

East and Horn of Africa, and the Great Lakes Region

13-19 May 2020

 **4.7** MILLION
REFUGEES & ASYLUM-SEEKERS

 **8.1** MILLION
INTERNALLY DISPLACED PERSONS

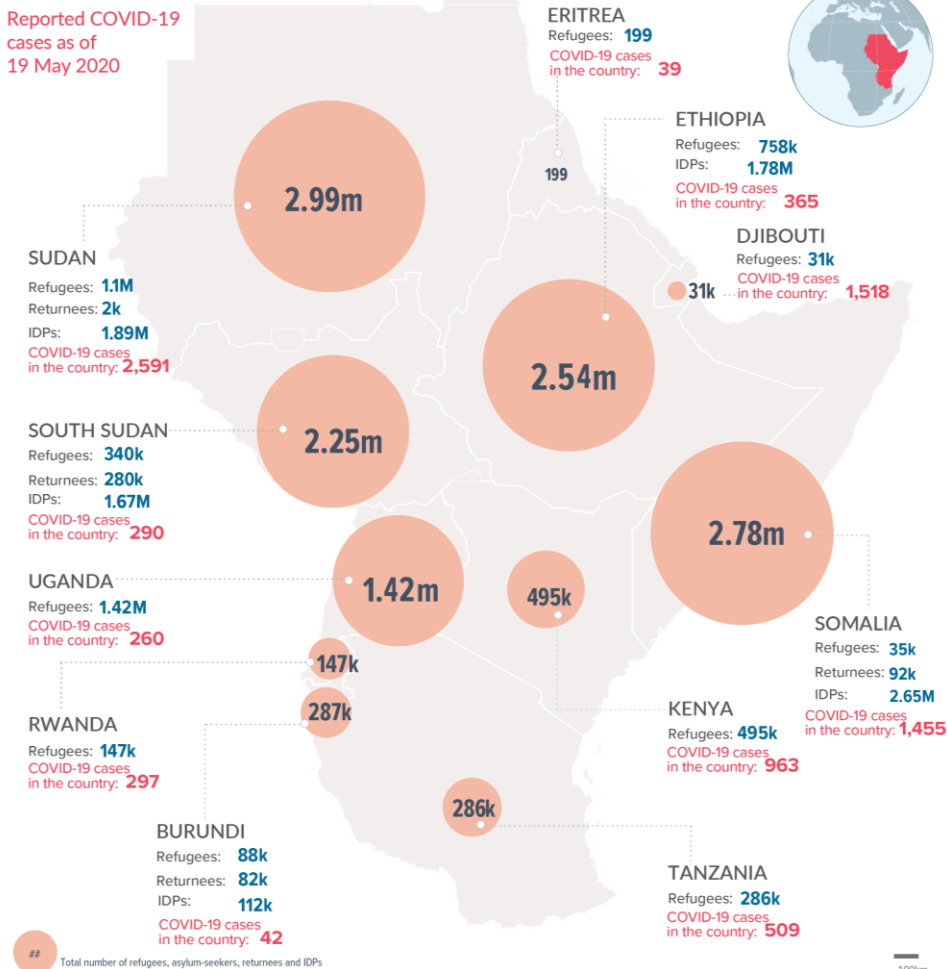
 **455,445**
REFUGEE RETURNEES

8,329 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 continues to evolve. As of 19 May, there were 8,329 confirmed COVID-19 cases in the countries covered by UNHCR's EHAGL Regional Bureau, representing a nearly 40% increase over the last week. 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 as 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 physical distancing and limitations on movement. In **Kenya**, for example, the Government extended the restriction of movement between counties and the nationwide curfew until 6 June. In addition to the COVID-19 pandemic, the region is plagued by multiple crises. The rainy season has commenced which has led to increased humanitarian needs as a result of additional displacement due to flooding and landslides. Cholera outbreaks are also to be expected. Locusts swarms are poised to infest the region which, if not contained, will result in a potentially serious food security crisis. These crises add to the complexities of responding to the pandemic where restrictive movement and limited physical interaction is a key strategy to mitigate the spread of the virus in the region.

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



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 and distribution 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.

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 **Kenya**, the borders with Tanzania and Somalia were officially closed on 16 May, after a number of individuals who had crossed the borders tested positive for COVID-19. The decision will remain in place for 21 days and could potentially have an impact on persons of concern from Somalia seeking refuge in Kenya.

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 resettlement which has recommenced in certain operations. In **Uganda**, UNHCR resumed resettlement activities in selected locations using remote interviewing. Resettlement interviews will start again in Kyaka II, Kyangwali, and Nakivale settlements, and then in Kampala. In **Rwanda**, remote resettlement interviews also recommenced at the Emergency Transit Mechanism (ETM) in Gashora.

Given the widespread socio-economic damage inflicted by the pandemic, UNHCR is particularly worried that for many refugees, the loss of daily wages and livelihoods is resulting in psychosocial hardship. Providing mental health support and care has been difficult due to nationwide lockdowns and restricted movements. Refugees are often unable to travel to reach care and many face-to-face group-based activities have been cancelled. Efforts are being made to reinforce psychosocial support across the region. In **Uganda**, for example, three psychosocial support groups were formed in the communities of Nkoma and Ntenungi, in Rwamwanja settlement with the aim of strengthening Mental Health and Psychosocial Support (MHPSS), referral pathways and raising MHPSS awareness in the community.

Health

Major health challenges include the immediate availability of equipment necessary to detect, test and treat complicated cases, medical and PPE supplies and adequate facilities for isolation, as well as the feasibility of practicing physical 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. Challenges remain especially in areas of procurement and distribution of supplies and the need to establish arrangements for both primary and secondary care for COVID-19 cases while maintaining regular health services in parallel. Targeted training of partners has progressed with focus on health care workers and community workers, including refugees, and sensitization and response capacity has increased. Virtual trainings are being conducted in certain locations where connectivity is possible. In **Ethiopia**, some 71% of the targeted health personnel and community health volunteers have been trained in all camps except in the Afar Region and the Jijiga camps where sessions have been delayed. The training covers surveillance, Infection Prevention and Control (IPC), case management, safe transport, and Risk Communication and Community Engagement (RCCE). In **Tanzania**, trainings targeting health workers, Health Information Teams and health promoters were conducted; 20 people were trained on safe and dignified burials and 225 people on risk communication.

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.

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

Strengthening communication on prevention measures with communities to provide fact-based information on COVID-19 through a wide variety of methods.

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 hand washing with soap, water supply, physical distancing and public awareness are progressing throughout the region. However, as the situation becomes more prolonged, replenishment of basic WASH CRIs (soap, jerrycans, chlorine etc.) will become more pressing – especially for countries going into the rainy season and where availability and costs on local markets are becoming more challenging. WASH support targeting all health structures for COVID-19 isolation and treatment is in progress. The task has been an enormous one given how many health structures were lacking in adequate WASH facilities before the pandemic. Delays in the identification and approval of appropriate isolation structures has also slowed progress in some countries. At the same time, existing basic WASH delivery must continue as there are other priority needs aside from COVID-19, most recently exacerbated by widespread damage from flooding, concerns about cholera outbreaks and general basic operation and maintenance that has to continue in order to prevent multiple WASH-related diseases.



Production of information material regarding COVID-19 prevention to be distributed in refugee camps in Rwanda. In Mahama refugee camp, refugees are using recently installed water taps to wash their hands. UNHCR/ E. Sibomana (first photo) & UNHCR/J. Ngabonziza (second photo)

Livelihoods

COVID-19 restrictions in the region have placed significant strain on the livelihoods of refugees. One set of actors seeking to adapt and expand programming to address these impacts is the Poverty Alleviation Coalition (PAC) – a coalition that includes UNHCR, the World Bank Partnership for Economic Inclusion and 13 NGOs and was launched at the Global Refugee Forum in 2019. The PAC adopts the “graduation approach” to address the multidimensional needs of extremely poor refugee and host community households and has been shown to help 70-90% of beneficiaries to graduate from aid dependence into self-reliance. In line with the Global Compact on Refugees, UNHCR is playing a facilitating and coordinating role, and seeking to support the fundraising efforts of NGO members. Emerging practices of coalition members in the region in the context of the COVID-19 pandemic include World Vision transitioning to mobile money for cash delivery to beneficiaries in **Somalia**. Another coalition member, Village Enterprise, will mentor existing business owners in **Ethiopia, Kenya, and Uganda** online or by phone. Village Enterprise is also creating a digital package to deliver as much of their program as possible in spite of the current restrictions. Another NGO partner, HIAS, is planning to digitalize psychosocial support, training, mentoring, and cash transfers to ensure a continuation of programming.

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.

A recent meeting of the RHPT on “Centrality of Protection in the context of the COVID-19 response” featured UNHCR’s Senior Protection Cluster Coordinator in South Sudan presenting a OHCHR/Protection Cluster joint paper on *Protection and Human Rights Considerations in the Preparedness and Response to COVID-19* and sharing good practices of human rights mainstreaming in the IDP response.

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.

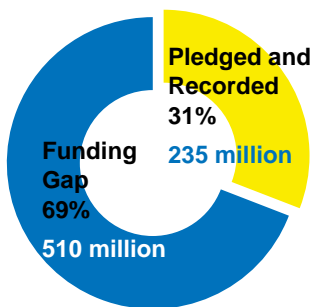
The increase is due to a rapid evolution of humanitarian needs, the inclusion of additional countries, increased cost of essential health and other supplies, and air and sea transportation. UNHCR is further scaling up its health, shelter and water, sanitation and hygiene (WASH) preparedness and response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

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 (as of 15 May 2020)

USD 745M requested for UNHCR’s COVID-19 response globally over the next nine months:



Total contributed or pledged to the COVID-19 appeal

USD 235M 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 | Luxembourg \$2.6M | Finland \$2.4M | Education Cannot Wait \$1.8M | Qatar Charity \$1.5M | Norway \$1.4M | Australia \$0.8M | Monaco \$0.2M | Estonia \$0.1M | Iceland \$0.1M | 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 | Private donors in Spain 26.6M | Germany 25.9M | Switzerland 16.4M | Private donors in Republic of Korea 13.9M

Links

Press releases:

[WFP - Hunger could double in East Africa and the Horn in months as coronavirus spreads](#)

[UNHCR Kenya - UNHCR and humanitarian agencies strengthen health response in Kenya refugee camps](#)

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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