

East and Horn of Africa, and the Great Lakes Region

17-30 September 2020


4.6 MILLION
 REFUGEES & ASYLUM-SEEKERS


8.2 MILLION
 INTERNALLY DISPLACED PERSONS


103,456
 REFUGEE RETURNEES IN 2020

152,549 CONFIRMED COVID-19 CASES IN HOSTING COUNTRIES

Operational Context

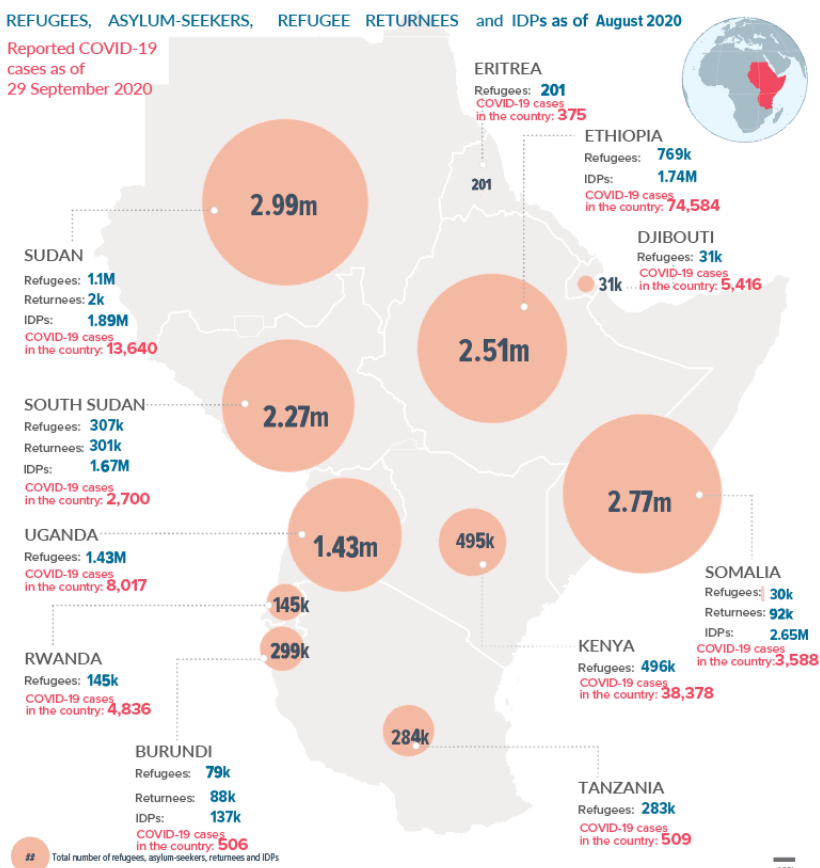
The COVID-19 situation in the East and Horn of Africa, and the Great Lakes (EHAGL) region has entered its seventh month since the first cases were reported in March 2020. As the situation continues to evolve, the region is still relatively less impacted than the rest of the continent. As of 29 September, there were 152,549 confirmed COVID-19 cases in the 11 countries overseen by the EHAGL Bureau. For the past two weeks, the EHAGL region reports 10% of the total COVID-19 cases in Africa, as well as 20% of the total tests reported on the continent. Since the first confirmed COVID-19 related death on 21 March, there are now some reported 3,069 deaths in the region (equivalent to 9% of the death cases on the continent) of which 89% are in three countries – Ethiopia, Kenya and Sudan.

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, and gradually lifting preventive measures initially adopted.

In **Uganda**, on 20 September, the President of the Republic gave his 20th address on COVID-19. He spoke on several issues pertaining to the preventive measures on the spread of the pandemic. The reopening of schools for finalists will take place on 15 October. The international airport and land borders, which had been closed since March, will reopen on 1 October. Movement restrictions between border districts will also be lifted.

REFUGEES, ASYLUM-SEEKERS, REFUGEE RETURNEES and IDPs as of August 2020

Reported COVID-19 cases as of 29 September 2020



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-19 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.

In **South Sudan**, the opening of the Uganda border on 1 October has raised concerns on preparedness to cope with the significant number of persons expected to cross the border, including lack of quarantine or holding facilities and border testing capacities. The pre-positioning of supplies at these facilities is ongoing.

The reporting period saw the voluntary repatriation of **Burundian** refugees from the **Democratic Republic of the Congo (DRC)**, **Rwanda** and **Tanzania**. During the month of September, a total of 6,566 Burundians returned (2,073 households) including 281 from the DRC, 1,018 from Rwanda and 5,267 from Tanzania. Additional health screening measures and protocols have been put in place and UNHCR and partners continue to expand the reception capacity at transit centers in Burundi, i.e. the upgrade of Nyabitare transit center, while reinforcing COVID-19 prevention measures.

In **Sudan**, with the partial easing of COVID-19 directives and restrictions of movements by local authorities, persons of concern can engage in casual labor and agricultural activities to earn their living in some parts of the country. The easing of curfews also allows for more flexible interventions of UNHCR. After several months of suspension due to COVID-19, biometric registration has resumed in White Nile State in agreement with COR. It is expected that biometric registration will reduce the risk of recyclers and improve the quality of service delivery, especially for new arrivals.

In **Djibouti**, the period under review is marked by the complete resumption of protection and assistance activities in field offices. Since last week, daily refugee receptions resumed in the refugee villages with in-person presence of all UNHCR and partner staff.

Education



179,674 students reached with distance learning programmes by end of August



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.

Governments in the region continue to deliberate on whether and when to re-open schools in the midst of the ongoing COVID-19 situation.

Three countries in the region (**Djibouti**, **Somalia** and **Tanzania**) have fully reopened schools. Somalia and Tanzania report an approximate 60% re-enrollment back to school. In these two countries, some of the reasons for low re-enrolment include long school closures leading to disinterest of students in school. Further to this, early pregnancies and early marriages are observed to have contributed significantly to the low return rate of girls.

Djibouti, reopened schools on 6 September and approximately 98% of students returned to school. A quick analysis of has attributed the high level of re-enrolment to the Government's support to refugee students' engagement in distance learning programmes during school closures.

Kenya, **South Sudan**, **Sudan** and **Uganda** have already set school reopening dates and are in the process of preparing schools in line with COVID-19 guidelines. **South Sudan** is set to reopen schools for examination classes on 5 October. **Uganda** is also scheduled to reopen school for examination classes on 15 October, **Sudan** on 22 November, while Kenya has indicated that the country is not ready for school reopening until full plans are in place to ensure student safety. As plans for school reopening are undertaken, distance learning programmes must also be continued to ensure that students continue with their studies and remain motivated and interested in education.

Health



2,482,334 masks
(3 ply, N95 and medical masks) distributed
in the region by end of August



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 **Djibouti**, the Ministry of Health confirmed on 23 September that the installation of prefabricated facilities is completed at the three refugee sites. The next step will be to start the sampling test of 1,000 refugees in accordance with the plan developed jointly with UNHCR. Screening results will pave the way for quarantine, isolation and treatment of any positive cases.

In **Ethiopia**, UNHCR supported the equipping of two Government quarantine facilities which host refugees in Aysaita and Barahle camps in the Afar Region in northeast Ethiopia. Items delivered included: 40 beds/mattresses, beddings, two 10,000 litre water tanks, and four pedal handwash machines. The support is aimed at strengthening UNHCR's relations with the Government authorities and ensuring that persons of concern are considered in the Woreda's plans and interventions for COVID-19 prevention and response.

In **Somalia**, across Puntland, 41 refugees and asylum seekers sought primary health care and consultation on COVID-19 from UNHCR implementing partner Galkayo Medical Foundation (GMF) health centre in North Galkayo. UNHCR also supported 136 individuals with hygienic supplies (bar soaps, detergent, liquid soap and re-usable masks) across IDP settlements and host community in South Galkayo, Adaado and Dhuramareeb. Meanwhile, UNHCR in collaboration with community leaders in IDP settlements continued with COVID-19 sensitization campaigns in Galkayo.

In **South Sudan**, as part of phase 2 decentralization of COVID-19 testing, two sites (Pamir camp and Pariang hospital) are now ready for COVID-19 testing with GeneXpert machines installed, software uploaded, cartridges and Viral Transportation Media (VTMs) made available; Maban and Makpandu are next in the same phase for distribution of cartridges and VTMs in October.

In **Sudan**, Care International Switzerland (CIS) distributed 94 hand washing facilities in public places in five localities in South Kordofan State. In addition, CIS completed distribution of COVID 19 Information Education Communication Materials to Abu Jubayhah, Rashad and Al Leri basic health services departments to support in COVID 19 prevention.

In **Uganda**, mask production is almost completed in Rhino settlement and tailors will also ensure the production of masks for Imvepi settlement. So far, 17,460 masks have been produced in Imvepi and 4,726 masks in Lobule settlements. The distribution of readymade masks received from Kampala started this week to fill the stock gaps. All persons of concern would have received one mask each by the end of September 2020. In Kiryandongo, mask production, which started on 31 August, continued with steady progress with a cumulative total production of 38,623 (approx. 70%); 2,867 households out of 10,376 in the 17 clusters have already received masks.

Water, Sanitation and Hygiene (WASH)



1,934,326 People provided
with extra soap for increased hand washing
practices (March – August)



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 addition to the daily activities of drinking water production, hygiene promotion, solid waste collection, and as well as COVID-19 prevention measures, UNHCR's partner in charge of WASH, the *Direction de l'Hydraulique Rurale* (DHR), has started the rehabilitation of the supply pipe from the borehole in the village of Holl-Holl. They have also started the construction of a the installation of a new reservoir for the village health center. The installation of 5000 litre tank for the primary and secondary school is underway. The DHR also carried out maintenance of the solar panels of the Cheikho well in the village of Ali Adde as well as the replacement of the hydraulic component of the submersible pump, which made it possible to increase the water production of this well.

In **South Sudan**, in Jamjang, UNHCR distributed 296 handwashing buckets with taps to schools. The buckets will be installed as handwashing facilities for effective handwashing practices to curb the spread of COVID-19 when schools reopen. This includes three schools in the host community. In Yambio, risk communication activities on COVID-19 infection prevention and control measures were carried out for 1,370 persons by community mobilizers at the health facility and in Makpandu refugee. A total of 1,200 facemask, 16 hand sanitizers, 18 bars of soap and 69 IEC materials were distributed in Makpandu refugee camp.

In **Tanzania**, the construction of permanent handwashing facilities has been completed in Nyarugusu, Nduta and Mtendeli camps, and are now in use. 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, 12,076 kilograms of powdered soap and 487 liters of liquid soap were distributed. So far, 680,034 kilograms of soap have been distributed to 60,407 households. Awareness campaigns across all camps are ongoing through hygiene promoters in the communities. Some 64,915 COVID-19/ and handwashing IEC materials were distributed. The key messages are on the causes of COVID-19, transmissions, symptoms and prevention, health-seeking behavior and roles of leaders in COVID-19 outbreak prevention and control.

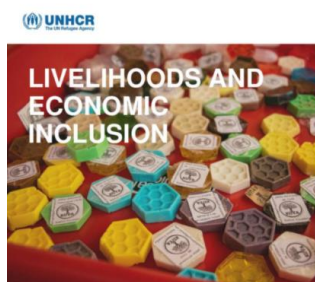
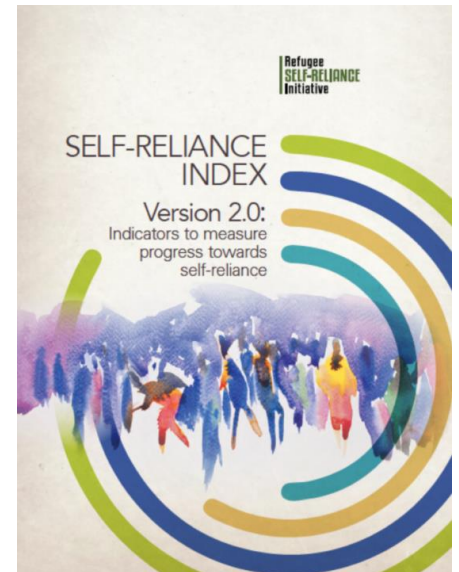


Increasing family's water storage capacity helps to enhance preventive measures, such as hand washing, to tackle the spread of COVID-19. Buckets, jerry cans with taps and other items were recently distributed in Yusuf Batil refugee camp, Upper Nile, South Sudan. UNHCR/IJ Hillary

Livelihoods & Economic Inclusion

Self-reliance of persons living in displacement is one of the key objectives of the Global Compact on Refugees (GCR), which will be monitored every four years as part of the Global Refugee Forum (GRF). Now, more than ever, with the adverse effects of the COVID-19 pandemic on livelihoods, remittances and challenges accessing the labor market, self-reliance of persons of concern has become more challenging to achieve. UNHCR has committed, under the GCR, to facilitate and coordinate a harmonized response across the humanitarian-development nexus in support of this key objective. This requires comparable data and a joint understanding with partners of what we define as self-reliance and good baseline information of the current level of self-reliance amongst persons of concern and the hosting communities.

Developed in consultations with INGOs, donors and UNHCR, the [Self-Reliance Index](#) is the first global tool for measuring the progress of refugee households toward self-reliance. It supports practitioners in designing and providing services and can be used to target populations for assistance, highlight service gaps, and inform funding priorities. The SRI Version 2.0 was launched in 2020 and an inhouse webinar on the 9th of September, to inform country operations and staff at the RB EHAGL who are considering implementing the tool to inform an initial stocktaking of the GRF in 2021.



**COVID-19:
Emerging Practices**
VERSION 2

UNHCR has published a second publication of [COVID-19 Emerging Practices on Livelihoods and Economic Inclusion](#). The publication contains examples of where UNHCR operations are engaging with development actors, including the UN Development System and UN Country Teams, to include refugees in multi-agency socio-economic response plans. It also highlights several regional and country-level efforts to collect socio-economic data to inform responses and enhance inclusion as well as how the production and distribution of masks and soap are being scaled up to satisfy the growing demand.

The publication highlights amongst others, the UNHCR-WFP HUB collaboration in **Rwanda**, socio-economic impact surveys launched in **Djibouti, Ethiopia, Kenya and Uganda**, a joint microfinance program in **Uganda** with Grameen Credit Agricole Foundation (GCAF) and SIDA, as well as the production and distribution of masks to over 70,000 urban refugees in **Uganda** by FAO and UNHCR.

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.

On 25 September, the [2020 Burundi Regional Refugee Response Mid-year Update](#) along with the [2020 Burundi Regional Refugee Response Plan COVID-19 Revision Addendum](#) were launched. As the multi-agency regional refugee response for Burundian refugees was reprioritized and adjusted for preparedness and response to the COVID-19 pandemic, the overall budget increased by 11%.

Also launched was the [2020 South Sudan Regional Refugee Response Mid-Year Update](#) and the [2020 South Sudan Regional Refugee Response Plan COVID-19 Revision Addendum](#) with the overall budget increased by 7%.

The COVID-19 pandemic and its impact led to RRRPs adjusting sector priorities, developing new ways of working in order to safely stay and deliver assistance, and assessing emerging needs as result of various lockdown measures implemented by host governments.

On 28 September, a meeting of the Opportunities/Issues Based Coalition (O/IBC 7) on Forced Displacement and Migration co-led by UNHCR and IOM was held, where initiatives for the work plan were discussed, including suggestions for a desk review of reports assessing the disproportionate socio-economic impact of COVID-19 on refugees, IDPs and migrants. There was also a discussion to address detention of refugees and migrants in the context of COVID-19 and other human rights issues.

From 22-26 September, UNHCR, FAO and the African Entrepreneur Collective Kenya Organization (AEC), for the first time jointly distributed 1,200 face masks to refugees and host communities in Kalobeyei, **Kenya**, and provided public awareness sessions to over 2,000 people on COVID-19 safety regulations. AEC-Kenya, through funding from the IKEA-Foundation, produced the facemasks by refugees in Kakuma through private sector partnerships. The public awareness sessions emphasized the modes of transmission of COVID 19, clinical signs and symptoms, hygiene, social distancing, reporting of cases, and community safety while undertaking joint social activities e.g., cultural, farming, trade, among others.

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.

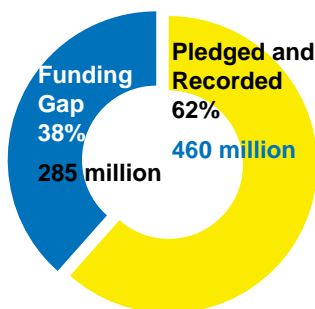
The initial [Global Humanitarian Response Plan](#) was launched on 25 March seeking US\$2.01 billion, and which included US\$255 million for initial, prioritized requirements in UNHCR's operations in affected countries.

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



Total contributed or pledged to the COVID-19 appeal

USD 460M including:

United States \$186M | Germany \$62.7M | EU \$46.3M | UK \$25M | Japan \$23.9M | African Development Bank \$18M | Denmark \$14.6M | UN Foundation \$10M | CERF \$6.9M | Canada \$6.4M | Unilever \$6M | Education Cannot Wait \$4.7M | Qatar Charity \$3.5M | Spain \$3.4M | France \$3.4M | Ireland \$3.3M | Sweden \$3M | Sony Corporation \$3M | Austria \$2.5M | Finland \$2.3M | Unilever (UK) \$2M | Latter-day Saints Charities | UNO-Fluechtlingshilfe \$1.7M | Private donors UK \$1.7M | Norway \$1.4M | 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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