

East and Horn of Africa, and the Great Lakes Region

01 - 30 November 2020

4.57 MILLION
REFUGEES & ASYLUM-SEEKERS

8.15 MILLION
INTERNALLY DISPLACED PERSONS

119,035
REFUGEE RETURNEES IN 2020

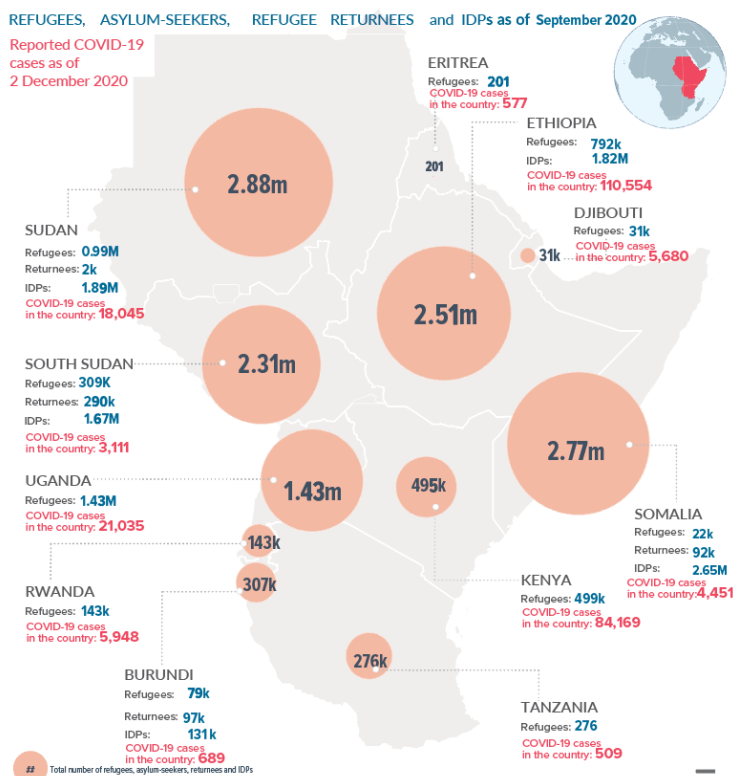
254,768 CONFIRMED COVID-19
CASES IN HOSTING COUNTRIES

Operational Context

The COVID-19 situation in the East and Horn of Africa, and the Great Lakes (EHAGL) region is in its ninth month since the first cases were reported in March 2020. As the situation continues to evolve, the region is still relatively less impacted than the rest of the continent. As of 02 December, there were 254,768 confirmed COVID-19 cases in the 11 countries overseen by the EHAGL Bureau. For the past month, the EHAGL region reported 12% of the total COVID-19 cases in Africa, as well as 19% of the total tests reported on the continent. Since the first confirmed COVID-19 related death on 21 March, there are now some reported 4,949 deaths in the region, (equivalent to 9% of the death cases on the continent) of which 90% are in three countries – Ethiopia, Kenya and Sudan.

While so far there has still been no large-scale outbreak in the approximately 100 refugee camps and settlements in the region, 4.6 million refugees and their host communities are at risk, as are some 8.1 million IDPs. Some locations still lack adequate quarantine, testing and isolation/treatment facilities. Governments have put in place various measures to contain the spread of the virus and are periodically announcing changes to movement and other restrictions, and gradually lifting preventive measures initially adopted.

COVID-19 prevention and awareness have now been integrated in most of UNHCR's activities across the region. The ongoing conflict and the declaration of a six-month state of emergency in the Tigray Region in **Ethiopia** has led to a humanitarian crisis, including for the Eritrean refugees who reside there, and with the arrival of some 50,000 Ethiopian refugees to Sudan in the last month. Efforts are being made to include COVID-19 precautions in the response to this new emergency.



*COVID-19 Case information: WHO, John Hopkins University, Ministries of Health, Governments. Note: COVID-19 cases refer to total cases reported in the countries of asylum. IDP figures source: IOM, OCHA and UNHCR.

Key Measures Taken

- Supporting national authorities in ensuring that prevention, preparedness, and response are ongoing in all locations.
- Ensuring basic assistance and minimum standards during quarantine for new asylum seekers and refugees who have travelled internally within host countries.
- Procurement and distribution of PPE, health and sanitation equipment and supplies is ongoing.

UNHCR Response

Protection

UNHCR continues to assess the impact of border closures and travel restrictions on access to asylum. Movements continue through unofficial border crossing points where screening and provision of information is not in place. Across the region, UNHCR has appealed for special measures to be put in place, to allow for asylum-seekers to be screened, quarantined and admitted, and for UNHCR to be granted access to areas where new refugees are arriving. On 30 June, UNHCR launched a global online Platform on the protection impact of temporary measures in response to the COVID-19 pandemic, including access to territory and national asylum systems.

All country operations in the region have established communication channels with persons of concern, facilitating accountability to affected people. Country operations continue to improve 2-way communication to ensure that feedback is given to persons of concern. During the reporting period, the Regional Bureau took part in the bi-weekly **Risk Communication and Community Engagement** working group meeting, where delayed response in seeking medical care was identified as one of the major factors contributing to the spread of COVID-19. To mitigate against this, the working group recommended intensive awareness raising in communities on the symptoms of COVID-19 and the importance of seeking treatment.

The reporting period saw the voluntary repatriation of **Burundian** refugees from the **Democratic Republic of the Congo (DRC)**, **Rwanda** and **Tanzania**, with 7,872 Burundians repatriated in the month of November. Voluntary repatriation will be suspended from 17 December 2020 to 12 January 2021 for the end-year holiday period. UNHCR will use this opportunity to improve transit center infrastructure, especially the isolation spaces for suspected COVID-19 cases. 34,740 Burundian refugees have so far returned in 2020 and there has been a total of 61 COVID-19 cases among returnees.

On 4 November, a **Kenya/Somalia** cross-border meeting was held with the participation of the Somali National High Commission for Refugee & IDPs (NCRI) and the Kenya Refugee Affairs Secretariat (RAS) Commissioners and UNHCR Representatives in Somalia and Kenya. The meeting focused on the gradual resumption of the voluntary repatriation program for Somali refugees from Dadaab, while implementing COVID-19 and security measures before departure, during travel, upon arrival and including COVID-19 testing and quarantine.

On 19 November, UNHCR **Rwanda** evacuated a group of 79 vulnerable asylum seekers from Libya to Rwanda through the Emergency Transition Mechanism (ETM). This is the 4th convoy since the beginning of the ETM in Rwanda and the first one in 2020. The evacuated group includes 11 women (14%), 68 men (86%) and four children, including a separated child from Eritrea. The group is comprised of Eritreans (33), Sudanese (42) and Somalis (4). Upon arrival, the evacuees were tested for COVID-19 and isolated for 24 hours.

UNHCR **Burundi** launched the 16 days of activism against gender-based violence (GBV) simultaneously in five refugee camps and in Bujumbura around the theme “*Orange Burundi: working together to end impunity for gender-based violence*” from 25 November and will run until 10 December. The activities are centered around awareness raising sessions on the prevention of GBV, women empowerment and Engaging Men in Accountable Practices (EMAP). Good implementation of COVID-19 prevention measures was observed during the festivities with participants washing their hands thoroughly and regularly as well as maintaining social-distancing.

In **Djibouti**, on 05 November, as part of promoting women's empowerment and resilience in the context of COVID-19, UNHCR partners in Djibouti (Ministère de l'Education Nationale et de la Formation Professionnelle (MENFOP) and the Norwegian Refugee Council (NRC), trained 58 single-women and women who care for and support persons living with disability in business management and entrepreneurship. These included 45 Yemeni refugee women and 13 women from the host community. Among the participants included mothers from vulnerable single-parent families who are already in business. COVID-19 prevention measures were strictly observed in the sessions.

The UNHCR Child Protection partner in **Djibouti** assumed the activities of the Children's Parliament in Markazi, with a view to strengthen the resilience of refugee children in the context of COVID-19. The children were invited to share good practices that enabled them to face the challenges related to the lockdown. The children also asked questions and presented their interests and concerns based on their life experiences in the camp. A capacity building session themed “Building resilience among young people during COVID-19” was conducted targeting some young refugee workers and the youth from the host community of Markazi.

Education



242,570 students reached with
distance learning programmes by end of October



As schools reopen in the region, UNHCR and partners are working to mitigate risks by increasing WASH facilities and ensuring additional learning spaces.

Ethiopia gradually reopened schools in early November as per the Ministry of Education's (MoE) new COVID-19 guidelines. The Region Education Bureaus (REBs), UNHCR and partners continue to work together to implement the Ministry of Education's (MoE's) guidelines on the re-opening of schools, which vary from one region to the other. Some locations have begun with grades 8 and 12, while others have begun with the lower levels. There will be a phased approach to reopening the schools, where students will attend classes in shifts, as the infection rates continue to be monitored. The main challenges are inadequate WASH facilities and insufficient classrooms to meet the MoE's new guidelines. Additional challenges include the provision of PPEs for the students and a lack of teachers mainly for primary education. Going into 2021, additional funding is required to ensure the MoE's guidelines are adhered to.

In **Kenya**, 400 primary school and 170 secondary school students are currently being supported to continue their studies virtually through a WhatsApp group by the Xavier Project. In Kakuma, Form 4, Class 8 and Grade 4 students continue with classes, with an average attendance of 11,940 (4,603 female), in Kakuma and Kalobeyei. The compounds of the schools that have been reopened are fumigated regularly. In Daadab, 80 hours of radio lessons were conducted through Radio Gargar and 60 hours through Radio Risala, targeting 45,924 (18,145 F) primary, Accelerated Education Programme, Adult-Based Education and secondary students. Kenya distributed solar powered radios to support distance learning programmes in both urban areas (Nakuru) and in the camps (Kakuma and Dadaab). UNHCR is also looking forward to receiving a donation of laptops and mobile phones from TRANSSION company to continue to support refugees' access to distance learning programmes.

In **Rwanda** schools and institutions of higher learning reopened on 2 November and students' return to school continued to be monitored throughout the month as the students gradually re-enrolled back to school. The Government proposed to continue to deliver distance learning programs even after the schools reopen to enhance and improve quality of education for the students. UNHCR anticipates receiving a donation of solar powered radio's, tablets and laptops for this purpose from TRANSSION company.



Grade 8 students at Arid Zone Primary School, Kakuma attend a language lesson while wearing facemasks. UNHCR and partners are implementing COVID-19 protocols to ensure a safe environment for refugee students and teachers and are supporting host-community schools. UNHCR/ Samuel Otieno.

Health



2,616,914 masks
(3 ply, N95 and medical masks) distributed
in the region by end of October



Major health challenges include the availability of equipment necessary to detect, test and treat complicated cases, medical and PPE supplies and adequate quarantine facilities, as well as the feasibility of practicing physical distancing at the community level.

The geographical locations of refugee and IDP locations and their proximity to borders pose challenges for the COVID-19 response. The movement of refugees, new arrivals and pendular movements complicate required testing. The limitation of some national responses has been observed, including excessive centralization and lack of testing in remote areas.

In **Burundi**, monitoring of COVID-19 is ongoing in the refugee camps. Awareness raising sessions on COVID-19 in the different camps include the following: 1,893 refugees attended informational sessions on the modes of transmission of COVID-19; 2,110 refugees participated in awareness sessions on COVID-19 prevention measures (hand hygiene and social distancing); 1,377 refugees were informed about identifying first signs and symptoms of COVID-19; and 310 refugees attended a workshop raising awareness on the risk of misinformation and spread of rumors about COVID-19 in the refugee communities.

In **Djibouti**, UNHCR joined a national committee that has been set up for the COVAX vaccine to contribute to discussions on identifying the target populations for the vaccine. Based on the selection criteria for the vaccine which will include frontline health and social care workers, persons over the age of 46, and people under 46 who have underlying health conditions such as HIV and Non-Communicable Diseases (NCDs). UNHCR will provide refugee figures based on the selection criterion. On 16 November, UNHCR provided equipment to the Ministry of Health to support a planned COVID-19 sampling test survey for 1,000 refugees living in the three refugee camps.

In **Ethiopia**, the Government's Agency for Refugee and Returnee Affairs (ARRA) and UNHCR, together with the Regional Health Bureaus and other health partners continue to reinforce their response to COVID-19 in refugee camps and other locations sheltering refugees and asylum seekers. Ongoing efforts include strengthening of health services, equipping isolation and quarantine centres, and the provision of personal protective equipment for health care workers, first responders and others. Personal Protective Equipment (PPE), COVID-related medicines and medical equipment worth approximately 1 million USD are being delivered for health services and health staff.

Ethiopia Emergency/East Sudan, COVID-19 temperature screenings are in place at the entry point in Hamdayet for new arrivals. UNHCR is distributing soap and masks to new arrivals at Hamdayet and Village 8 transit centres, while social distancing is ongoing at the registration areas. In Hamdayet, UNHCR conducted awareness sessions on COVID-19 prevention measures, as well as safe water chain and food handling, and distributed informative leaflets in Tigrayan. Masks are being distributed to all frontline workers and to refugees at service points. Masks are also provided to refugees for the relocation from Hamdayet to Um Rakuba.

In **Kenya**, on 21 November, four GeneXpert machines and 500 testing kits, which can perform 5,000 tests, arrived in the country. The equipment is being provided by UNHCR in support of government testing efforts. Additional Personal Protective Equipment (PPE), such as coverall gowns, examination gloves and surgical masks, have been ordered and are expected to be delivered soon.

In **Rwanda**, UNHCR and partners are still working together to find a solution for symptomatic cases, people with underlying conditions and the elderly (60+). Some existing community facilities will be transformed into treatment centres (schools excluded). For instance, a Cholera Treatment Centre is being used in Mahama and Women Opportunity Centres are being prepared in Gihembe and Nyabiheke. In Kiziba, 20 Refugee House Units (RHU) are going to be erected in a sport ground in the camp. Asymptomatic cases and those with mild symptoms will continue to be assisted through home-based care.

In **Somalia**, UNHCR distributed 1,700 medical face masks to partner staff working on the frontlines as well as Galmudug regional healthcare authorities. In Galkayo, 138 refugees and asylum seekers received COVID-19 consultation at the UNHCR partner-run health center as part of the provision of primary healthcare services.

The **South Sudan** National Ministry of Health has warned that the country remains at risk of a second wave of COVID-19 outbreak with more morbidity and mortality without heightened efforts to fight the virus. An intra-action review (IAR)

report, which assessed the functional capacity of the public health and emergency response systems in South Sudan and identified practical areas for immediate remediation or continued improvement of the current response to the COVID-19 outbreak in South Sudan was released. The IAR entailed a qualitative review of actions taken so far to respond to the current COVID-19 pandemic to identify best practices, gaps, and lessons learnt with the overall objective of reviewing the ongoing COVID-19 pandemic response in South Sudan across different pillars. Among the best practices mentioned are inclusion of refugee camps/forced displacement locations in the sentinel surveillance and in laboratory testing expansion using GeneXpert machines.

In **South Sudan**, medicines, medical supplies and Personal Protective Equipment (PPE) have been prepositioned in isolation units. UNHCR in Maban has received additional Personal Protective Equipment (PPE) and specialized medical equipment (oxygen concentrators, pulse oximeters, mobile ventilators etc) and distributed to health partners for management of severe cases at isolation units. GeneXpert machines are installed in Bunj hospital and Gentile PHCC+ and software for COVID-19 is updated and ready for testing. In Jamjang, COVID-19 prevention materials have been received including 144,000 facemasks from SDC (Switzerland) donation, 1,050 sanitizers and soaps. Distribution of the items for frontline workers has commenced.

In **Sudan**, COVID-19 prevention and awareness have been integrated in the daily activities across the Sudan Operation as a “new normal”. Awareness raising campaigns continue, such as in White Nile State, where these activities reached an estimated 46,000 individuals in all the nine camps.

In **Tanzania**, there is a general complacency regarding COVID-19 safety protocols as refugees as well as staff from most organizations are reluctant to follow the established prevention measures. It is observed that daily set-up and management of hand washing stations is sometimes neglected. There is a general lack of social distancing particularly in schools.

Awareness campaigns across all camps are ongoing through hygiene promoters in the communities. 65,779 COVID-19 and handwashing Information, Education and Communication (IEC) materials were distributed. The key messages are on COVID-19 causes, transmissions, symptoms and prevention, health-seeking behaviour and roles of leaders in COVID-19 outbreak prevention and control.

Water, Sanitation and Hygiene (WASH)



Emphasis remains on blanket prevention activities in camps and working with the health sector to assess and prepare for WASH needs and infection prevention control in identified health structures to isolate and treat COVID-19 patients.

WASH prevention activities targeting all camp populations, such as increased water supply, provision of soap for handwashing and public awareness activities are progressing throughout the region. The replenishment of hygiene material requires longer term planning and additional funding as the timeline of the pandemic continues to extend.

In **Ethiopia**, 38,830 handwashing stations have been installed in communal centres and households in all the 26 refugee camps, to promote regular handwashing with soap. Of these, 37,557 have been installed in refugee households and 1,273 were set up in communal facilities, providing services to refugees and asylum seekers. More capacity is needed to ensure that every refugee household has a handwashing facility. Supplies of water and soap continue to be reinforced, together with the installation of handwashing stations

In **Kenya**, COVID-19 prevention items were distributed to the neighbouring host communities: 1) 85 household handwashing stations, 850 reusable masks, 850 bars of soap, 85 hand washing stations and 85 20-litre jerricans to Letea Ward; 2) 75 household hand washing stations, 750 reusable masks, 750 bars of soap to Kalobeyei Ward, 3) 1,630 reusable face masks, 1,630 bars of soap, and 163 hand washing stations to Kakuma and Lopur Wards; 4) 40 litres of liquid soap to the Police Station in Kalobeyei host community; 5) 80 litres of liquid soap and 50 pieces of hand sanitizers to the Kalobeyei health centre for the host community. In addition, 3,000 surgical facemasks were delivered to the County Commissioner for Turkana County in support of the Government's COVID-19 response.

In **Tanzania**, installation and monitoring of handwashing stations continues across all camps. Currently, there is a cumulative total of 25,578 institutional and household handwashing points across the three refugee camps. Construction of larger volume handwashing devices and fabrication of foot-operated handwashing stations is currently underway in some public areas to replace tippy taps which frequently break down. To ensure that the families continue with the recommended handwashing practices, distribution and monitoring of soap usage at washing stations continues. For the reporting period, UNHCR and partners distributed 943,253 kilograms of powder soap and 5499 litres of liquid soap. There is need to continue distribution of soap both for household and institutional use - especially for schools, health facilities, distribution centres and other busy institutions. Some 9,833 monitoring visits were conducted to public handwashing points and 9,539 monitoring visits to household handwashing devices.

Livelihoods

This holiday season, UNHCR's global brand of refugee-made artisanal products, MADE51 has launched an ornament collection. Handcrafted in 16 countries, including Burundi, Kenya, Rwanda, South Sudan and Tanzania, the ornaments are available on the [MADE51 online shop](#). Every ornament celebrates talent, heritage and a brighter future for refugee artisans. These small objects represent crucial income opportunities for refugees trying to ride through the COVID shocks and continue practising their heritage craft traditions. In partnership with local enterprises, Congolese refugees living in Kenya crafted wooden doves with the skilful freehand carving technique. Internally displaced women in remote areas of South Sudan created intricate glass beading ornaments and Burundian refugees in Rwanda and Tanzania woven radiant pieces with native sweetgrass and raffia. Each of these pieces act as a symbol of solidarity with refugees and we invite you to explore the whole collection.



Refugee and artisan from Tanganyika Province in Democratic Republic of the Congo, carves wooden holiday ornaments for Made51 from his workshop in Nairobi, Kenya. UNHCR/ W Swanson.



South Sudanese refugee working with Thaat, a social enterprise in Egypt, on the Star of Unity ornament in the MADE51 collection. UNHCR/ P Gomes.

Monitoring the Impact of COVID-19

In the EHAGL Region, UNHCR and the World Bank have been collaborating to monitor the impact of COVID-19 on refugees using high-frequency phone surveys. The survey results are intended to inform the analytical, operational and policy response of governments, humanitarian and development actors and other stakeholders aimed at mitigating the impact of the pandemic and improving the wellbeing of refugees during and after the COVID-19 crisis.

The Kenya high-frequency phone surveys show that there is a high level of awareness of COVID-19 and preventive measures among refugee households with almost 90% of refugee households reporting the increasing use of soap to wash hands. A decrease in household income has significantly reduced access to food staples, with about 50% of urban refugee households experiencing hunger. COVID-19 has also significantly reduced access to education among refugee households. Before the pandemic, about 97% of urban refugee households sent their children to school. Only 3% of households have sent back their children since school reopening (schools have only re-opened for a few grade levels in Kenya). Households who have not sent children back to school say they fear coronavirus infection (25%). COVID-related job loss and unemployment have also affected refugee households.

Inter-agency Coordination

Operations are working closely with UN Country Teams, Resident Coordinators and the World Health Organization on crisis management, personnel and business continuity arrangements, program criticality, preparedness, and response planning. Existing refugee response coordination structures continue to function, through virtual communication where relevant.

At the regional level, UNHCR is engaged with the Regional Humanitarian Partners Team (RHPT) to map the impact on humanitarian operations and coordinate on advocacy messaging, as well as with many sectoral groups including health, nutrition, education, and child protection which have developed context specific inter-agency guidance on programming during the COVID-19 pandemic.

On 4 November, the Regional Humanitarian Partners Team (RHPT) convened a meeting that was chaired by OCHA and the co-chair of the Inter-Agency Working Group, CARE International, where a [study](#) was shared with findings of how the COVID-19 pandemic has affected older people in the region, based on rapid needs assessments carried out in Kenya, Rwanda, Uganda, South Sudan, Ethiopia and Tanzania. The report suggests that older people face a broad range of risks including highest primary health risks, interruption of health services and medication, mental health challenges, and food and income insecurity.

The 20th virtual NGO consultation with UNHCR at global level was held on 2 November and focused on the theme of **Challenges and responses to GBV in the context of COVID-19**. The discussions focused on the increased concerns about GBV in the context of the pandemic, the inadequate level of resources for this critical protection issue despite prioritization in the Global Humanitarian Response Plan (GHRP) and the importance of strengthening community support structures. The speakers underscored the importance of applying an age, gender and diversity approach in all protection responses and programming. In this context, it is crucial to give special consideration to people living with disabilities who had been found to be facing a considerably higher risk of suffering physical, emotional violence and sexual violence compared to persons without disabilities.

Funding needs

The second revision of the [Global Humanitarian Response Plan](#) was launched on 16 July with overall funding requirements rising to \$10.3 billion, with the inclusion of additional country response plans and other increased needs. UNHCR's revised requirements of US\$745 million reflected in the revised May [Global Humanitarian Response Plan](#) (launched on 7 May seeking US\$6.7 billion) remain unchanged.

UNHCR's [Revised Emergency Appeal](#) detailing the country and sectoral breakdown of UNHCR's global budget requirements was launched on 11 May. Within the revised appeal, \$126 million has been requested for ten countries in the East and Horn and Great Lakes Region.

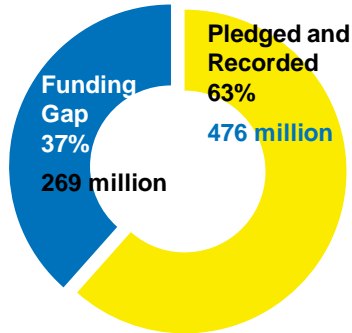
The initial [Global Humanitarian Response Plan](#) was launched on 25 March seeking US\$2.01 billion, and which included US\$255 million for initial, prioritized requirements in UNHCR's operations in affected countries.

USD 745 million
requested by UNHCR in
the revised inter-agency
Global Humanitarian
Response Plan

USD 126 million
requested for 10
countries in the East and
Horn of Africa and Great
Lakes region

Funding

USD **745 Million** requested for UNHCR's COVID-19 response globally:



Total contributed or pledged to the COVID-19 appeal is

USD 476M including:

United States \$186M | Germany \$62.7M | EU \$34M | UK \$25M | Japan \$25M | African Development Bank \$18M | Denmark \$14.6M | UN Foundation \$10M | Unilever (UK) \$7M | CERF \$6.9M | Canada \$6.4M | Education Cannot Wait \$4M | Qatar Charity \$3.5M | Spain \$3.4M | France \$3.4M | Ireland \$3.3M | Sweden \$3M | Sony Corporation \$3M | Austria \$3M | Finland \$2.3M | USA for UNHCR \$2.2M | UNO-Fluechtlingshilfe \$1.7M | Private donors UK \$1.7M | Latter-day Saints Charities \$1.5M | Norway \$1.4M | Australia for UNHCR \$1.4M.

Unearmarked contributions to UNHCR's regular global programmes:

Sweden 76.4 million | Private donors Spain 73.5 million | United Kingdom 45.7 million | Norway 41.4 million | Private donors Republic of Korea 37.5 million | Netherlands 36.1 million | Denmark 34.6 million | Private donors Japan 27.8 million | Germany 25.9 million | Japan 23.8 million | Private donors Italy 17.6 million | Switzerland 16.4 million | France 14 million | Private donors Sweden 12.8 million | Private donors USA 10.8 million | Italy 10.6 million.

Links:

UNHCR COVID-19 Platform: [Temporary Measures and Impact on Protection](#)

Click here to access a [live dashboard](#) providing information on COVID-19 cases in the region and [here](#) to access information regarding the travel restrictions and movement and border controls put in place by Governments.

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