initiative to collaborate with the private sector. This led to the creation of the Solidarity Fund, an independent fund that is in the process of distributing more than R3 billion²¹ in support of health and humanitarian responses.

The Government also expanded its social protection measures as part of a R500 billion social and economic spending plan announced in May, of which a special allocation of R2 billion was set aside for informal traders and small business owners. Additionally:

- Temporary business closures, for a period of 3 months or less, had employees eligible for a COVID-19 benefit, paid out by the country's Unemployment Insurance Fund (UIF).
- Child support grants were increased by R300 in May and from June to October a further R500 per month was expected to be granted. All other grant beneficiaries were to receive an additional R250 per month for six months.
- A special COVID-19 Social Relief of Distress grant of R350 a month for six months was to be paid to individuals who are currently unemployed, and did not receive any other form of social grant or UIF payment. The Social Relief of Distress grant is anticipated to benefit over 8 million unemployed South Africans.

COVID-19 has hampered treatment programmes, affecting access to clinics and medication for people living with HIV and TB. COVID-19 has also affected the care for millions of people in South Africa living with HIV and TB, disrupting access to drugs, clinics and care within an already stretched healthcare system. All these developments have occurred in addition to the challenges already posed to these vulnerable populations by the country's deep-seated income and gender inequality and harmful socio-cultural norms.

South Africa's inequality has led to different experiences and risk levels relating to exposure and transmission of the COVID-19 virus. The high population density in townships and squatter settlements (with over-crowded living conditions and limited access to preventive measures, including water and sanitation) poses serious threats to health, social cohesion, and security in these settlements as individuals are unable to exercise the requisite social distancing or hygiene practices, placing them at greater risk of exposure and spread of the virus. The reliance on public transport has also been assessed as a significant risk factor.

In this context the Government has also joined forces with the UN system and partners in its efforts to save lives, protect livelihoods, and save businesses, while supporting early actions to ensure a green, sustainable, and resilient recovery.

The support given by the UN system in South Africa to the COVID-19 response is aimed at helping mitigate immediate impacts as well as addressing the pre-COVID-19 vulnerabilities of poverty and multidimensional inequalities. The ultimate purpose is to help place the country back on track to achieving the ambitions of the National Development Plan, Vision 2030 and the Sustainable Development Goals.



Photo credit: unicef

²¹ Approximately \$170 million.

United Nations Support to National COVID-19 Response

	<p>17 UN Agencies, Funds and Programmes</p>	<p>\$25,130,424 Programmed</p>	<p>230 Interventions & Activities</p>
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The UN system has been working in partnership with the Government, civil society organisations and the private sector in contributing to a broad response to COVID-19. The initial contribution spanned a six-month time frame and has had an emphasis on emergency activities and the reorientation of UN programming to mitigate the impact of the virus on the most vulnerable populations. In conjunction with this response, a COVID-19 Rapid Needs Assessment and Socio-Economic Impact Assessment have been conducted by the UN System, led by the United Nations Development Programme (UNDP). These assessments, and a complementary dashboard, have a threefold purpose:

- (i) to inform the wider response to COVID-19;
- (ii) to allow the UN and its partners to update and adjust programming; and
- (iii) to form the basis of an accountability framework for development management.

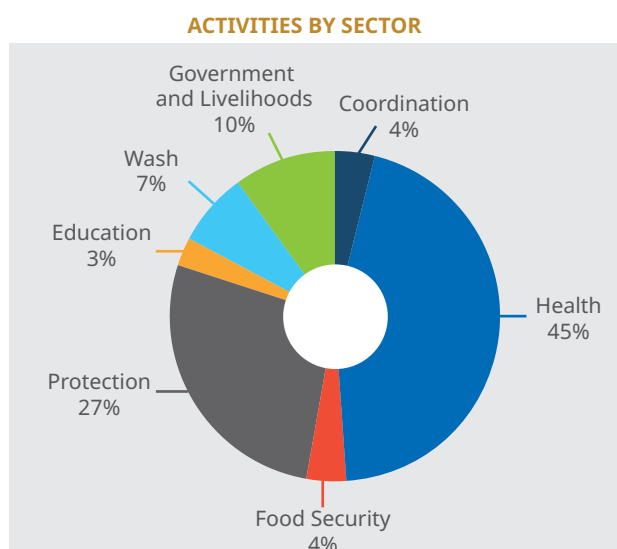


Figure 2: Activities by sector

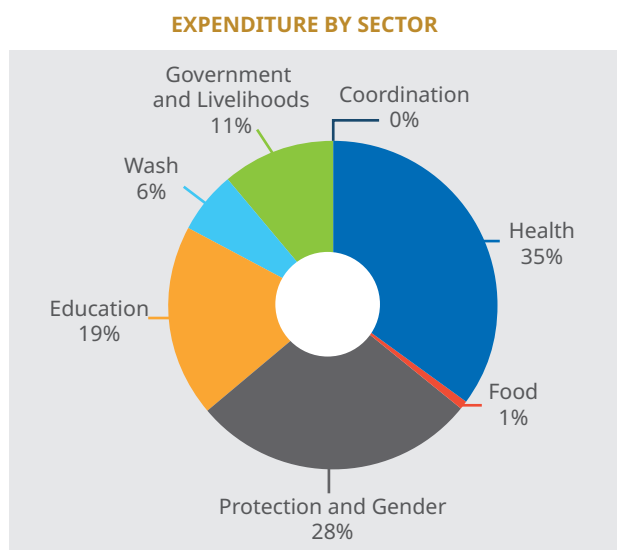


Figure 3: Expenditure by sector

The results of the assessments indicate that the impacts of the virus are complex. In order to effectively mitigate against and manage the impact of COVID-19, there must be strategic coordination amongst the stakeholders involved to ensure the optimal use of resources, and to avoid duplication. The response efforts have called for strong engagement and mobilisation of partners across sectors, recognising that this is essential in order to reach marginalised and particularly vulnerable populations, including; women, children, adolescent girls, youth, persons living with disabilities, refugees, regular and irregular migrants, persons living with HIV/AIDS, tuberculosis, non-communicable diseases, the elderly, persons in detention or in institutionalised settings, and people in informal settlements, among others.

These approaches are directly in line with the global public health recommendations within the COVID-19 context, which call for the following:

- (i) coordination of the national and sub-national responses;
- (ii) engagement and mobilisation of affected and at-risk communities;
- (iii) implementation of context-appropriate public health measures to slow transmission and control sporadic cases;
- (iv) preparation of the health system to reduce COVID-19-associated mortality, maintain essential health services, and protect health workers; and
- (v) contingency planning to ensure the continuity of essential public functions and services.²²

While public-health response and treatment of confirmed cases remain the key priorities, the UN has maintained a strong focus on contributing to the mitigation of the severe impacts of the pandemic on livelihoods, food security, education and protection. In order to enable immediate action to support the COVID-19 national response and recovery efforts, the UN has repurposed \$12 million in order to respond to COVID-19 in the last six months.

On 30 April 2020, the UN launched an Emergency Appeal to mobilise one hundred and thirty-six million dollars (\$136,000,000) to address critical short-term humanitarian needs and undertake priority interventions targeting the most vulnerable populations affected by COVID-19 in South Africa. With over 170 participants from several countries, the virtual launch included representatives from the Government of South Africa, civil society, the business community, international development partners, and the diplomatic corps and agencies of the UN, who provided statements of support and reaffirmed their commitment to saving lives and protecting livelihoods of the most vulnerable to COVID-19.

Of the estimated 33.3 million people in need in the country, the Emergency Appeal targets just under 10 million people, with an emphasis on the most vulnerable (including women and girls, pregnant and lactating mothers, persons with disabilities, the elderly, homeless, migrants, refugees, asylum seekers, detainees and persons living with HIV) across the nine provinces in South Africa. The Appeal aims, specifically, to:

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

This seeks to ensure that partners are prepared and ready to support the government and the most vulnerable population groups to respond to COVID-19 in the nine provinces of South Africa and specifically in the more at-risk high density urban and peri-urban areas (such as informal settlements).

2. Provide life-saving assistance to vulnerable communities to mitigate against negative socio-economic impacts of COVID-19.

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.

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

This objective is to assist in the strengthening of governance across a range of selected key sectors as a means to support delivery of essential services and enable the government COVID-19 response to be fully implemented. Support has been provided to enhance capacity of existing government COVID-19 cluster structures at national and sub-national levels, including multi-sectoral and multi-stakeholder players.

The Appeal, based on a comprehensive needs assessment and risk profiling, is aligned with the three priorities of the national response plan, and to the five streams of work that constitute the integrated support package to be offered by the UN system (in line with the UN Framework for the Immediate Socio-economic response to COVID-19). These include: (1) ensuring that essential health services are still available and protecting health systems; (2) helping people cope with adversity, through social protection and basic services; (3) protecting jobs, supporting small- and medium-sized enterprises, and informal sector workers through economic response and recovery programmes; (4) guiding the necessary surge in fiscal and financial stimulus to make macroeconomic policies work for the most vulnerable and strengthening multilateral and regional responses; and (5) promoting social cohesion and investing in community-led resilience and response systems. These five streams are connected by a strong environmental sustainability and gender equality imperative to build back better.

The UN response has focused on 7 sectors:

1. Health (see Annex 1)
2. Food Security and Nutrition (see Annex 2)
3. Protection, Gender and Gender-Based Violence (see Annex 3)
4. Education (see Annex 4)
5. Water and Sanitation (see Annex 5)
6. Governance and Livelihoods (see Annex 6)
7. Coordination (see Annex 7)

With the nature, speed, and impact of the virus being difficult to predict, however, the UN operations have evolved as the crisis unfolded over the last 6 months. Therefore, both prioritisation shift and capacity were adjusted in order to best support and meet national needs as they emerged.

Health



10 UN Agencies Funds and Programmes

104 Interventions and Activities

One of the key lessons learned from the global COVID-19 response to date has been that in order to successfully slow transmission and protect health systems, it is essential to accurately diagnose and effectively isolate and care for all cases of COVID-19, including cases with mild or moderate symptoms (in either structured health or home settings, depending on the context and degree of illness)²³, and to ensure the ability for individuals to maintain good sanitation and hygiene practices. In line with global recommendations, the national response efforts in South Africa have emphasised public health measures to try and break the chain of transmission, which included the introduction of legal measures to promote social distancing, mask use, and basic hygiene measures, alongside the risk-adjusted strategy.

Once the first case of community transmission was confirmed, there was a growing concern of the potential impact of the virus on South Africa's population with significant co-morbidities,²⁴ coupled with uncertainty as to how it would impact on large populations of impoverished people living in informal settlements, townships and the former 'homelands' which are often densely populated and are characterised by limited access to water, sanitation, and health care.

South Africa has the highest number of HIV infections globally, with over 7.5 million people reportedly living with the virus. Currently, 2.5 million HIV-positive people are not on antiretroviral (ARV) drugs, 1.5 million people living with HIV are aged 50 years or older and roughly 500,000 people are estimated to have low CD4 counts²⁵. Furthermore, more than 300,000 people are estimated to have active TB infections in South Africa.

Over half of these cases (over 177,000) suffer from both HIV and TB as a co-morbidity.

The vulnerability of those already living with HIV and/or TB has been greatly exacerbated in the context of COVID-19. Not only does COVID-19 pose a greater health risk to those populations already suffering from HIV and/or TB, but it has also had a profound impact on access to care and treatment for these diseases. Recent surveys indicate that approximately 13.2% of the population stated that their chronic medication was inaccessible during the lockdown²⁶. Additionally, 23% of respondents reported that they were unable to access medicine, condoms, or contraception in the four weeks prior to the survey (7 May to 27 June 2020), one in ten pregnant women living with HIV reported running out of anti-retroviral treatment (ART), and one in six pregnant women reported at least a two-month gap in care (visiting a clinic or hospital).²⁷ A mathematical model projects that a six-month disruption of ART could lead to more than 500,000 extra deaths from AIDS-related illnesses, including from TB, in sub-Saharan Africa in 2020–2021.²⁸

In this context, the health response has focused primarily on supporting national efforts to rapidly contain the virus, reduce excess mortality and morbidity, and protect the health system. Under the technical leadership of WHO, the UN system has collaborated with the Government, civil society and key partners in the roll out of preventative, mitigation, and response strategies to fight the COVID-19 pandemic, spending \$3,351,562. The WHO has responded to COVID-19 using the nine point approach of the COVID-19 Strategic Preparedness and Response Plan:

²³ Ibid, p6

²⁴ Significant co-morbidities include; heart and lung disease, diabetes, obesity, HIV-Aids, tuberculosis and auto immune diseases amongst others.

²⁵ CD4 counts indicate a person's susceptibility to fight of disease and are crucial to a person's immunity system against viruses.

²⁶ HSRC, 'HSRC Study on COVID-19 Indicates Overwhelming Compliance with the Lockdown', 2020 <<http://www.hsrc.ac.za/en/media-briefs/general/lockdown-survey-results>> [accessed 10 June 2020].

²⁷ Spaul N, Ardington C, Bassier I, et al. NIDS-CRAM Synthesis Report Wave 1, overview and findings. National Income Dynamics Study (NIDS) – Coronavirus Rapid Mobile Survey (CRAM).

²⁸ A modelling group of international experts was convened by WHO and UNAIDs to produce an impact scenario.

A. Country-level coordination, planning, and monitoring: The WHO has supported the national and provincial governments with dedicated technical advice, planning and coordination across the spectrum of the COVID-19 public health response. This included development of guidelines and strategies for different settings, deployment of a 43 strong international surge team and local consultants in various provinces across South Africa, development of post-lock down plan, resurgence plans, and a revised COVID-19 strategy with the inclusion of continuity of essential services. WHO also led and coordinated the Intra Action Review (IAR) at national and provincial levels, and derived best practices and lessons for preventing and responding to a resurgence of cases going forward.

B. Risk communication and community engagement: The agencies of the UN system have partnered with civil society and key stakeholders to inform (and sensitise) the public on the risks of COVID-19 and the related mitigation measures in various settings through risk communication and community engagement. COVID-19 related awareness and behaviour was assessed leading to development and implementation of behaviour change communication strategies at provincial and district level in collaboration with national authorities, partners, and the public.

C. Surveillance, rapid response teams, and case investigation: The efforts of the UN system have been focused on strengthening capacity to undertake surveillance for COVID-19 at national and sub-national levels, focusing on high risk settings; such correctional and long-term care facilities. Technical assistance has been provided to ensure that systematic case detection and contact tracing mechanisms are in place. The Free State province has rolled out Go.Data in all districts, a WHO data management system, for comprehensive data management of the COVID-19 response. Technical assistance has also been provided to generate provincial and district situational reports (SITREPS), GIS mapping of hot spots, and development of indicators and thresholds for resurgence trigger alerts at provincial and district levels.

D. Points of entry, international travel, and transport: The WHO has supported cross border collaboration at inter-provincial and international borders on COVID-19 control measures. Comprehensive screening has been instituted at ground crossings between South Africa and neighbouring countries. Screening capacity at key points of entry have been enhanced, and mechanisms put in place for systematic screening of travellers from affected countries. Systems have also been strengthened to identify and equip isolation facilities for suspected cases of the virus, and training is provided to point of entry officials, as well as awareness creation on COVID-19 for travellers and point of entry stakeholders.

E. National laboratories: The WHO has periodically assisted with revision of testing strategy with more targeted testing when the case load was high, and the backlog was too heavy, and more relaxed testing when cases were low, but resurgence was suspected.

F. Infection Prevention and Control: The WHO has supported health facilities at provincial and district levels in risk assessment using the Infection Prevention And Control Assessment Tool 2 (IPCAT2), conducting training of health care providers, offering technical advice, and ensuring implementation of recommendations through support visits. The efforts have contributed to the strengthening of standard Infection, Prevention and Control (IPC) measures in isolation and treatment facilities.

G. Case management: Readiness assessment has been done for quarantine, isolation, and treatment facilities including criteria for admission and referral pathways. Capacity for clinical case management of COVID-19 has been strengthened through the training of health care providers, and mortality reviews have been institutionalised in provinces.

H. Operational support and logistics: Several agencies have supported the procurement of personal protective equipment (PPE) with a focus on health workers, as well as populations who are most vulnerable, including children, young people, and persons with disabilities, among others. Reproductive health commodities and other health supplies have also been procured by agencies of the UN in response to needs identified by Government and national partners.

I. Maintaining essential health services during an outbreak: During the lockdown, the delivery of essential services, and access to these services have been disrupted in several districts. In this regard, the UN system has collaborated with partners to ensure the maintenance and continuity of immunisation services, sexual and reproductive health services (including maternal, child and new-born health), nutrition services, HIV, and sexual and gender-based violence (SGBV) and mental health services with a focus on the most vulnerable groups, including women, girls, adolescents, youth, people living with disabilities, and people living with HIV. UNICEF is partnering with The Clinton Health Action Initiative, and the Foundation for Professional Development (amongst others) to support the expanded immunisation programme and overall primary health care system. The immunisation catch-up drive will take place in November 2020, across 12 priority districts, including seven metropolitan municipalities which were badly affected by COVID-19. The catch-up drive will include nutrition screening and micronutrient supplementation, deworming, immunisation, screening and referrals for HIV testing and treatment among children under five years.

HEALTH ACTIVITIES BY PILLAR

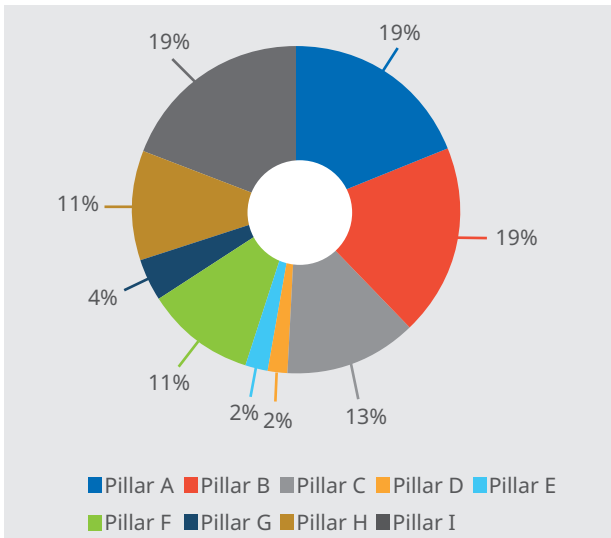


Figure 4: Health Activities by pillar

Led by the WHO, the multi-pillar response has allowed the UN System to strategically and comprehensively input into, and support, the Government led national response. The activities detailed in Annex 1 have provided a range of assistance positively impacting the

national COVID-19 response at multiple levels. In light of the varying impacts and capacities across South Africa's nine provinces, the WHO has provided targeted support to provincial and district governments alongside its aid to the national level public health response. It has supported the drafting of guidance and SOPs nationally and provincially along with implementation support through surge capacity to help drive both the response to the pandemic and to mitigate its impact on essential health services. The WHO's lead role globally as a repository of technical information and the lead agency in health coordination has been replicated at a national level, with the WHO both providing critical support at a national level and specialised and targeted responses at provincial and even district levels.

The UN Country Team, including UNFPA, UNAIDs, UNDP and UNWomen have joined WHO in providing vital support in keeping essential services functioning during the pandemic. Specialist UN Agencies have provided targeted support to addressing the impact and threat of COVID-19 within their mandated areas.



Photo credit by: IOM

Food Security and Nutrition



4 UN Agencies Funds and Programmes

9 Interventions and Activities

Over 13.8 million people (approximately one quarter of South Africa's population), currently live below the food poverty line,²⁹ meaning that they are unable to afford the minimum required daily energy intake. In addition, the pandemic has exacerbated persistent food insecurity.

Long-term food insecurity, in turn, carries the risk of leading to malnutrition, which can have particularly negative impacts on children, including longer-term health effects such as poor growth, a weak immune system and reduced brain development, affecting learning and advancement. In South Africa, 27% of children under five (1.5 million) are already stunted due to malnutrition,³⁰ and 3% of children suffer from malnourishment.³¹

COVID-19 is expected to negatively affect the nutritional status of women and children. Disrupted food systems and reduced livelihoods, combined with a hike in food prices, are expected to have a negative impact on access to food, and to affect the quality of the diet of women and children in terms of frequency, quantity and diversity. Inaccurate information on mother to child transmission of the virus is also expected to have a negative impact on efforts to encourage breastfeeding, which provides children with essential antibodies, vitamins, and nutrients. As a result, it is expected that the number of undernourished children in need of therapeutic feeding and nutritional care will have increased due to poorer breastfeeding practices, poorer diets, increased morbidity, and disrupted primary health care systems.³²

There has been a broad response to combat food insecurity across South Africa, with the Solidarity Fund dispensing 280,000 food parcels to vulnerable households. This initiative was supplemented by UN cash assistance to populations at risk,³³ additional social protection support from the Government, as well as a significant food distribution programme conducted by civil society.

As the impact of the pandemic unfolds, the importance of monitoring food security remains paramount.

Within this sector, the efforts of the UN system have focused on the following objectives:

A. Support to food security and nutrition, including through ecosystems-based adaptation approaches (EBA):

The UN Food and Agriculture Organisation (FAO) has provided technical support to the Government livelihood programmes, while partnering with the UN World Food Programme (WFP) in advising the Solidarity Fund on similar interventions. FAO is supporting the Solidarity Fund in determining input categories under the farming Input Voucher Initiative. Solidarity Fund plans to distribute 47,864 electronic farm input vouchers to rural and peri-urban subsistent farmers across South Africa. UNEP is piloting projects focussing on the importance of sustainable agriculture as a critical component in building resilient populations more resilient to modern day climate and health shocks. In addition, the UN system is aiming to strengthen the understanding of the potential of nature based EBA approaches to improve water and food security, and increase the nutritional value of food. EBA has been scientifically proven to yield up to 128% more produce with higher levels of nutrition, which can be a crucial improvement on food intake for populations dependent on food systems for micronutrients.

B. Monitoring and assessing food security: The UN launched both a Rapid Needs Assessment and a more focused assessment on food security and nutrition during the pandemic that is in the process of completion and is intended to inform more targeted interventions in the future. FAO, in collaboration with the Department of Agriculture and Rural Development, Geopoll and HSRC have spent \$130,610 conducting assessments on impact of COVID-19 on agriculture and Food System and on Food and Nutrition Security.

²⁹ This is characterised by living on less than 561 Rands (about US\$29.3) per person/month (in April 2019 prices), according to 2015 statistics.

³⁰ Stunting is defined as short-for-age as a result of insufficient food over a long period of time.

³¹ Figures include both severe and moderate acute malnutrition; UNICEF, <https://data.unicef.org/topic/nutrition/malnutrition/>.

³² Emergency Appeal for the Impact of COVID-19 on South Africa , p6.

³³ See Protection, Gender and Gender-Based Violence section below.

The assessments are being finalised and include analysis and reporting of the findings. The findings are intended to inform policies and programmes, and responsive interventions to COVID-19.

The UN System has spent \$755,000 in direct assistance and provided technical advice valued at \$4,590,000 to Government and Solidarity Fund programmes.

*English

HAY'KHONA CORONA!

YOUR ACTIONS CAN SAVE LIVES!

CORONAVIRUS (COVID-19) HAS ALREADY KILLED MANY PEOPLE AROUND THE WORLD. PROPER HANDWASHING CAN BE THE DIFFERENCE BETWEEN LIFE AND DEATH.

WASH YOUR HANDS AND STOP THE SPREAD!

- 1

Wet your hands and put soap on them.


- 2

Scrub all sides for 20 seconds including palms, back of your hands and in between your fingers.


- 3



Sing the "Happy Birthday" song two times to remember to spend 20 seconds washing.
- 4

Rinse well with clean water.


- 5

Dry with a clean cloth or wave your hands in the air.


- 6

If you don't have running water, make your own tippy tap ...



... or use alcohol-based hand sanitiser.

IF YOU TAKE CARE OF YOURSELF, YOU TAKE CARE OF OTHERS!



LOOK OUT FOR MORE HAY'KHONA CORONA MESSAGES.



Developed in partnership with the United Nations in South Africa.

*Hay'khona is a South African expression signaling strong negative sentiment. We're saying "No, not here!" to COVID-19.



Protection, Gender and Gender-Based Violence



The public health emergency caused by COVID-19 has also created protection challenges, disproportionately affecting people and communities that are marginalised or are particularly vulnerable. Initial assessments indicate that women have borne the brunt of the socio-economic, human rights and protection impacts of the pandemic. For example, women are more exposed to the COVID-19 pandemic, partly because they are predominant in the health and social sector workforce. Risks to women and girls are also exacerbated if health systems divert resources from sexual and reproductive healthcare to respond to the epidemic.

In addition, South Africa's existing challenges with regards to sexual and gender-based violence (SGBV) were expected to escalate during and post lockdown. Prior to the pandemic, a Demographic Health survey indicated that one in five women (17%) aged 18 to 24 had experienced violence from a partner in the past 12 months; 6% 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.³⁴ It has been difficult to measure the impact of the Level 5 and 4 lockdown periods on cases of SGBV, but Police complaints in the first week of lockdown alone saw a 37% increase from the weekly average of South African GBV cases reported for 2019.³⁵ UNWomen and the UN Gender Theme Group's survey of GBV during lockdown indicated that out of 15,404 female respondents, 19% of women have experienced physical abuse; 11% of female respondent have experienced being forced to have sexual intercourse or perform other sexual acts, and 28% of female respondents have experienced emotional abuse.

South Africa is also host to a significant population of undocumented migrants, refugees and asylum-seekers, amounting to 266,694 people of concern: 78,398 refugees and 188,296 asylum seekers. The UN High Commission for Refugees (UNHCR) has adapted its programming within the context of COVID-19 in order to maintain its support to these populations. However, they remain particularly vulnerable, including in the context of increased social unrest affecting the

refugee and asylum-seeker population groups.

The protection sector response has sought to prioritise immediate support to at risk and vulnerable individuals and communities, enhance community-based protection, and advocate for social cohesion through monitoring, coordination, and direct implementation. It is working towards ensuring that the needs of vulnerable populations are understood and integrated within national responses and that social assistance and livelihoods are protected.

The UN system support to this sector focuses on several key priority areas and pillars. These are:

A. Strengthening capacity of Government agencies, social service providers, civil society and other stakeholders to engage in an inclusive response targeting persons in need: More than half of all UN System interventions have been focused on strengthening capacity of partners to respond to vulnerable populations. Key examples of the UN Systems engagement include: OHCHR providing guidance on supporting the mainstreaming of the rights of persons with disabilities into response planning and reviewing the human rights dimension of the COVID-19 regulatory framework in South Africa in relation to the Disaster Management Act, and the national lockdown and related measures. The UN has advocated for adherence to the Nelson Mandela rules which led to the Government considering granting parole to 19,000 prisoners. UNHCR, IOM, ILO and OHCHR have all provided guidance to the Government as a whole, and to specific Government Departments in particular on responding to the needs of prisoners, persons in detention, persons with disabilities, refugees and asylum seekers, as well as migrants. An example of this is ILO providing capacity and technical support to Government towards the drafting of a Code of Good Practice for eliminating violence and harassment in the world of work.

UNWomen has worked towards ensuring that response plans have a gender perspective, and to providing training on GBV prevention and responses to increase capacity. The UN has collectively advocated for the participation of civil society and Chapter 9 institutions

³⁴ Republic of South Africa Statistical Release: National Poverty Lines, 31 July 2019, <http://www.statssa.gov.za/publications/P03101/P031012019.pdf>

³⁵ UNDP, COVID 19 Rapid Needs Assessment, August 2020.

in the response to COVID-19 with a focus on support to marginalized populations. UN Women also partnered with GIZ to develop guidance for journalists for gender awareness and gender responsive reporting on COVID-19. UN Women partnered with UNIC to deliver on training for 30 journalists based on the guidelines which have also been widely disseminated to various media houses and online platforms. The training will be ongoing.

B. Strengthening prevention, protection and support services and increasing their availability to vulnerable populations including women and young people:

This process includes ensuring the continuity of social assistance and counselling services for SGBV survivors, and people with specific needs, including reinforcing the resources of national providers of protection services.

Based on the immediate needs identified by women's shelters through a rapid needs assessment, UN Women supported the National Shelter Movement in resource mobilisation and receiving funds from the private sector to provide PPE and other resources in order to meet health guidelines.

Anticipating that the pandemic could worsen the already endemic levels of GBV in South Africa, UNWomen have, in collaboration with others, assisted and led a wide range of activities in order to help ensure that existing services to victims of GBV are maintained. UNWomen has also developed guidance to help help respond to a surge in cases. UNWomen, UNICEF and UNODC supported the Interim Steering Committee on Gender Based Violence and Femicide (before the end of its term on 30 April 2020) to the review of the Gender Based Violence Emergency Referral Pathways in order to ensure that they are adapted to the COVID-19 context. This served to complement the existing Lockdown regulations that had been put in place by the government which would allow a victim of GBV to be able to navigate the lockdown restrictions to access safety and receive support.

UNHCR took immediate steps to ensure that essential services for refugees and asylum-seekers were maintained, this included provision of PPE to key organisations and adapting social cohesion programmes to focus on PPE production.

UNICEF, working with Childline, have provided community-based mental health and psychosocial support to 23,500 children, parents, and primary caregivers with a focus on migrant and other vulnerable children.

C. Data collection and analysis to inform policy, promote risk communication, community engagement and mobilisation. ILO has undertaken a rapid assessment of the impacts of COVID-19 on migrants regionally. Simultaneously, UNWomen have worked with partners to assess the impact of the pandemic on women in the informal sector and are in the process of analysing data on a survey of GBV incidence in South Africa. OHCHR has regularly gathered information and produced analyses on the impact of COVID-19 on the rights of the most vulnerable

groups, including people in detention, homeless people, living in informal settlements, female farm workers, and sex workers.

UN Women and the UN Gender Theme Group's situational analysis of GBV during COVID-19 has been used to map fluctuations in GBV from Level 5 to Level 3 of the lockdown. This included a mobile phone survey of citizens and survey of services providers. The results serve to inform ongoing GBV response and prevention efforts.

D. Social support for people of concern who have lost livelihoods due to the lockdown conditions:

This includes providing livelihoods support, including cash assistance to vulnerable caseloads during the initial period of the Level 5 lockdown. UNHCR has provided cash assistance and livelihoods support (small business grants) to refugees and asylum seekers totaling 9,254 households and 38,751 individuals across seven provinces. The ILO has supported 280 migrant domestic workers through an ongoing cash pilot transfer programme in South Africa.

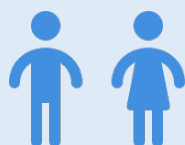
UNWomen has additionally undertaken a series of intervention to help mitigate the economic impact of the pandemic on women, working with the private sector to support women-led businesses in adapting to the pandemic. UNWomen have also helped in ensuring that a gender lens is being applied to assessments and analyses cross the UN system response.

UNFPA supported provision of menstrual health and hygiene products through the procurement of dignity kits for women and girls who are faced with period poverty which has been exacerbated by the COVID-19 pandemic in selected shelters in the Eastern Cape and in communities in KwaZulu-Natal. Whilst sanitary towels are included on Government lists as essential goods, some women and girls did not have access to the products due to the temporary closure of places where they normally receive their products (such as schools) or because of displacement or relocation to places of safety and shelter.

E. Assist and advocate for stranded migrants to access services:

Migrants, especially those without legal status, often fall through the gaps of social assistance. IOM's direct support and advocacy for inclusion in the national response are key focus areas, as is support for voluntary repatriation. ILO and IOM have aided 2,750 migrants, while IOM has worked with the Solidarity Fund providing assistance to a further 5,000 migrants and with United Way to assist a further 600 migrants. 522 migrants have received support in order to be voluntarily repatriated to their home countries.

Education



3 UN Agencies

7 Interventions and Activities

The closure of schools during the lockdown period not only led to the disruption of school activities, learning, and development and the potential derailment to education, but resulted in 9.1 million children losing access to one meal a day due to the discontinuation of the school feeding programmes.

In collaboration with Government, the private sector, and civil society, the UN support in the education sector has focused on finding solutions for the immediate period of school closures. This has been extended to the post-closure period when the focus changes to curriculum catch up and the safety of children and teachers within an educational setting. The aim has been to ensure that, within the lockdown period, pupils continue to receive some form of continuous education and development despite school closures, and to ensure that schools reopen as safely as possible.

The UN System support to the Education response has prioritised:

A. Support to the development and delivery of educational materials, content, and curricula through online and other platforms: UNICEF's work on distance learning has been key to supporting education during the lockdown, allowing families to remain safe whilst ensuring continued educational development for learners. UNICEF has played a vital role in assisting more than 3,700,000 children – and parents with distance and home-based learning using mass media and technological platforms, focused on Early Childhood Development.

In addition to the work undertaken by agencies within the educational sector, the UN in South Africa partnered with an e-learning service based in Finland, FUNZI, to launch the educational initiative "COVID-19: Adapt and Thrive". This course has aimed at engaging

adults and children on how to cope with the COVID-19 pandemic. The course, which is also supported by the Governments of Finland and South Africa, aims to deliver hope in a time of crisis by empowering people with access to essential and accurate information in an interactive and engaging way. This initiative was created in collaboration with Harambee Youth Employment Accelerator, supported by the Solidarity Fund, and was rolled out as part of the national initiative to reach three million young people during the lockdown. The course can be accessed via funzi.mobi and aimed to reach three million youth in three months.

B. Support to national educational institutions to deliver ongoing education during school closures and preparation for re-opening of schools: UNICEF has developed SOPs and guidance on safely reopening schools. These have been disseminated nationwide in order to support the education sector. To complement this, a Risk Communication programme has also been developed to raise awareness amongst children and their families on public health measures to be taken when returning to school.

UNICEF has helped reach 21 million people through COVID-19 messaging focused on staying safe at school. This includes through public Service Announcements and messaging on DSTV's SuperSport channel and the Children Radio Foundation.

To mitigate reduced school time due to the lockdown, UNICEF and the National Education Collaboration Trust (NECT) are supporting a 'curriculum trimming exercise' for the education catch-up programme, as well as with the education sector on the 'Care and Support in Teaching and Learning' (CSTL) pillar, which includes psychosocial support.

Water and Sanitation



6 UN Agencies Funds and Programmes

17 Interventions and Activities

South Africa has more than 2,700 informal settlements, with an estimated population of 6.8 million people. Informal settlements are characterised by profound inequalities in terms of access to basic services, such as water, sanitation and electricity. This reality greatly exacerbates the vectors of increased transmission of the virus. An estimated 7 million people that live in rural settlements do not have access to water. In these settlements, 26% of all schools, and 46% of clinics do not have access to water. There is a concern that informal settlements will continue to experience extremely high infection rates, given the poor access to water and sanitation, as well as their generally high population density. Many of South Africa's most vulnerable people, including many of the 266,694 refugees and asylum seekers in South Africa, live in crowded conditions and poorly sanitised environments, putting them at greater risk of contracting the virus.

The priorities of the UN system in this regard has focused on the following areas:

A. Provision and, installation of handwashing and sanitation infrastructure in informal settlements and other potentially high-risk communities:

This has focused on ensuring that key services are maintained, primarily through UNFPA supporting Government distributions in key areas. UN-led implementation of water, sanitation, and hygiene (WASH) facilities in 'hotspot' communities has seen UNICEF installing Handwashing stations in informal settlements, selected schools, clinics, and taxi ranks in 51 communities across eight provinces. Improving access to hygiene for more than 47 000 people. Working with World Vision and WaterAid, UNICEF is supporting the establishment of handwashing stations at an additional 180 locations.

ILO is working with selected municipalities in the provinces of KwaZulu-Natal, Mpumalanga, and Gauteng to also support the installation of water stations in informal markets and taxi ranks, targeting rural and the most disadvantaged communities. This work will begin in November 2020.

B. Hygiene promotion and communication: UNICEF has crafted and disseminated key hygiene-focused measures to combat COVID-19 in supporting the wider public health response.

C. Strengthen waste management and the safe disposal of COVID-19 hazardous medical and sanitary waste:

UNEP has led the UN effort to coordinate a response to waste management with communication, coordination, and innovative solutions. UNEP has established a pilot project on hazardous chemical and medical waste in the Newcastle municipality in KwaZulu-Natal; established environmental education and communication programmes regarding COVID-19 pandemic waste management; and (alongside UNIDO and UNDP) established a national multi-stakeholder COVID-19 Waste Management Platform and supported coordination, resource mobilisation, public information, and logistical efforts.

Governance and Livelihoods



7 UN Agencies Funds and Programmes

23 interventions and activities

Prior to COVID-19, South Africa already struggled with high numbers of unemployment. The unemployment rate in the past two decades has remained over 20%, with unemployment rising to 30% just before the pandemic - the highest in the last 11 years.³⁶ The first months of COVID-19 dealt a further blow with the lockdown period costing the jobs and livelihoods of approximately 3 million people.³⁷ In a context of extremely high unemployment and deep economic downturn following the pandemic, governance and livelihoods are a key sector to protect in order to enable South Africa to move into early recovery once the pandemic stabilises.

The UN strategy to support the governance and livelihood sector has involved providing support for the formal and informal economy to adapt to the pandemic, with a focus on protecting jobs and livelihoods. The UN System has used its technical expertise to enhance the capacity of national institutions to respond to this crisis. In addition, specialist UN Agencies have made efforts to ensure that strategic products remain available and are locally sourced where possible. Efforts also include engagement and involvement of civil society to ensure a wide buy-in from across the board.

The focus of the UN strategy has been on:

A. Support to the formal and informal economy to adapt and secure employment: The International Labour Organisation (ILO) has been supporting local business associations and Government to adapt to the new normal of COVID-19, with an emphasis on Occupational Safety and Health (OSH). This has included guidance to government departments, key sectors of the South African economy, and business organisations.

B. Support to Public Policy development and planning on COVID-19 and Employment: The UN System has provided targeted support to a range of national and provincial bodies to help adapt pro-employment policies in the reality of COVID-19. ILO has helped to develop guidance and planning with national and provincial government departments to adapt and respond to

COVID-19, as well as supporting NEDLAC on assessing the impact of the virus on employment and drafting policies in response. Together with UNICEF, UNDP, OHCHR and UNWomen, ILO has also conducted a feasibility study on a basic income grant. Together with other agencies, UNDP has led the UN in conducting several policy-based studies to inform immediate, medium-term and long-term government policy and programmes on recovery from the economic and social impacts of COVID-19 recovery and resilience. These include: An Emergency Needs Assessment, Socio-Economic Impact Assessment, and the Social and Governance Impacts of COVID-19. UNDP has worked with the Red Cross to assess the socio-economic impact of COVID-19 in four provinces, and the insights have been translated into a policy brief that was presented to the Department of Social Development, Public Service and Administration and the National Disaster Management Centre, with a view to tailoring social policy and disaster management recovery plans for addressing the needs of the vulnerable groups.

UNDP is working with the Eastern Cape to develop recovery plans and build resilience to crises and disasters, and formulate a new annual and medium plan for the province that is cognisant of the impact of the pandemic. Additionally, UNDP is working with authorities and the South African Local Government Association to support small businesses in the poorest local areas in their recovery from the impacts of the pandemic. In response to the disproportionate economic impact of COVID 19 on women, UNWomen have provided training and advice focused on women in the private sector, targeting 500 SMEs for increased business continuity and resilience to COVID-19.

C. Identifying products and components that can be locally manufactured to reduce dependency on imported ones: UNEP and UNIDO have helped identify local manufacturing options for key products that will help mitigate global shortfalls, delays in imports due to COVID-19, as well as investing in local production and procurement.

³⁶Bloomberg News, <https://www.bloomberg.com/news/articles/2020-02-11/south-african-unemployment-at-11-year-high-as-trade-sheds-jobs>, 11 February 2020. Accessed 16 September 2020.

³⁷ National Income Dynamics Coronavirus Rapid Mobile Survey (NIDS-CRAM).

Coordination and Resource Mobilisation



2 UN Agencies Funds and Programmes

9 Interventions and activities

The UN system has used its unique position as a multilateral organisation to build partnerships with the Government, private sector, civil society and international institutions to help catalyse a response. Among the key areas in which the UN has focused its coordination efforts are the following:

A. Coalition building, and strengthening multi-sectoral coordination at both national and subnational levels. The UN has established key partnerships with the Diplomatic Corps, the Solidarity Fund, the Government, and key partners in support of the response and recovery efforts.

The UN System, led by the Resident Coordinator, began its engagement with the Department of Social Development in the opening days of the pandemic, which was a key aspect of informing the UN System's responses. The UN's specialist Agencies, Funds, and Programmes have been in constant engagement and support of their respective Government of South Africa counterparts in responding to the pandemic.

The Solidarity Fund was created on 23 March 2020, to respond to the COVID-19 crisis in South Africa. It is a platform for the general public, civil society, and private sector to contribute to the consolidated effort of funding various initiatives. The Fund works closely with government and business, but it is independent of both. The Solidarity Fund has requested the assistance of the UN in responding to the pandemic, from a humanitarian perspective, including for the purpose of the mobilisation of communities. The UN has provided technical advice to the humanitarian pillar of the fund, with FAO, WFP and IFAD assisting on livelihoods and agricultural programming, and UNWomen on the Fund's response to GBV and IOM on assistance to Migrants. The Resident Coordinator is a member of the Fund's Technical Advisory Committee.

B. Develop Key Inter-Sector Assessments to inform the response. On the request of the Department of Social Development and the Solidarity Fund, the UN System (led by UNDP) produced a comprehensive COVID-19 Needs Assessment. This assessment provides a baseline for measuring the impact of the pandemic, informs policy responses, and has been digitised to form an online dashboard to record and measure progress in the national COVID-19 response.

UNDP has additionally led the process of developing a Socio-Economic and Governance assessment for COVID-19 that was launched with COGTA in August 2020. It has been mentioned in at least 35 online and print news stories, and has had 31 instances of coverage on broadcast news. The Senior Economic Adviser and Resident Representative appeared on three radio interviews and two television interviews between them. Media monitoring via Twitter estimated the report to have reached around 14 million, and Facebook to have reached around 13 million.

C. Engagement with Civil Society. The UN System has engaged with several civil society actors, including through the SANAC Civil society Forum, which has developed its COVID-19 strategy and operational plan with four critical pillars, thereby ensuring a coordinated community-based measure. The four pillars are: (1) contact tracing and testing; (2) advocacy; (3) communication; and (4) social mobilisation.

The UN system led by ILO has also engaged with NEDLAC and the Global Compact Network South Africa to convene the private sector to guide the response to the COVID-19 pandemic.

The UN System in South Africa launched its six-month Emergency Appeal in April 2020, that both outlined urgent financial needs and acted as the guiding document of the UN System's response to the pandemic in South Africa.

Following global guidance in repurposing funding to help address this unprecedented crisis, with more than \$12 million rapidly repurposed. In the context of a severe funding deficit across the world, a further \$13,116,424 was raised or provided by Agencies regional and global headquarters, and thus a total of \$25,130,424 has been made available for the COVID-19 response. Multi-agency UN projects focused on GBV, Livelihoods and Women in the informal economy, and are currently in the funding pipeline of the global Multi-Partner Trust Fund for COVID-19, which is seeking resources for them.

UN FUNDS PROGRAMMED

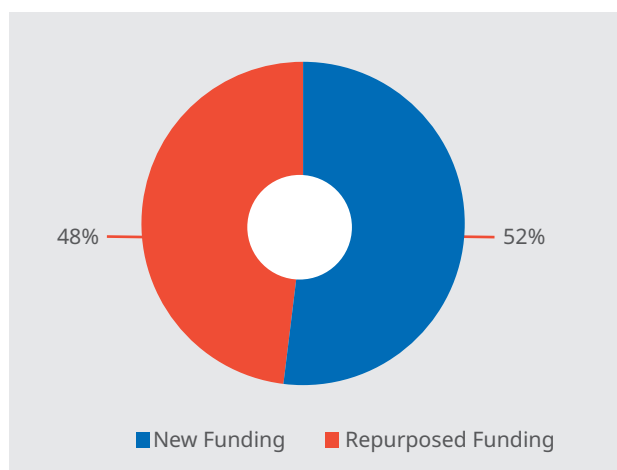


Figure 5: UN funds programmed

38

NEW FUNDS BY AGENCY

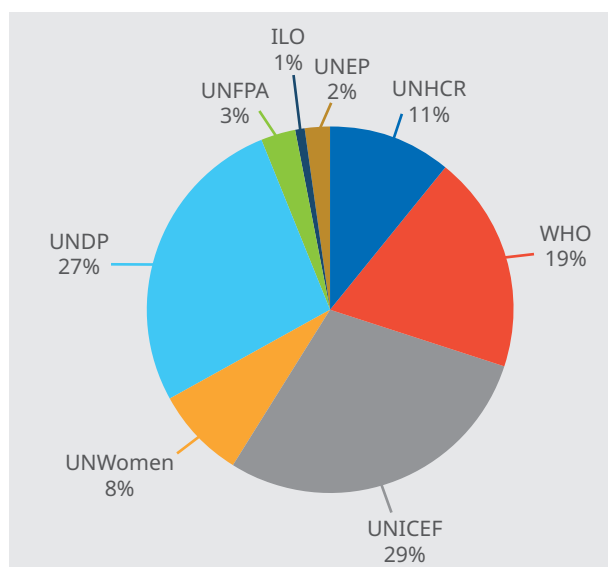


Figure 6: New funds by agency

39

Major Donors to the UN COVID-19 Response

The UN System continues to seek resources to support emergency efforts and to begin the process of socio-economic recovery from the pandemic by engaging with donors, and exploring non-traditional funding sources in the private sector. UN Agencies have benefitted from generous donations from both the government and private sector donors, including:

Donor	Recipient	Amount
Norway	UNWomen	\$370,000
Ireland	Resident Coordinators' Office/UNWomen	\$470,000
United States	UNICEF	\$1,000,000
European Union	UNICEF	\$2,000,000
Japan	UNDP	\$3,500,000
Johnson & Johnson	UNFPA	\$366 000 (in kind)
Proctor and Gamble	UNICEF	\$657,000 (in kind)
UNILEVER	UNICEF	\$124,600 (in kind)
Standard Bank	UNICEF	\$60,000

³⁸ Includes regional and headquarters contributions

³⁹ Funds include Regional and Headquarters contributions from Agencies and in kind contributions.

UN System Response to COVID-19 in 2021

The epidemiology of the COVID-19 virus in South Africa has defied the epidemiological modelling developed in the open weeks of the outbreak in the country. While infection spread rapidly, the confirmed death toll has remained low. The Government has warned that despite case numbers subsiding the virus will remain a threat and a burden for a long time to come.

The work of the UN System in South Africa is adapting to the new reality of working in the context of this pandemic in the year ahead and in the medium-term. The socio-economic impact remains harsh, and the already monumental task of achieving the Sustainable Development Goals has almost certainly been made more difficult. As the UN Country Team moves forward into 2021, it will have incorporated the COVID-19 response into the UN Sustainable Development Cooperation Framework and into the Joint Work Plans. This will allow for the alignment of the longer-term mission of the UN System in South Africa with the response to the pandemic, and ensuring that the UN response to COVID-19 is integrated into the effort to achieve the 2030 SDGs.

Challenges and Lessons Learnt

The COVID-19 pandemic impacted the implementation of the regular projects and programmes in South Africa, as was the case with many countries worldwide. The UNCT, under the leadership of the Resident Coordinator, shifted focus to incorporate pandemic-related components (issues of food security, economic stimulus packages, job/income generation for communities, post-COVID recovery efforts, adaptive management, and livelihood support) as well as repurposing budgets toward these activities. The Government of South Africa increased its focus on local communities' urgent needs and aligned this focus with potential positive environmental benefits (e.g. food security, supply chains, livelihood restoration, communication and information dissemination, and post-COVID recovery efforts).

Challenges

- **Modality of Work:** In preventing the spread of COVID-19, the government instituted several lockdowns that impacted the implementation of activities and delivery of results. UNCT relied on a

new modality of work which meant an increased reliance on technological platforms (such as MS Teams, Zoom, and Skype for Business), and subsequently an increased investment in these. Whilst remote-working and the use of virtual platforms presented many opportunities, it also highlighted the digital divide that exists within the country. In many instances the participatory and consultative processes are not as inclusive as they could be. Many stakeholder engagements were facilitated by virtual means, but not all stakeholders had adequate connectivity (internet connectivity or mobile phone signal) or access to facilities for virtual engagements. This resulted in community engagement being a challenge of its own.

- **Impact on Implementation:** In many instances, implementation was delayed due to restrictions on movement imposed by the lockdown regulations (travel bans; accessibility of project sites). The requirements under regulation for increased sanitation and social distancing, added to the complications faced in implementing projects. The lockdown restrictions impacted the groundwork that the UNCT had undertaken with government. For example, work that the UNCT was conducting with peer health mentors was not possible as a number of clinics had closed due to staff losses; many peer mentors contracted COVID-19; and many deaths of family and friends were realised. This resulted in a decrease in the number of clients accessing health services.
- **Operational constraints:** Constraints in delivering an effective and coordinated crisis response in meeting the immediate needs (whilst continuing on the delivery of already assigned projects and programs) were experienced. This includes limited capacity and financial resources to assist in the response to the COVID-19 pandemic.
- **Resource Mobilisation Challenges:** From a partnerships perspective, challenges were experienced with the mobilisation of resources from the private sector. This was due to the overall negative economic impact of the pandemic.

Lessons Learnt

Two of the key lessons learned include:

- **SDGs:** It was noted that countries who had successfully weathered the storm brought about by COVID-19, were those that invested in, and made progress on the SDGs. It can be concluded that efforts toward the SDGs must be redoubled, so that resilience may be built for the future.

- **Development versus Humanitarian:** In the South African context, a large focus has been placed on development with minimal capacity placed on humanitarian coordination. We were ill-prepared, over the past year, in terms of a humanitarian coordination support. This was experienced from both a UN and GoSA perspective, and is certainly an area on which focus and efforts must be placed to increase capacity. The UNCT provided support to the Government-established Solidarity Fund in coordinating the Funds response. This Fund was set up to mobilise resources from the private sector and other key stakeholders.

Other lessons included that Covid-19, underscored In addition to the lessons mentioned, COVID-19 underscored the need to effectively respond to risks and shocks. We have learnt that it is imperative to undertake assessments to guide programming. During the reporting period, UNCT South Africa conducted a COVID-19 Rapid Needs and Socio-Economic Impact Assessment. These assessments provided data that was used to inform the country team and partners programming. The CCA and the UNSDCF were also updated and will inform the recovery and long term responses.

A notable lesson to be taken from the pandemic is the need to act quickly and effectively. The UNCT, through its systems, was able to display that it is best-placed to respond in the instances of shocks. This was evident in the reprioritisation exercise, that saw funds being diverted to more immediate needs (as a result of the pandemic). Furthermore, we have learnt that UNCT needs to be better equipped in terms of crisis management. Many UN Agencies are not executing

humanitarian field work and have less knowledge and experience in handling emergencies such as COVID-19.

Delivering as One was evident and was a crucial part of the development and implementation of the Flash Appeal, as well as the Emergency Needs Assessments conducted. COVID-19 has no doubt made us re-evaluate how we conduct both business and daily activities. It also presented us with opportunities to build back better with stronger, more resilient economies in harmony with nature. Working within planetary boundaries is of crucial importance, as we are completely dependent on healthy and vibrant ecosystems for our wellbeing. COVID-19 has further highlighted the nexus between people, nature, and climate in the reduction of future emergencies. We must act now and consider the ways in which we can work with the environment to protect people, their livelihoods and cultures, whilst reversing the current trajectory of biodiversity loss and degradation of nature.

COVID-19 provided an opportunity for greater UNCT collaboration and delivery of an integrated UN support program through the Flash Appeal - further strengthening the Delivering As One Approach. The events of the past year have no doubt underscored the value of the UN Development System in the country, a sentiment echoed by our Government Partners.



Conclusion

The speed and severity of the COVID-19 pandemic is unmatched in recent history. It has overwhelmed public health responses in even the wealthiest countries. The global spread of this virus has taken the challenge of responding to epidemics to a new level, despite our recent experiences with them. It has also implied that national responses could not count on significant international support, financial or otherwise. Moreover, it has hobbled the logistics, travel, and transport systems that the humanitarian and the UN Systems utilise to respond to crises. There is still huge uncertainty about the epidemiology of the COVID-19 virus, and based on global experiences of a second wave there is a need for heightened alertness of surveillance systems to detect resurgence of cases and continued communication to public to not let their guard down. For the UN System, this will continue to require flexibility and adaptability to respond. This has required the repurposing of funding and the refocusing of staff and programmes that the UN System has undertaken globally.

South Africa has been particularly hard hit by this crisis. Beyond the public health implications, it has exacerbated the extreme levels of inequality in the country, contributed to record unemployment levels, and a record retraction in the economy. South Africa plays a heightened role in maintaining the regional economy of southern Africa, and the harsh socio-economic impacts will be felt through remittances and through trade for months or years to come. COVID-19 has hit at a time when the climate crisis is making itself felt globally and in South Africa, the world's 16th worst emitter of greenhouse gases, undermining national efforts to increase greenhouse gas target ambitions. However, COVID-19 can be a catalyst for positive change, in the reformation of socio-economic systems that perpetuate extreme inequality, and the reformation of systems of energy use and production to help mitigate the worst impacts of climate change.

With the generous support of our donors, the UN System in South Africa has adapted itself to the new reality, through the Emergency Appeal and refocusing of resources. The result is that the UN System has contributed significantly to the national effort to protect lives and livelihoods during this crisis. With the unwavering support of our partners, we will continue this vital work as we simultaneously begin the process of helping South Africa to build back better for a sustainable development.

Annexes

ANNEX 1: Health Activities

Priority Interventions	Key Results	Agencies and Partners
<p>A. Country-level coordination, planning, and monitoring</p>	<ol style="list-style-type: none"> 1. Developed guidelines on mental resilience of health care workers in Gauteng province. 2. Developed guidance on vehicle occupancy in the transport sector. 3. Developed guidance on safe Ramadan practices in the context of the COVID-19. 4. Supported the Eastern Cape (EC) Provincial COVID-19 Response Plan development. 5. Strengthened and streamlined the coordination structures at provincial, district, and sub-district levels by developing terms of reference and orientation of medical staff. 6. Supported information campaigns on face mask use in public health facilities. 7. Revised the contact tracing strategy in Gauteng Province, and produced guidance on hotspot identification and response. 8. Provided emergency support to Gauteng Province on COVID-19 advice on the management of testing backlogs, and testing strategy. 9. Developed criteria for releasing COVID-19 patients from isolation. 10. Supported school reopening, readiness plan development, preparation of Standard Operating Procedures (SOPs), joint planning and supportive supervisory visits, and development of the school screening data collection and reporting tools, and guidelines for school-opening in OR Tambo District, Eastern Cape. 11. Supported the development of case mapping and data visualisation for the provincial war room in KwaZulu-Natal. 12. Developed a comprehensive multi-sectoral framework to monitor and evaluate COVID-19 sector response (including education, health, water and sanitation) in KwaZulu-Natal. 13. Supported provincial modelling of the pandemic peak in KwaZulu-Natal. 14. Supported finalisation of post lockdown plan (Alert Level 4 – now to Level 1). 	<p>WHO</p>

Priority Interventions	Key Results	Agencies and Partners
	<ol style="list-style-type: none"> 15. Supported the development of provincial guidelines for management of COVID-19 in the mining industry in Mpumalanga. 16. Developed the clinic-based strategy for Mpumalanga to address COVID-19, and the broader health issues by bringing together all stakeholders and addressing stigma and other behaviour change issues. 17. Deployed an international 43-person surge team to support and advise the national Department of Health on the Covid-19 response. 18. Completed Intra Action Review (IAR) at national and provincial levels. Derived best practices and lessons for preventing and responding to resurgence of cases going forward. 19. Health screening campaign of health care workers for NCDs and mental health, including provision of psychosocial support conducted in Mpumalanga. 20. Revised COVID-19 strategy being developed in provinces which includes continuity of essential health services. 	

Priority Interventions	Key Results	Agencies and Partners
B. Risk communication and community engagement	<ol style="list-style-type: none"> 1. Implemented survey relating to COVID-19 Prevention and Care Seeking Behaviour in Gauteng. 2. Provided strategic input to the COVID-19 Campaign, titled COVIVI, which was launched on various media platforms including social media, radio, and print week commencing 6 July 2020. 3. Provided technical support to OR Tambo district, Eastern Cape, on health promotion team to increase the visibility of health messages using mass communication, radio, TV, print media, and social media. 4. Supported the development of a health promotion strategy including a costed operational plan, which looked at identifying and shielding the at risk and vulnerable groups from COVID-19 in KZN. 5. Supported implementation of District Risk Communication and Community Engagement implementation plan in KwaZulu-Natal. 6. Supported drafting of social behavioural change communication strategy for Mpumalanga. 7. A rapid desktop assessment of COVID-19 awareness was conducted and used for Behavioural Change Communication (BCC) strategy in Mpumalanga. 8. Proposal developed to support district focus on non-pharmaceutical measures in Chris Hani, in Eastern Cape. 	WHO
	<ol style="list-style-type: none"> 9. Education and information on COVID-19 was developed and disseminated through partnership with a community radio station in Nkomazi. 10. COVID-19 related PSA messages were recorded and shared on social media platforms. 	IOM
	<ol style="list-style-type: none"> 11. UNFPA partnered with several Civil Society Organizations to strengthen their capacity to deliver integrated SRHR, HIV, and GBV Social Behaviour Change Communication (SBCC) interventions, with a focus on COVID-19, in response to the needs of adolescents and young people. 12. As a result, over 1 million young people have been reached as follows: (a) through Public Private Partnership with Johnson and Johnson UNFPA, reaching 537 782 adolescent girls and young women through Community Activations, WhatsApp Sessions, Social Media, and Radio Edutainment; (b) through collaboration with LoveLife that reached 389,847 young people; and (c) through a collaboration with Siyakwazi Youth Network that reached 243 676. 	UNFPA

Priority Interventions	Key Results	Agencies and Partners
	<p>13. Education and information on COVID-19 was disseminated through mobile communication channels using a 'Virtual Mentor Mother Model' to Adolescent Girls and Young Women (AGYW) to mitigate the transmission of the virus.</p> <p>14. Continuity of early childhood education facilitated through the development and dissemination of learning materials and aid, and risk communication materials.</p> <p>15. UNICEF is providing technical support to the Department of Health on the risk communication and community engagement (RCCE) technical working group, to prevent and mitigate a resurgence of COVID 19. This work includes articulating key activities and indicators on social and behaviour change, sexual and reproductive health concerns, and planning for a holiday season campaign.</p> <p>16. Social innovation tools, such as digital rewards programmes for young people, were developed to promote appropriate practices to fight the virus in communities.</p> <p>17. A media campaign for 'National Nutrition and Obesity Week' is being developed by UNICEF and the Health Department, targeting adolescents and youth with key nutrition messages on healthy eating in the context of COVID-19.</p>	<p>UNICEF (Department of Health)</p>
	<p>18. Provision of information, education and communications material and UN Policy Guides; facilitation of inter-sectoral dialogue and experience sharing on continuation of harm reduction services at prisons and correctional facilities during COVID-19 at the national and regional levels.</p>	<p>UNODC</p>
	<p>19. Gender responsive communications on COVID-19 was developed and disseminated.</p>	<p>UNWOMEN</p>
	<p>20. Social Media engagement and support to community radio stations in the Eastern Cape on COVID-19 public awareness.</p>	<p>UNAIDS</p>

Priority Interventions	Key Results	Agencies and Partners
C. Surveillance, rapid response teams, and case investigation	<ol style="list-style-type: none"> 1. Ensuring contact tracing data quality (paper-based or digital), and data management for Gauteng. 2. Evaluation of clinical characteristics and clinical outcomes including mortality for COVID-19 admissions in Gauteng. 3. Deployed 15 Nurses to provide support with screening and testing in correctional facilities in Tshwane and West Rand in Gauteng. 4. Teams in Metros and Municipalities in the Eastern Cape have been trained on contact tracing SOPs. 5. Mission to Alfred Nzo District of the Eastern Cape to appreciate the District epidemiological status, and the critical areas of support. 6. Strengthened contact tracing activities across OR Tambo District, Eastern Cape, with specific focus on sub-districts with more active cases, by retraining members on the use of the DHIS Capture app. 7. Supported data analysis and provided technical support (daily and weekly SITREP reports) for Gauteng, Eastern Cape, Free State, and Mpumalanga, as well as for the districts (Johannesburg in Gauteng, Amathole OR Tambo, Alfred Nzo and Joe Gqabi in the Eastern Cape, Cape, Lejweleputswa in the Free State). 8. Developed provincial guidelines on the management of hospital outbreaks for KwaZulu-Natal. 9. Use of Track and Trace (TnT) system to complement the existing contact trace system in all provinces. 10. Supported Free State province with the rollout of Go.Data in all districts, a WHO data management system, for comprehensive data management of COVID-19 response. 11. Primary Health Care nurses trained on case investigation in Xhariep district in Free State. 12. Revised quarantine/isolation site monitoring tool for timely detection of COVID-19 symptoms in Mpumalanga. 13. Support with indicators and threshold for resurgence trigger alerts at provincial and district levels. Resurgence plans are being developed. 14. GIS mapping of cases conducted in North West province. 	WHO
D. Points of entry, international travel, and transport	<ol style="list-style-type: none"> 1. Cross border collaboration at inter-provincial and international borders (with eSwatini and Mozambique at ground crossings). 2. Comprehensive border screening at Botswana border among truckers. 	WHO

Priority Interventions	Key Results	Agencies and Partners
E. National laboratories	<ol style="list-style-type: none"> 1. Supported rollout of the targeted screening and testing to improve efficiency of laboratory performance in Eastern Cape. 2. Supported the development of a revised testing strategy to prioritise specimens of high-risk individuals and health care workers in KwaZulu-Natal and Mpumalanga. 	WHO
F. Infection Prevention and Control	<ol style="list-style-type: none"> 1. Assessment of quarantine and isolation facilities in Johannesburg in Gauteng. 2. Interventions to reduce COVID-19 infections in long-term residential care facilities (LTCF) . Development of supportive supervision checklist/self-assessment tool; Conducted supportive supervision visits using the tool and provided advice on recommended IPC practices. 3. Supported the investigation of health workers' infections at Helen Joseph Hospital, Johannesburg and developed an intervention plan to prevent further infections among health workers. 4. Rapid risk assessment of potential COVID-19 infection in Butterworth Hospital, Amathole District, Eastern Cape. 5. Supportive supervision of Port Elizabeth Field Hospital in the Eastern Cape, Stanger Hospital, and Netcare St. Augustine's Hospital in KwaZulu-Natal, with a focus on IPC. Visited St Augustine's hospital for IPC implementation assessment based on previous recommendations. 6. IPC risk assessment in Nompumelelo provincial hospital in Amathole district, and Saint Bernard Hospital in OR Tambo district of Eastern Cape. 7. Guidance on appropriate PPE for various cadres of staff has been shared with unions. 8. Coordination of facility preparedness using WHO guidance in the Free State province and district (Fezile Dabi, Xhariep). 9. IPC workshops and facility risk assessment conducted in districts and sub-districts of Free State province. 10. WHO IPC score card (IPCAT2) introduced in provinces for utilisation and shared with health facilities. 11. Training on IPC for hospital staffs conducted . 	WHO

Priority Interventions	Key Results	Agencies and Partners
G. Case Management	<ol style="list-style-type: none"> 1. Supported development of the protocol on the referral pathway including admission criteria, to assist in managing the increased demand for beds. 2. Hospital readiness assessment conducted in Free State (Stoffel Cotzee hospital, Diamante hospital, Boitumelo RH, Tokollo DH, Winburg DH, Fezingubo DH, Parys DH) and Mpumalanga. 3. Training of clinicians on case management and standardization of mortality reviews conducted in the Free State and Gauteng. 4. Developed guideline to support mental health and wellness among health workers in Mpumalanga during the COVID-19 response. 	WHO
H. Operational support and logistics	<ol style="list-style-type: none"> 1. PPE procured for Health workers to provide emergency sexual and reproductive health services in 40 facilities in Uthukela and Alfred Nzo, Eastern Cape. 2. PPE; 10,000 masks; 10,000 gloves; and 600 litres of sanitizer liquid procured and distributed to women living with HIV in communities and care programmes. 3. PPE procured through the Common Services branch and disseminated to support health care workers, particularly those in service to maternity, new-born care, and providing sexual reproductive health services (SRH). 	UNFPA
	<ol style="list-style-type: none"> 4. Delivery of PPE to four informal waste sector organizations as part of the implementation of the national guideline of waste-picker integration. 	UNEP
	<ol style="list-style-type: none"> 5. Procurement of PPE materials for shelters that house victims of trafficking, as well as for the Department of Home Affairs immigration officials. 6. Provision of PPE to counsellors, social workers, prosecutors in the criminal justice system, and in Crisis Centres to ensure continuity of services during COVID-19. 	UNODC
	<ol style="list-style-type: none"> 7. WHO provided 10 laptops and dongles to KwaZulu-Natal province to strengthen data management. 8. An electronic bed management system has been developed in KwaZulu-Natal. Training manual and training plan is under design. 9. WHO provided laptops, tablets, routers, data clerks, and data managers to the Free State to facilitate data management. 	WHO

Priority Interventions	Key Results	Agencies and Partners
	<ol style="list-style-type: none"> 10. Procured and distributed R3.3 million PPE to the City of Johannesburg and the National Disaster Management Centre. The donation resulted in 14 470 units of PPE going to the City of Johannesburg’s health facilities, 27 110 to emergency services, and 5000 cloth masks being circulated to community outreach facilities. 11. Distributed masks to 88 households in the Bremmer Informal Settlement in Pretoria, with the IFRC. 	UNDP
I. Maintaining essential health services during an outbreak	<ol style="list-style-type: none"> 1. Virtual training session with the Free State province on the initiation of Polio Environmental surveillance. 2. Introduce Polio Environmental surveillance to the Eastern Cape and KwaZulu-Natal Provinces. 3. Review and finalisation of the country annual polio update report to the Africa Regional Certification Commission (ARCC). 4. Provided inputs to the Maternal Neonatal and Child Health policy. 5. Guidance on the management of Mother-Neonatal pair in COVID-19. 6. Development of breast-feeding messages during COVID-19. 7. Drafted write up of “Early effect of COVID-19 on routine reproductive health care services in Gauteng province”. 8. For KwaZulu-Natal, guidelines developed for the alternative dispensing of medicine using various strategies (use of community health workers for the home delivery of medicines, scale up of Chronic Medication Dispensing and Distribution (CCMDD) model and pick-up points, multi-month dispensing, and remote script renewal amongst others) for high risk patients to ensure limited visits to the health facility and therefore reduce possible exposure to COVID-19. Districts such as Harry Gwala, uMzinyathi and King Cetshwayo have adopted the WHO supported strategy to ensure home delivery of chronic medicines to patients using bicycles. 9. Screening for comorbidities has been added to the COVID-19 screening tool. Some of the districts are also assessing adherence and severity of chronic diseases, and checking Road to Health cards during community screening. 10. Developed multi-sectoral, multidisciplinary clinic-based COVID-19 response strategy targeting to maintain essential health services at community level in Mpumalanga. 11. Planning for continuity of essential health services conducted for all provinces. 	WHO

Priority Interventions	Key Results	Agencies and Partners
	<p>12. Support and strengthen the OHS and COVID-19 coordination structures for the provincial public health facilities (hospitals) in the Eastern Cape.</p> <p>13. Training of specific groups of health workers and provide materials and tools relevant for health workers.</p>	ILO
	<p>14. UNFPA in collaboration with Department of Social Development and Department of Health appointed a service provider to support delivery of essential SRHR and maternal and new-born health services through integrated mobile clinic to reach those furthest in need.</p> <p>15. The mobile clinic was operational in Kwa-Zulu Natal in September 2020, in Amajuba, Uthukela, Umgungundlovu, Ethekwini, Ilembe, and Ugu districts. UNFPA will support delivery of a similar package of services in Eastern Cape in October 2020, in Nelson Mandela Bay Metropolitan City, in six locations within Alfred Nzo Municipality Districts.</p> <p>16. Package of care in both these provinces includes the following: (a) provision of contraceptives, HIV testing, Sexually Transmitted Infections, TB, COVID-19 screening and testing, as well as referral and follow up care; and (b) mammograms, cervical smear, clinical breast examinations (taking social distancing into account).</p>	UNFPA
	<p>17. UNICEF and partners are supporting the expanded immunization programme and overall primary health care system. The focus will include 12 priority districts and seven metropolitan municipalities which were harshly affected by COVID-19. The catch-up drive will include nutrition screening and micronutrient supplementation, deworming, immunisation, screening and referrals for HIV testing, and treatments of children under five years.</p> <p>18. UNICEF is supporting the Department of Health in implementing the new Prevention of Mother to Child Transmission (PMTCT) guidelines to identify any gaps. This includes collaborating with the Clinton Health Action Initiative to support provinces and districts in data analysis considering COVID-19 and the new PMTCT guidelines. The project will inform the development of a toolkit to support data analysis and interpretation for maternal and child health programmes, with a focus on HIV and PMTCT.</p>	<p>UNICEF</p> <p>(Department of Health/ Clintons Health Action Initiative/ Foundation for Professional Development)</p>
	<p>19. PLHIV survey focusing on access to services for HIV, as well as needs for COVID-19 protection. Distributed cash assistance for airtime to enable responses. Supporting similar work on women and GBV during COVID-19.</p> <p>20. Monitoring interruption of HIV and TB services with SANAC, NDOH and CSOs. Follow-up on those abandoning services in Gauteng. Documentation of good practice in follow-up of HIV services during COVID-19 in Mpumalanga.</p>	UNAIDS

ANNEX 2: Food Security and Nutrition

Priority Interventions	Key Results	Agencies and Partners
A. Support to improving food security and nutrition, including through EBA	1. Development and initiation of a project on “Food and Nutrition Security in the context of COVID-19 in South Africa: Civil Society Action Planning” by the C-19 People’s Coalition (C-19).	FAO (C-19 People’s Coalition)
	2. Support to the Solidarity Fund partnership for the second phase of their food security response, targeting 35,000 small farmers, mainly women, for a voucher distribution (R2,000) to enable them to purchase agricultural inputs. FAO, WFP, and the International Fund for Agricultural Development (IFAD) are working together with Government and the Solidarity Fund, to identify beneficiaries across the nine provinces, providing technical assistance and choosing the appropriate voucher modalities.	FAO
	3. UNDP partnered with the Institute of Natural Resources to enhance food security and nutrition in vulnerable households through the implementation of sustainable home gardens. Besides improving the food security in targeted households/communities, the project encourages the use of low-cost sustainable gardening practices, such as using local materials, practicing water-saving, and reusing wastewater (specifically grey water) and nutrient recovery, from household biowaste. Community facilitators have been trained on the gardening methods and provided with the tools/PPE to start training households to implement the sustainable gardens.	UNDP
	4. Strengthen capacities of communities, especially women and young people through training on EBA approaches, known to enhance nutritional quality of food under the changing climate.	UNEP
	5. Strengthen the capacity of municipalities to implement EBA approaches, and increase the resilience of local communities through access to nutritious food, by improving access to water.	
	6. Distribution of 1,800 food parcels and water buckets for beneficiaries on HIV treatment, provided by the Department of Social Development.	UNAIDS
	7. Distribution of food parcels to 200 households of women living with HIV in seven communities.	UNWomen
B. Monitor and assessing food security	1. Rapid assessment of the impact of COVID-19 on agriculture and food security, together with the Department of Agriculture, Land Reform and Rural Development (DALRRD).	FAO
	2. Dissemination of guidance for policy and operational frameworks, on integrating the use of EBA, to increase water availability and build more resilient food systems that guarantee nutritional quality under the changing climate.	UNEP

ANNEX 3: Protection, Gender and Gender-Based Violence

Priority Interventions	Key Results	Agencies and Partners
A. Technical Support and Capacity building of government and partners	1. Support to the National Strategic Plan on Gender-Based Violence with a policy brief on Care Work for Care Jobs.	ILO
	2. Technical guidance and capacity building for South African Judiciary on addressing GBV cases during COVID-19 - KwaZulu-Natal Cluster.	OHCHR (Judicial Education Institute)
	3. Technical guidance on the implementation of the UN Secretary General Policy Brief on Disability Inclusion in COVID-19 response and on the integration of human rights of persons with disabilities in socio-economic response to COVID-19.	OHCHR (Department of Youth, Women, Persons with Disabilities)
	4. Review of COVID-19 regulatory framework from a human rights perspective.	OHCHR
	5. Technical guidance on the right of peaceful assembly in the context of COVID-19 and its public health limitations, and identification of the obligations of States in guaranteeing the right while protecting individuals from COVID-19.	OHCHR (Centre for Human Rights, University of Pretoria)
	6. Technical guidance and support to the South African Human Rights Commission (SAHRC) monitoring the human rights impacts of COVID-19.	OHCHR (SAHRC)
	7. Technical expertise on the application of international standards including the UN Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules), and the UN Convention against torture in the context of persons deprived of liberty.	OHCHR/RCO/ UNODC (Department of Justice and Correctional Services)
	8. Technical guidance on the use of force by law enforcement officials to implement the lockdown, by adhering to the human rights obligations South Africa has ratified and exercising restraint in the use of force, as well as acting in proportion to the seriousness of an offence and the legitimate objective to be achieved.	OHCHR/UNHCR/RCO DIRCO

Priority Interventions	Key Results	Agencies and Partners
	9. Technical guidance provided to the National Preventive Mechanism on the prevention of torture (established under the SAHRC) on the advice of the sub-committee on prevention of torture, encouraging states to take full account of all rights of persons deprived of liberty and their families, and detention and healthcare staff, when taking measures to combat the COVID-19 pandemic.	OHCHR (SAHRC/DoJC/NPM)
	10. Targeted technical support to the criminal justice system to operationalise service delivery to victims/survivors of GBV. 11. Guidance and support focused on strengthening the technical capacity of the Departments of Home Affairs and Social Development to respond to the needs of refugees and asylum seekers during the humanitarian emergency. 12. Guidance and support to women’s human rights defenders, to establish a platform to exchange experiences on addressing SGBV during COVID-19, share practices on how to protect SGBV survivors during the pandemic, and exchange ideas and recommendations on how to jointly advocate for the inclusion of SGBV issues in COVID-19 response planning and policy implementation.	OHCHR/IOM/UNHCR/ ILO (Rise Up Against Gender Based Violence, South Africa)
	13. Guidance and support focused on strengthening the technical capacity of the Departments of Home Affairs and Social Development to respond to the needs of refugees and asylum seekers during the humanitarian emergency.	UNHCR
	14. Targeted technical support to the criminal justice system to operationalise service delivery to victims/survivors of GBV.	UNODC
	15. Facilitation of Presidential engagements to discuss the impact of COVID-19 on Women Owned Enterprises. 16. Service providers engaged to train and provide mentorship to the 200 identified Women Owned Enterprises.	UNWomen

Priority Interventions	Key Results	Agencies and Partners
	<ol style="list-style-type: none"> 17. Assess COVID-19 preparedness and response plans to identify how gender is being mainstreamed, and to identify gaps and opportunities to strengthen the integration of gender in these key frameworks. 18. Develop advocacy and campaign messages, policy briefs on impacts of COVID-19 on women and girls targeted at key stakeholders including government and partners. 19. Project to document and disseminate best-practices and lessons learned on gender integration in COVID-19 response and recovery. 20. Train 250 individuals from key stakeholders involved in the COVID-19 response on GBV prevention and response, using IASC GBV in emergency guidelines. 	UNWomen
B. Strengthened prevention, protection and support services to vulnerable populations	1. Provision of PPE to 2500 vulnerable individuals in migrant communities.	IOM
	<ol style="list-style-type: none"> 2. UNDP launched advocacy and communication campaigns, such as: (i) Kindness Contagion: a campaign that involved musicians from the continent creating art to promote kindness as a tool for social cohesion; (ii) Comics Communication Campaign. The objective of this campaign is to promote kindness as a tool for social cohesion; (iii) Two campaigns to address bystanderism in responding to GBV; and (iv) a communication campaign focusing on adolescents with disabilities. 3. Launched a “Call to Creatives” to help respond to COVID-19. This resulted in a song about Kindness Contagion being recorded. The song brought together 25 artists from across the African continent and appealed for communities to spread kindness. This also resulted in a partnership between UNDP and the South African Creatives Industries Incubator. 4. Working with association of community advice offices, developing community profiles for intervention in most affected districts, and health, human rights and social protection measures to build community resilience in 15 districts in four provinces. 	UNDP
	5. Provision of community-based mental health and psychosocial support to 23,500 children, parents and primary caregivers, with a focus on migrant and other vulnerable children and families through ChildLine.	UNICEF/(DSW/Childline)
	6. Produced ‘What excites us, unites us’ - a video about the power of football to unite people and to advocate for the rights of migrant and refugee children was re-released on the Sport and Development platform and across UNICEF’s platforms.	

Priority Interventions	Key Results	Agencies and Partners
	<p>7. To promote gender equality and human dignity UNFPA supported provision of menstrual health and hygiene products to ensure that women and girls who don't have access to products, do not turn to unhygienic materials (that may lead to infections), by procuring dignity kits for women and girls who are faced with period poverty. A reality which has been exacerbated by the COVID-19 pandemic. Procurement of menstrual health and hygiene products for women and girls in selected shelters in Eastern Cape and KwaZulu-Natal communities. Procurement of menstrual health and hygiene products for indigent families identified by the Department of Women, Youth and Persons with disabilities in Eastern Cape and KwaZulu-Natal.</p> <p>As a result, UNFPA;</p> <ul style="list-style-type: none"> · Restored dignity of 25 900 women and girls through provision of sanitary towels. · Improved hygiene to 19 260 women and girls through the provision of soap. · Improved hygiene circumstance of 800 women and girls through the provision of face masks. 	UNFPA
	<p>8. Support to community-based radios, women and youth organizations, Kwa-Zulu Natal Christian Council, Eastern Cape Traditional Leaders to create awareness, share information on the GBV prevention as well prevention and management of COVID-19 in Kwa-Zulu Natal and Eastern Cape.</p>	UNHCR (Zoe-Life Innovative Solutions/Eastern Cape Refugee Centre/Umoja Skills Development/Judo for Peace SA)
	<p>9. Collaborated with South African National AIDS Council and UNAIDS to review impact of COVID-19 to South Africa Sex Workers' access to integrated SRH/HIV/STIs and TB services.</p>	UNHCR
	<p>10. Provided technical support to Higher Health's approach to national promotion of student health and wellness in the Post School Education, Training (PSET) sector. This is combined into seven focus areas (COVID-19; HIVSTI/TB; SRHR; GBV; Mental health; substance abuse; LGBTQI as well as disability de-stigmatisation & evaluation) and strengthened guidelines in reparation of re-opening of campuses, re-programing SRH targets to catch up on targets missed due to lockdown.</p> <p>11. COVID-19 messaging through SMS bulk messages was circulated in the Western Cape Province, reaching 4,000 devices with risk communication messaging.</p>	UNHCR

Priority Interventions	Key Results	Agencies and Partners
	<p>12. Establishment of an Emergency GBV Referral System during lockdown with 85 NGOs and churches to bolster Government capacity.</p> <p>13. Support to psychosocial services and counselling to children survivors of violence.</p> <p>14. Support to GBV case work in the legal system.</p> <p>15. Public information campaigns to raise awareness of GBV and options for survivors during lockdown, and maintenance of a 24-hour helpline for victims of GBV.</p> <p>16. Emergency food relief to 25 child headed households and 25 women and their families.</p> <p>17. Facilitation of online dialogue services to offer advice and guidance on GBV/VAWC during the lockdown period.</p> <p>18. Targeted (with support through the South African Bishops Conference in Tshwane, Sedibeng, uMgungundlovu, Cape Town, Klerksdorp, Johannesburg, and Bojanala - Deploying community workers) education to communities and provision of psycho-social support to vulnerable households, supporting survivors of GBV and distributing food parcels to vulnerable populations.</p>	<p>UNWOMEN (Lithalabantu/Southern Africa Catholic Bishop Conference)</p>
	<p>19. Support to the National Shelter Movement of South Africa and other partners, by providing material support for three shelters in Mpumalanga and one shelter in North West Province.</p>	<p>UNWomEn (National Shelter Movement)</p>
	<p>20. Provision of technical expertise as a facilitator for a concerted 100-Day advocacy campaign by faith community to fight GBV, involving multiple faith-based networks and coordinating bodies.</p> <p>21. Establishment of GBV hotlines and support referral systems including community structures/volunteers to access information and report on GBV cases.</p> <p>22. Support to community-based radios, women and youth organizations, religious and community leaders to create awareness, and to share information on the prevention and management of COVID-19.</p> <p>23. Development and dissemination of key advocacy messages on the value addition of women in decision making and strategic responses to COVID-19, and advancing women's voices in all aspects of preparedness planning, response and recovery stages of the pandemic.</p>	<p>UNWomEn</p>

Priority Interventions	Key Results	Agencies and Partners
C. Data collection and analysis	1. Rapid assessment of the impacts of COVID-19 on migrant workers in SADC Member States.	ILO (Southern African Development Community)
	2. Rapid Assessment completed of women in the informal sector (domestic workers, hawkers, ECD minders, and others) to ensure their inclusion in the various supply chain databases and special socio-economic rescue initiatives to preserve livelihoods and maximise post-pandemic recovery potential.	UNWomen (Department of Social Development)
	3. Online Survey on GBV has been completed and data analysis is in progress. Preliminary tally shows 12,000 respondents completed the survey.	
	4. UNWomen support to a National Shelter Movement of South Africa and other partners to assess the impact of COVID-19 on women in Mining Communities in Limpopo and the Northern Cape.	UNWomen (National Shelter Movement)
	5. Support the integration of gender in recovery assessments, including post disaster needs assessments for COVID-19 to inform recovery and resilience building frameworks.	UNWomen
	6. Support 50 partners (CSOs, women and youth networks, government, legal institution) to assist, monitor, document, and share information on violence against women and girls due to COVID-19.	
D. Social and livelihood support to vulnerable populations	1. Two rounds of Cash transfers assisting 1,250 vulnerable migrant domestic workers.	ILO
	2. A partnership with two private sector firms (Naspers and iSpani), implementing an NGO (Afrika Tikkun) to design and deliver a project focused on youth unemployment, data collection in the field during COVID-19 lockdown, food security, and supporting the informal economy in urban informal settlements. The project has trained youth in collecting data on a task-based application to gain a better understanding of vulnerability and food insecurity in communities in Gauteng. Identified vulnerable households are provided with an emergency relief voucher via an e-wallet which they can redeem at recognised retail outlets. Spaza shops and informal traders have also been registered to be able to redeem these vouchers, thus supporting the informal economy during the exacerbated vulnerability caused by COVID-19.	UNDP/UNICEF

Priority Interventions	Key Results	Agencies and Partners
	3. Provision of cash assistance to refugees and asylum seekers affected by COVID-19 and the lockdown. 7,717 households and 32,320 individuals received assistance across seven provinces.	UNHCR (Refugee Social Services/ The Adonis Musati Project/Future Families/Hand in Hand Development/Scalabrini Centre of Cape Town)
	4. Provision of food parcels and sanitisers to 527 households of women micro-entrepreneurs.	UNWomen
	5. Partnership with private sector companies and Government to employ and buy from women owned businesses protection and hygiene kits to provide to vulnerable women and girls.	
	6. Linking women in the informal sector to emergency relief packages and social protection packages.	
E. Assist and advocate for stranded migrants to access services	1. 1,500 migrants received direct assistance, and 522 migrants were supported to voluntarily return to their home countries. 2. Technical support to the Solidarity Fund for inclusion of 5,000 migrants into the cash voucher distribution programme. 3. Technical Support to United Way for the inclusion of 600 migrants into the food parcel distribution programme.	IOM (Depts of International Relations/Home Affairs)

ANNEX 4: Education

Priority Interventions	Key Results	Agencies and Partners
A. Support to development and delivery of educational materials, content and curricula through various platforms	1. 3,700,000 children and parents supported with distance and home-based learning using mass media and technological platforms, focused on Early Childhood Development.	UNICEF (Dept. of Basic Education/, LEGO Foundation/ Dept. of Social Development/ civil society organisations.
	2. FUNZI educational initiative on "COVID-19: Adapt and Thrive" launched to engage adults and children on how to cope with the COVID-19 pandemic.	UNICEF/ RCO (Government of Finland/Harambee Youth Employment Accelerator)

Priority Interventions	Key Results	Agencies and Partners
<p>B. Support to national educational institutions to deliver ongoing education during school closures and preparation for re-opening of schools</p>	<ol style="list-style-type: none"> 1. A partnership with the Council for Scientific and Industrial Research (CSIR) to implement its low-cost internet connectivity project, based on television white space technology. The UNDP has provided further resources to scale this initiative. This low-cost internet roll-out will be piloted in 4 selected rural communities, within schools/clinics/businesses, etc., to provide internet access to 1200 people. 4 ICT SMMEs will be supported to roll out the innovative technology, each employing 5-8 individuals. Furthermore, public WIFI hot spots will be created, providing internet to an additional 1600 users. As a result of this project/partnership, CSIR and UNDP are also exploring broadening their partnership to support areas of water management, COVID 19 PPE, youth employment, renewable energy, etc 	<p>UNDP</p>
	<ol style="list-style-type: none"> 2. SOPs developed for the basic education sector to provide guidance to schools and education offices on how to prepare for the re-opening of schools. 3. Risk Communication and Community Education materials have been drafted to support the safe return to school. 4. 21 million people have been reached through COVID-19 messaging focused on staying safe at school. This includes through public Service Announcements and messaging on DSTV's SuperSport channel and the Children Radio Foundation. 5. To mitigate the reduced school time due to the lockdown, UNICEF and the National Education Collaboration Trust (NECT) are supporting a 'curriculum trimming exercise' for the education catch-up programme, as well as with the education sector on the 'Care and Support in Teaching and Learning' (CSTL) pillar, which includes psychosocial support. 	<p>UNICEF Department of Basic Education/ National Education Collaboration Trust</p>

ANNEX 5: WASH

Priority Interventions	Key Results	Agencies and Partners
<p>A. Provision of WASH infrastructure and supplies in informal settlements and other potentially high-risk communities</p>	<p>1. ILO is working with selected municipalities in the provinces of KwaZulu-Natal, Mpumalanga and Gauteng to also support the installation of water stations in informal markets and taxi ranks, targeting rural and the most disadvantaged communities. This work will begin in November 2020.</p>	ILO
	<p>2. UNDP and the Water Research Commission partnered to release a call to identify innovations that can address the country's water challenges, particularly those exacerbated/introduced during COVID -19. 36 innovation applications were received addressing the provision of water supply in communities, greener water treatment solutions, water education platforms, water management techniques e.g. borehole identifiers, greener sanitation options, touchless taps and more. 16 shortlisted applicants were invited to a pitching session where they were evaluated by a panel of technical experts. The selected innovations will be awarded an opportunity to conduct field testing to further develop their solutions, and a possibility of partnering with investment providers.</p>	UNDP
	<p>3. Provision of over 3,920 bars of soap, 5,090 sanitary towels, and 4,125 masks to the Department of Women and the Department of Social Development, for distribution to youth persons with disabilities and GBV response shelters.</p>	UNFPA (Depts. of Women/ Social Development)
	<p>4. Procurement of sanitary dignity kits in collaboration with the Department of Social Development, for distribution in KwaZulu-Natal and the Eastern Cape.</p>	UNFPA
	<p>5. WASH supplies provided to the Department of Social Development and COGTA (8,241 sanitizers and 4,500 soaps).</p>	UNFPA
	<p>6. Handwashing stations installed in informal settlements, selected schools, clinics and taxi ranks in 51 communities across eight provinces.</p>	UNICEF (World Vision/ WaterAid)
	<p>7. UNICEF and World Vision distributed 2,850 WASH kits to vulnerable households in the Free State, and Gauteng provinces. Each WASH kit includes critical supplies such as masks, soap, sanitiser, a bucket and WASH education materials. These kits cover a family for at least three months</p>	UNICEF (World Vision/ WaterAid)
	<p>8. UNICEF is partnering with WaterAid on the installation of 80 handwashing stations in schools and vulnerable communities in Gauteng and Limpopo provinces. The partnership will also provide an opportunity to improve community knowledge and practices to prevent and mitigate the impact of COVID-19.</p>	UNICEF (World Vision/ WaterAid)

Priority Interventions	Key Results	Agencies and Partners
B. Hygiene promotion and communication	1. UNDP opened a Call to Creatives in South Africa. The call was to artists to submit works that captured the key messages of UNDP regarding COVID-19 prevention and response. Over 70 art works were received, and a panel of evaluators selected the most relevant and moving pieces. The artists of these works were profiled on social media and other platforms, and their works have since been used in other UNDP knowledge products such as the Annual Report and project calls. In addition, UNDP partnered with the South Africa Creative Industries Incubator to produce a song called "Kindness Contagion" which included musicians across Africa collaborating around this key UNDP message. The music video was launched in a virtual session including many of these artists and other stakeholders from across the country.	UNDP
	2. Development and dissemination of key messages on hygiene promotion related to COVID-19. 3. UNICEF developed a field guide on 'How to build your own Tippy Tap' and digital rewards partner Zlto created related short course about the guide. By mid-September, 9,291 people had completed the Tippy Tap course. An estimated 1724 youths uploaded evidence of building a Tippy Tap on the Zlto platform to claim their digital rewards.	UNICEF (Zlto)
C. Strengthen waste management and safe disposal of COVID-19 hazardous medical and sanitary waste	1. Increased capacity and support to key municipalities in safe and environmentally sound management of hazardous medical and chemical waste, with a focus on the Newcastle Local Municipality as the Pilot Project.	UNEP (Department of Environment, Forestry and Fisheries/CSIR, Department of Health -Environmental Unit)
	2. Established environmental education and communication programmes regarding COVID-19 pandemic waste management in communities, including webinars, press material, development of key messages and developing a Gauteng focused waste-reclaimer case study.	UNEP (Department of Environment, Forestry and Fisheries/ Department of Health (Environmental Unit)/ Sustainable Seas Trust/WESSA/Plastics SA)
	3. Establishment of national multi-stakeholder COVID-19 Waste Management Platform and supporting coordination, resource mobilisation, public information, and logistical efforts.	UNEP/UNDP/ UNIDO (National and Western Cape provincial Government/Civil Society and Private Sector organisations)

ANNEX 6: Governance and Livelihoods

Priority Interventions	Key Results	Agencies and Partners
A. Support to the formal and informal economy to adapt, and secure employment	1. Development of several tools for BUSA and other business organisations to be used by their members, focused on COVID-19 related workplace issues and business continuity enterprise survey tools. Business for South Africa was assisted in the design of a 'Return to Work Guideline'.	ILO (BUSA)
	2. Capacity building for 2,000 participants (of which 600 are South African based), including employers and workers' representatives, academia, media, OSH Inspectorate officials from Labour, Health and Mines, local authority officials, researchers on COVID-19 OSH.	ILO (African Union Development Agency: NEPAD)
	3. Development of OSH and COVID-19 guidelines targeting sectors such as education, food and retail, and mining as well generic guidance on COVID-19 risk assessment.	
	4. Support to the development of national OSH profile for COVID-19, with a focus on the informal economy as well as gender dimensions.	ILO (Department of Employment; Labour/ Compensation Fund)
	5. Support to the Department of Employment and Labour as well as the Compensation Fund in coming up with necessary guidelines in the context of COVID-19.	
	6. Support to the National Department of Public works in developing a comprehensive guideline on COVID-19 prevention on public works programmes in South Africa.	ILO (Department of Public Works)
B. Support to Public Policy development and planning on COVID-19 and Employment	1. Support to the Department of Public Works on the development of a National Infrastructure-led Recovery strategy.	ILO (Department of Public Works)
	2. Support to MISA in the planning and implementation of its Employment stimulus package on job creation following the impact of COVID-19.	ILO (Municipal Infrastructure Support Agent (MISA))
	3. Support to the Limpopo Department of Public Works in the development of a business plan for COVID-19 on EPWP.	ILO (Limpopo Department of Public Works)
	4. Additional support to the Department of Public Works on a business plan for increasing employment and business opportunities for the vulnerable people in the province of Limpopo in order to mitigate the impacts of the pandemic.	
	5. Development of a "Concept Note on Making NEDLAC Fit for Purpose" with the NEDLAC Secretariat. Scenario based planning is ongoing to support a review of NEDLAC.	ILO (National Economic Development Council)

Priority Interventions	Key Results	Agencies and Partners
	<p>6. Rapid assessment of the impacts of the COVID-19 shock on employment and the labour market in South Africa.</p> <p>7. Technical Support to the Formulation of a National Employment Policy (tailored to the needs during/after the COVID-19 crisis).</p>	<p>ILO (Department of Employment and Labour/ NEDLAC)</p>
	<p>8. Feasibility study of social assistance scheme (Basic income grant) for citizens between 18 and 59 years old.</p> <p>9. Consensus reached on a Social assistance scheme option, informed by international good practices in a context of social dialogue.</p>	<p>ILO/UNICEF/ UNDP/ OHCHR/ UNWomen (DSBD, NEDLAC)</p>
	<p>10. Lead the report and policy brief on recommendations for addressing the COVID-19 crisis response with the National Disaster Management Centre and Eastern Cape Office of the Premier, to assist with continued crisis response, resilience, and early recovery in preparation for next planning cycle.</p> <p>11. Financial and technical support for the functioning and strengthening of governance systems COVID-19 response and case management</p>	<p>UNDP (Department of Social Development/ National Disaster Management Centre/Red Cross South Africa)</p>
	<p>12. Support to SALGA on strengthening the ability of Informal, Micro and Small businesses to recover from COVID-19.</p> <p>13. 50 tailors have been selected to receive R26 000 each to produce masks for vulnerable communities and will be expected to produce 2,000 masks each which will be handed over to municipalities who in-turn will identify beneficiaries.</p> <p>14. A six months youth entrepreneurship business development programme has been developed to assist young entrepreneurs. The project has graduated and provided seed grants to 8 entrepreneurs of which 3 were women owned enterprises. The second phase has now enrolled an additional 12 entrepreneurs to benefit from the same programme with 50% of the beneficiaries being women.</p>	<p>UNDP (South African Local Government Association)</p>
	<p>15. Provision of mentorship/business advisory services, coaching and training programmes to women in businesses and in 500 SMEs for increased business continuity and resilience to COVID-19.</p>	<p>UNWomen</p>

Priority Interventions	Key Results	Agencies and Partners
C. Identifying products which can be locally manufactured to reduce dependency on imports	1. Identification of seven entrepreneurs to support business continuity for essential production, targeting water, sanitation and hygiene, food security, PPE, sustainable tourism, and essential services.	UNEP/UNIDO
	2. The UNDP COVID-19 Detect and Protect Global Innovation Challenge, held in partnership with Google, Amazon, Hackster, and more, created open-source hardware solutions for COVID-19. To support initial tech transfer and implementation efforts, five African countries including South Africa were tasked with building, adapting and testing some of the winning solutions. The relevant equipment to build these solutions was shipped to South Africa, including high-end 3D printers. Working with our partners Tshimologong Innovation Precinct and Hackster South Africa, a marathon was held to build local automatic hand sanitizer dispensers, contactless thermometers, face mask detection software, and low-cost pulse oximeters. All these innovations are currently being tested, after which they will be presented for possible investment by the innovation challenge private sector partners.	UNDP

ANNEX 7: Coordination and Resource Mobilisation.

Priority Interventions	Key Results	Agencies and Partners
A. Partnerships and coalition building to strengthen coordination efforts	1. Engagement with Solidarity Fund to ensure coordination and to help advise their response.	Resident Coordinator's Office (RCO)
	2. Government communication on COVID-19 developed through technical support to the Government Communication Group under the National Command Council.	RCO/ All UN agencies
B. Develop Key Inter-Sector Assessments to inform the response	<ol style="list-style-type: none"> Socio-Economic Impact Assessment produced, briefings to Government and Solidarity Fund. The launch event was attended by four Ministers: Minister for Cooperative Governance and Traditional Affairs; Minister for Health; Minister for Public Works and Infrastructure; and Deputy Minister for Small Business Development. Needs Assessment produced, briefings to Government and Solidarity Fund. Social and governance study conducted to assess mid- to long-term impact of COVID-19. The report has been presented to national government and has been tuned into a policy brief which will serve as a baseline for some social and public policy review by Departments of Social Development, Public Service and Administration, and Cooperative Governance and Traditional Affairs As a result, a strategic partnership has been established with the National Disaster Management Centre (NDMC) to strengthen coordination of the COVID-19 response at national and sub-national levels. 	UNDP

Priority Interventions	Key Results	Agencies and Partners
C. Resource Mobilisation to Strengthen COVID-19 response and recovery efforts	1. Launch of Emergency Appeal targeting the mobilisation of \$136 million to support the national response and recovery efforts.	RCO/All UN Agencies



International Labour Organization



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