COVID-19 EXTERNAL UPDATE

East and Horn of Africa, and the Great Lakes Region
8-12 May 2020

Operational Context
The COVID-19 situation in the East and Horn of Africa, and the Great Lakes (EHAGL) region continues to evolve. As of 12 May, there were 5,966 confirmed COVID-19 cases in the countries covered by UNHCR’s EHAGL Regional Bureau. Confirmed cases are expected to grow more rapidly as Governments continue to increase their testing capacities. While there has been no large-scale outbreak amongst UNHCR’s populations of concern so far, 4.7 million refugees and 8.1 million IDPs and their host communities are at risk. The need for preparedness remains urgent. Cases of local transmission have now been reported in all countries of the region. Measures by governments in the region to contain the spread of COVID-19 continue to evolve, particularly directives on social distancing and limitations on movement. Country operations in the region face multiple challenges which impact their capacity to implement response preparedness on COVID-19. Access to populations of concern is limited in some cases by insecurity, and in other cases by climactic conditions like floods. The rainy season comes with additional diseases, such as malaria and cholera which are on the rise. Parallel health services for regular health needs vs. COVID-19 response must be maintained which is stretching the human and financial resources available.

Key Measures Taken
• Prevention and response preparedness 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.
• Isolation infrastructure is in place in most locations.
• Procurement of necessary equipment is ongoing.
• Working with Governments and partners to increase capacity of referral hospitals.

*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.

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UNHCR Response

Protection

UNHCR continues to assess the impact of border closures and travel restrictions on access to asylum. Access to registration and refugee status determination for new asylum seekers remains difficult due to the current lockdowns. 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 the ability to move internally within countries to access areas hosting refugees. In Djibouti, a new presidential decree stipulates that all borders will be closed until 1 September. As a result, access to asylum for new arrivals may be compromised. Meanwhile, the responsible government entities have continued to provide registration and documentation services for asylum seekers and refugees, using remote registration mechanisms.

In most countries, while UNHCR and partners do have access to camps/settlements, the face to face interaction with refugees, particularly with regard to protection services has been reduced and country operations are working to adapt methodologies for various protection functions including prevention and response to Sexual and Gender Based Violence and child protection. In Ethiopia, partners are establishing helplines where SGBV survivors can report cases confidentially. Reported cases are handled following the referral pathways that are in place. In Assosa, home visits by social workers are undertaken whilst ensuring COVID-19 precautionary measures. Social workers are trained on remote case management and are provided with airtime to deliver advice on their mobile phones to maintain physical distancing. UNHCR is monitoring the new remote case management and is providing guidance and feedback. UNHCR is assessing SGBV trends, triangulating information from different sources, such as the GBV Information Management System, discussions with refugees and within community structures.

Sudden lockdowns in the region imposed whilst parents are away from home, or when caregivers have become ill and are admitted to a quarantine facility or hospital have led to family separations leaving children without the protection of their caregiver. Operations across the region are working on ensuring that alternative care arrangements are available. Children left separated from caregivers have mostly been placed in temporary care arrangements such as with neighbours, relatives or other community members. It can be a challenge in some locations to find families willing to provide temporary care for children separated as a result of COVID-19 as people are afraid of contracting the virus and the stigma associated with it. In Uganda, for instance, out of 20 families contacted so far on the roster of foster parents in Kyaka, only two are willing to foster children separated due to COVID-19 circumstances. UNHCR and partners are looking at different ways to maintain alternative care through the provision of community-based foster care arrangements.

11 countries have closed their borders to a certain degree and partially impacting access to asylum. UNHCR continues to advocate with Government partners to be able to carry out border monitoring activities, especially in lockdown situations.

All countries in the East and Horn of Africa and the Great Lakes have confirmed cases of COVID-19 including imported and local transmission.

UNHCR and partners are faced with the need to revamp education programming to support distance learning.

Communication on prevention measures with Persons of Concern to provide fact-based information on COVID-19 through a wide variety of methods.

In Central Darfur in Sudan, UNHCR is working with the traditional community leaders at Hamadyia IDP camp to engage community-based protection networks to increase information sharing and knowledge about how to prevent the spread of the COVID-19 virus. Due to poor structures and lack of shelter it is difficult for families to maintain social distancing in their homes; soap and other hygiene materials are yet to be distributed.
Education
1.1 million refugee students out of school as result of COVID-19

The spread of COVID-19 has led to the closure of more and more schools for an indefinite period across the region. Education interventions are shifting to see what can be done to support distance learning, which most governments in the region are providing through a variety of methods. However, the ability of refugee students to access distance learning programmes at scale has so far proven challenging due to limited ICT infrastructure and internet connectivity, and the lack of widespread ownership or access to televisions, radios, or tablets. In Sudan, for example, the Ministry of Education (MoE), has launched learning sessions on television, radio, and through the use of social media (via smart phones) for students in primary and secondary school, in the two states of Gadarif and Kassala. In Khartoum, the State Ministry of Education is in the process of preparing lessons covering all the subjects for grade 8 and secondary students to be broadcast on Sudanese national television and radio stations for all public and private schools. Alongside this, another private television channel is also broadcasting lessons in partnership with a local bank and telecommunication company. In White Nile, the State government has set up a computer lab to prepare and upload lessons on computers and on YouTube for teachers and students; internet access will be provided to a total of 2,500 students. Radio lesson broadcasts are also planned to reach a larger student population. Finally, in South Darfur, students in Nyala town have access to radio lesson broadcasts but refugee students in Elradoom, Abu Agura, Buram and Bileil, who do not have access to radios are so far unable to participate.

Health
Major health challenges include the immediate availability of equipment necessary to detect, test and treat complicated cases, medical supplies and adequate facilities for isolation, as well as the feasibility of practicing social distancing at the community level.

Operations continue to implement preparedness and response plans which involve identification, establishment and equipping of isolation units in the camps. The immediate availability of medical supplies and PPEs for the health care providers and the availability of testing facilities remains a challenge in most operations. In Burundi, isolation centers have been set up in all 5 refugee camps and 3 transit centers, with some Ebola centers transformed into COVID-19 centers and other structures newly built. Each isolation center has an average of 10 to 12 beds. In Kenya, isolation facilities have been established in Kakuma and Dadaab camps and additional facilities have been identified in the event of an overwhelming number of cases. Some 100,000 medical masks were received and most dispatched to the camps. Some masks will also be distributed to County level government facilities.

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.

UNHCR and partners are engaged in the regular distribution of core relief items (CRIs) in the region including soap and sanitary material packages. In Tanzania, additional handwashing facilities were installed in the camps bringing the cumulative total of stations to 942 across the three camps. The installation and connection of three T95 water storage tanks have been completed. The tanks which have the capacity to store 95,000 litres each will significantly boost access to clean, safe drinking water in Nyarugusu. Awareness campaigns on WASH, including handwashing and hygiene, continues across all camps. Approximately 233,675 people were reached during campaigns in the last week. In Uganda, during the month of April, soap and sanitary materials were provided to more than 1.34 million refugees living in settlements, with a two-month worth supply provided in many settlements.

Food Security
Over 2.9 million refugees in the region (63%) affected by food ration cuts.

Refugees in Djibouti, Ethiopia, Kenya, South Sudan, Tanzania and Uganda continue to face food ration cuts ranging between 8% to 30% of the daily caloric needs. Food baskets are incomplete and missing fortified food in situations where refugees are fully dependent on food assistance. This can lead to high levels of acute malnutrition, stunting and anaemia. UNHCR is working with WFP on the prepositioning of food rations and adequate supplies of food commodities for nutrition programs. Where school feeding programs exist in refugee camps and settlements, such as in Rwanda, take home rations are being provided. UNHCR is also working with UNICEF to preposition supplies for therapeutic treatment of severe acute malnutrition in refugee sites in the region.
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.

In Sudan, under the Humanitarian Country Team, a COVID-19 IDP Camp Coordination Task Force has been established, co-led by IOM and UNHCR. The TF will focus on COVID-19 prevention, preparedness and response, for an initial period of three months. While not an activation of the Cluster, the TF will use Camp Coordination and Camp Management (CCCM) to principles to coordinate the COVID-19 prevention, preparedness and response across sectors in the camps and settlements.

At the regional level UNHCR is engaged with the Regional Humanitarian Partners Team 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.

Funding needs

The revised UN inter-agency Global Humanitarian Response Plan was launched on 7 May seeking US$6.7 billion and includes UNHCR’s revised requirements of US$745 million. 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.

This is a revision of the initial Global Humanitarian Response Plan 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.

The increase is due to a rapid evolution of humanitarian needs, the inclusion of additional countries, increased cost of essential health and other supplies, and air and sea transportation. UNHCR is further scaling up its health, shelter and water, sanitation and hygiene (WASH) preparedness and response interventions, providing cash and other support to vulnerable displaced families experiencing economic shock, and ensuring protection and assistance for those most affected.

Funding (as of 8 May 2020)

USD 745M 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

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Total contributed or pledged to the COVID-19 appeal

USD 230M including:

- United States $64M
- Germany $38M
- European Union $31.8M
- United Kingdom $24.8M
- Japan $23.9M
- Denmark $14.6M
- CERF $6.9M
- Canada $6.4M
- Ireland $3.3M
- Sweden $3M
- Sony Corporation $3M
- Finland $2.4M
- Education Cannot Wait $1.8M
- Qatar Charity $1.5M
- Australia $0.8M
- Monaco $0.2M
- Iceland $0.4M
- Portugal $0.1M
- Liechtenstein $0.1M
- Slovakia $0.1M

Unearmarked contributions to UNHCR’s regular global programmes:

- Sweden 76.4M
- Norway 41.4M
- Netherlands 36.1M
- Denmark 34.6M
- United Kingdom 31.7M
- Germany 25.9M
- Private donors in Spain 20M
- Switzerland 16.4M
- Private donors in Republic of Korea 10.5M

Links:

- Uganda - COVID-19 response bi-monthly update
- UNHCR COVID-19 revised emergency appeal - key facts and figures May 2020
- 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.

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