

East and Horn of Africa, and the Great Lakes Region

23 July – 5 August 2020

 **4.6** MILLION
 REFUGEES & ASYLUM-SEEKERS

 **8.1** MILLION
 INTERNALLY DISPLACED PERSONS

 **33,528**
 REFUGEE RETURNEES IN 2020

70,252 CONFIRMED COVID-19 CASES IN HOSTING COUNTRIES

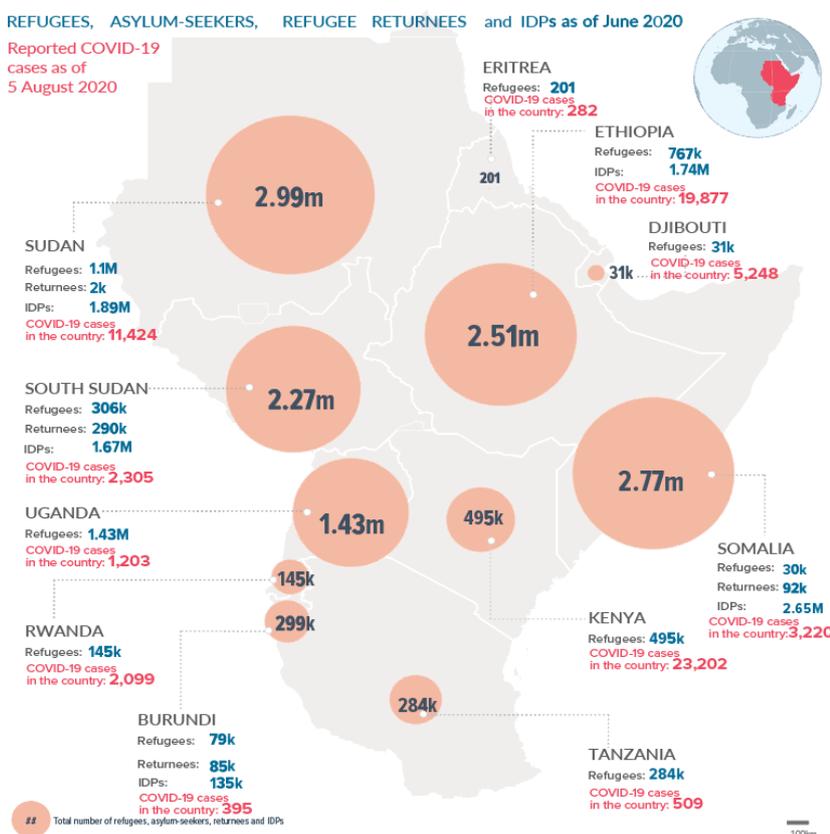
Operational Context

The COVID-19 situation in the East and Horn of Africa, and the Great Lakes (EHAGL) region has entered its six 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 5 August, there were 70,252 confirmed COVID-19 cases in the 11 countries overseen by the EHAGL Bureau. While this represents close to 10% growth in the past week, this number still accounts for only 7% of cases on the continent. Since the first confirmed COVID-19 related death on 21 March, there are now some reported 1,700 deaths in the region, of which 85% are in three countries – Sudan, Kenya, and Ethiopia. On 3 August, Ethiopia reported its highest death toll in a single day, 28 persons.

While so far there has 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. The need for preparedness remains urgent as cases are still rising in all countries of the region and a number of 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. Despite cases continuing to rise, most governments are gradually lifting the preventive measures initially adopted in an attempt to mitigate the economic slowdown they triggered. Several governments re-opened their international air space to commercial flights during the reporting period, notably Kenya and Rwanda.

With the exception of certain restrictions imposed by insecurity or climate related factors (i.e. flooding), UNHCR and partners have obtained waivers to movement restrictions or otherwise retained access to Persons of Concern throughout the region, albeit sometimes only for reduced/essential service provision.



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.

*COVID-19 Case information: WHO, John Hopkins University, Ministries of Health, Governments. Note: COVID-1 cases refer to total cases reported in the countries of asylum. IDP figures source: IOM, OCHA and UNHCR.

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.

Whereas initially many essential protection services were suspended, registration activities and refugee status determination have largely resumed either remotely or with other COVID-19 protective measures in place. Resettlement processing is ongoing with departures starting again in several countries.

In **Burundi**, UNHCR conducted several border monitoring missions which found that despite the border closures, some Burundian refugees had returned spontaneously from Rwanda, citing the inability to undertake livelihood activities with the COVID-19 movement restrictions. In **Sudan**, an inter-agency mission with the government and several humanitarian organizations identified that significant numbers of refugees are entering the country from South Sudan through nearby villages along unofficial border crossings. To minimize the risk of COVID-19 infection in refugee camps, the mission recommended that a quarantine center be established at El Megenis (the existing border reception point) and measures put in place to require a certificate confirming completion of quarantine before admission to the camps. UNHCR will work with the Commissioner for Refugees (COR) to establish this center.

In **Ethiopia**, an agreement to decongest the Pagak reception centre in Gambella and relocate South Sudanese refugees to camps after testing for COVID-19 has been complicated by a relatively high percentage of positive cases – largely asymptomatic – identified during initial sample testing. The process has been additionally slowed down by the flooding of Lare School which was going to be used as a quarantine center for an initial group of some 600 slated for relocation, necessitating the identification of an alternative site. Efforts are further constrained by the limited testing capacity in Gambella; international procurement of additional testing equipment is pending.

A total number of 2,751 **Burundians** have so far returned from **Tanzania** since the resumption of voluntary repatriation on 2 July. A meeting of the Technical Working Group of the Tripartite Commission for the Voluntary Repatriation of Burundian Refugees in Tanzania took place from 22-24 July in Kigoma, Tanzania to review the joint workplan. The three parties agreed to increase the current limit of 200 returnees in each repatriation convoy whilst continuing to respect the principles of voluntariness and a return in safety and dignity. UNHCR and partners are working to expand the reception capacity at transit centers in Burundi while reinforcing COVID-19 prevention measures.

Across the region, UNHCR and partners have been working to strengthen systems and mechanisms for Protection from Sexual Exploitation and Abuse (PSEA). Ongoing identification and orientation of PSEA focal points, communication strategies, interagency assessment tools, support to community-based complaints mechanisms, and standardized reporting are among the areas of focus.

In **Uganda**, a community engagement strategy for the COVID-19 crisis has been finalized, setting out the roles that refugee communities can play in delivery of critical services and how they can be empowered to undertake these roles, in light of the very limited or absence of physical presence of UNHCR and partner staff at the frontline. The strategy also includes a mapping of community structures in Kampala and refugee settlements, as well as the plan for Communicating with Communities during COVID-19. The strategy serves to pull together and document the various approaches that have emerged or been strengthened in the past few months and identifies areas for further engagement.

Strengthening and seeking innovative approaches to **Risk Communication & Community Engagement** and disseminating information to persons of concern.

Continuing to strengthen and empower community-based structures to address **sexual and gender-based violence and child protection.**

Continue to adapt and strengthen provision of **Mental Health and Psychosocial Support** to persons of concern through various means.

Education

Some 1.1 million refugee students have been out of school since the start of the COVID-19 pandemic. While a number of initiatives have been implemented including putting classes online, broadcasting over radio and distributing printed study packs, reaching scale with distance learning programmes has proven challenging. As schools reopen in the region, UNHCR and partners are faced with the need to mitigate risks by increasing WASH facilities and ensuring additional learning spaces.

In **Tanzania**, a total of 72,471 refugee students have returned to school after three months of closure. Preparedness measures in schools to prevent the spread of COVID-19 have been put in place, including handwashing facilities, soap, and training of teaching and non-teaching staff. However, as had been feared, the attendance ratio of students has been observed as low compared to the pre-COVID period; in primary school, attendance has decreased to an average of 60 percent compared to 80 percent before COVID-19. The attendance for girls dropped to 50 percent.

Most of the other countries in the region plan to reopen their schools in September 2020 with the significant exception of Kenya.

Health

Major health challenges include the immediate 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 **Rwanda**, UNHCR's Representative and the Permanent Secretary of MINEMA conducted a field visit to Kigeme camp where they met with District Authorities. It was agreed to construct a COVID-19 Treatment Center in Nyamagabe District for both refugees and host communities. UNHCR has already put in place 43 Refugees Housing Units (RHU) with WASH facilities, an ICU area and four hospital tents.



Nyamagabe COVID-19 Treatment Center. Western Province, Rwanda. UNHCR Rwanda.

In **Tanzania**, a total of 388,524 masks have been produced and distributed to refugees and asylum seekers in

the camps since 31 May 2020. Students were prioritized in the distribution. The mask production was done through livelihood programs by refugees and coordinated and distributed by partners.

In **Uganda**, UNHCR and partners are working closely with refugee groups in Kampala to produce face masks to be distributed to over 70,000 urban refugees aged 6 years and above. Distribution will begin this month.

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 **Djibouti**, in Holl Holl, 4,864 individuals received soap and 1,509 women received hygiene kits. In Ali-Addeh, 10,734 individuals received soap and 3,114 women received cash for hygiene items. In **Kenya**, in Kakuma, heightened hygiene promotion and dissemination of health messages are ongoing, with a focus on COVID-19, as well as cholera, the latter currently seeing an uptick. 1,584 households (7,920 individuals) were reached during the reporting period, while sensitization also took place in public spaces, such as markets and water collection points. In **Tanzania**, the installation and monitoring of handwashing stations continues across all camps. Currently, there is a cumulative total of 2,394 handwashing points across the three refugee camps, including tippy taps with 5L jerry cans, and various sizes of buckets/tanks with taps at strategic locations. To ensure that refugees continue with the recommended handwashing practices, distribution and monitoring of soap usage at washing stations continues. During the reporting period, a total of 5,694 kgs of powder soap and 152.5 liters of liquid soap were distributed. In **Sudan**, in East Darfur, some 18,000 individuals (refugees, IDPs and host community) were reached with Risk Communication and Community Engagement (RCCE) activities. Soap and hygiene kits were provided to 184 to South Sudanese refugees in El Nimir.



Access to clean water is essential in the fight against COVID-19. UNHCR has constructed two boreholes in Baidoa, Somalia that are accessible to more than 3,000 internally displaced families. UNHCR Somalia.

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 been developing context specific inter-agency guidance on programming during the COVID-19 pandemic.

UNHCR co-led with the Africa Council of Religious Leaders the development of 'An Inter-agency Tip Sheet on Self-Care, Engagement and Supportive Communication for Social Mobilizers' as part of the inter-agency working group on risk communication and community engagement for COVID-19. The document provides practical tips to social mobilizers on how to take care of themselves and engage community members through supportive communication.

It provides a list-like reminder of essential steps to ensure social mobilizers provide appropriate support to persons experiencing stress, distress and stigma associated with COVID-19.

To enhance mainstreaming of Accountability to Affected People and Gender Equality, UNHCR conducted a 3-part virtual webinar on Accountability to Affected Population and Gender Equality under the Prospects Partnership in July. The webinar brought together UNHCR colleagues from Ethiopia, Kenya, Sudan and Uganda as well as inter-agency partners from UNICEF, ILO, World Bank and IFC, as well as the Netherlands MFA. A total of 80 participants joined the virtual sessions, providing an excellent opportunity to reflect collectively on achievements, opportunities, challenges and co-create solutions to collectively deliver on our commitments with a view of enhancing programme quality and impact in the Prospects Partnership. The workshop was initially planned for April 2020 but was postponed due to COVID-19 restrictions.

The 19th virtual global NGO consultation provided a platform for 50 participants to discuss the effects of COVID-19 on mental health, COVID-19 MHPSS coordination, adaptation of MHPSS programming and best practices in the field. The 18th virtual consultation discussed communications and fundraising trends, the need to constantly adjust to the fluid COVID-19 context, and how to avoid and address reputational risks to organizations that are resulting from or have been further exacerbated by the pandemic.

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.

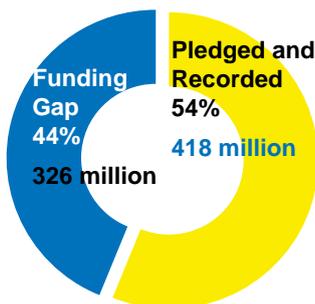
The initial [Global Humanitarian Response Plan](#) was launched on 25 March seeking US\$2.01 billion, and which included US\$255 million for initial, prioritized requirements in UNHCR's operations in affected countries.

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

USD 126 million
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Funding

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



Total contributed or pledged to the COVID-19 appeal

USD 418M including:

United States \$186M | EU \$43M | Germany \$39M | UK \$25M | Japan \$23.9M | Denmark \$14.6M | UN Foundation \$10M | CERF \$6.9M | Canada \$6.4M | Qatar Charity \$3.5M | Spain \$3.4M | France \$3.4M | Ireland \$3.3M | Sweden \$3M | Sony Corporation \$3M | Austria \$2.5M | Finland \$2.3M | Education Cannot Wait \$1.7M | UNO-Fluechtlingshilfe \$1.7M | Private donors UK \$1.5M | Norway \$1.4M | Unilever (UK) \$1.3M | USA for UNHCR \$1M

Unearmarked contributions to UNHCR's regular global programmes:

Sweden 76.4M | Norway 41.4M | Private donors Spain 39.8M | Netherlands 36.1M | Denmark 34.6M | United Kingdom 31.7M | Germany 25.9M | Private donors Republic of Korea 20.5M | Switzerland 16.4M | France 14M | Private donors Japan 11.7M

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, as well as travel restrictions and movement and border controls put in place by Governments.

Contacts

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