

## UNHCR's response to COVID-19 in Ethiopia

18 March 2020

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*Alongside sister UN agencies and other partner organizations, UNHCR has been closely following the developments as well as the guidance on COVID-19 issued by the World Health Organization.*

*The outbreak is a global challenge that must be addressed through international solidarity and cooperation. It also serves as a reminder that in order to effectively combat any public health emergency, everyone – including refugees, asylum-seekers and migrants – should be able to access health facilities and services in a non-discriminatory manner.*

### Impact on UNHCR operations in Ethiopia

UNHCR operations in Ethiopia are currently ongoing. In light of the evolving situation around COVID-19, UNHCR is following guidance from the Government of Ethiopia and the UN inter-agency mechanisms on how to best ensure our work can continue to support our Persons of Concern.

Accordingly, UNHCR has significantly limited both incoming and outgoing international travel. Field missions are also currently on hold until further notice. UNHCR is currently testing business continuity plans in the event that staff are required to move to teleworking arrangements to adhere to self-isolation guidelines.

UNHCR staff are currently on duty as usual. Colleagues who are experiencing flu-like symptoms or who have recently returned from COVID-19 exposed countries are self-isolating and using teleworking arrangements. Others who have faced travel restrictions are also teleworking.

UNHCR will follow the national protocol of reporting any potential cases. Case investigation and management will be carried out following the national guidelines.

All UNHCR staff are continuously being updated about the COVID-19 virus and have received information about proper hygiene measures in order to reduce the spread of the virus.

Hand sanitizers and hand washing facilities are being made available at all entrances of UNHCR premises.

### Measures in place for Persons of Concern

At this point, the Ethiopian authorities have not confirmed any cases of the COVID-19 virus among the refugee population in Ethiopia.

Screenings for new arrivals are being carried out at the major refugee entry points of the Sudanese and South Sudanese borders in order to early detect and isolate any suspected case. UNHCR is facilitating the efforts of the government to extend those measures to other entry points and reception centres.

The development of contingency plans is the responsibility of governments, supported by WHO and other partners with technical expertise. UNHCR is participating in preparedness initiatives at the national and regional levels and is advocating for refugees to be fully integrated into the national and regional response plans.

UNHCR's partners have employed and trained large groups of refugees as Community Outreach Workers to help disseminate messages in their own languages and culture. Sensitization campaigns have started in most refugee camps, carried out by Community Outreach Workers, informing refugees about the importance of social distancing and proper hygiene. General hygiene promotion activities, including handwashing, are being maintained or reinforced across all refugee camps.

Should a COVID-19 case be detected in a refugee setting, UNHCR will follow the national protocol of reporting. Case investigation and management will be carried out following the national guidelines. Clinical personnel in camp health facilities are being trained by Regional Health Bureaus on early case identification and referral pathways. Isolation facilities are being identified in all regions.

In order to reach out to the urban refugee caseload, refugee Outreach Volunteers are recruited from the refugee population of various nationalities. UNHCR is engaging them on disseminating awareness messages on the COVID-19 virus. Posters with information about hygiene practices have been posted at the Reception Center in Addis Ababa.

### Coordination and working with partners

Convened by the Humanitarian Coordinator in Ethiopia, the COVID-19 response is being discussed among Heads of UN Agencies, including UNHCR. Regional level coordination is taking place involving regional authorities, UN agencies and NGOs.

Overall, COVID-19 preparedness, prevention and response are led by the office of the President at the Regional Government level and steered by the regional health bureau and WHO, guided by an emergency preparedness response plan specific to COVID-19. In all field locations, UNHCR is engaging with ARRA, local authorities, and NGO partners, using the refugee coordination platform at the sub-office and camp levels for the purpose of information sharing, contingency planning and business continuity.

In general, under the coordination of UNHCR, there are plans to leverage on capacity building provided to the Refugee Central Committees (RCC) and other community-based committees should the situation escalate to the point that staff are unable to access the camps. These systems are yet to be tested for operationalization.

Contingency plans emanating from all field locations unilaterally reflect efforts at reducing the footprint on humanitarian workers in terms of physical presence while leveraging available technology for information sharing, data gathering and the provision of protection and assistance.

Considering the specific nature of the potential situation and the need to reduce social interactions and reduce crowded spaces, UNHCR is envisioning together with partners innovative ways of distributing life-saving assistance while reducing crowds that increase the risk of COVID-19 transmission.

In all field locations, UNHCR is currently carrying out an assessment of partners' capacity to respond to the COVID-19, including taking stock of relevant equipment and medicines in the operation and in coordination with local authorities and local response plans.

### Potential consequences in UNHCR's sectors of intervention

**WASH:** The sector is already engaged in preventive measures, as washing hands is the main barrier against the virus. Water availability is essential as well as water storage and sufficient

soap at household levels. The main core relief items distributed on a regular basis are soap, sanitary napkins and underwear. These items are essential to maintain proper hygiene and reduce the spread of the virus. With the ongoing awareness campaigns, the frequency of handwashing in the refugee's settlements is expected to increase. Currently, the monthly distribution of soap in the camps is at 250g per refugee. Given the required need for increased and prolonged handwashing to prevent disease transmission, soap allocation should be increased from 250g to 500g per refugee per month, for the next three months.

In camps, handwashing stations will be established in all institutions as well as at the household level. Distribution of additional jerrycans for water storage and increased water provision are measures that will be encouraged.

**Health:** Major challenges are the immediate availability of adequate personal protective equipment for health personnel, equipment necessary to resuscitate complicated cases and adequate facilities for isolation. Some isolation facilities designated by the Regional Health Bureaus are far from camps and alternatives need to be agreed upon. In the event of an outbreak, some non-emergency services will need to be discontinued (e.g. vaccination, ante-natal/post-natal care, etc.) which will have longer-term negative consequences.

**Education:** The operations in camps are guided by the directive issued by the Ethiopian Prime Minister that require all schools to remain closed for 15 days, effective 16 March 2020. School disruption in learning is affecting over 200,000 refugee children. Further instruction from relevant arms of government will guide the resumption in learning, including taking appropriate measures within the schools to mitigate the spread of COVID-19. This will be in addition to strengthening school Hygiene and sanitation practices in schools by partners.

**Energy:** Most of the refugees in Ethiopia use firewood to cook their dry food rations, provided by WFP. The firewood is mostly collected from the nearby area, mainly by women. In the worst case of an outbreak, the refugees may not be allowed to leave the camp. In such a situation, the supply of firewood is critical since refugees will not be able to collect firewood to cook.

**Shelter:** In case of an outbreak at the camp level, there is the need to provide isolation shelters/amenities for affected families, either at the household level or for approved communal facilities. UNHCR is working on stockpiling emergency shelter materials to provide the necessary support when the needs arise.

**Food assistance:** A repositioning of two-month rations to the camps is planned, and the provision of three-month rations of therapeutic food for severe acute malnutrition has been completed. Additionally, the prevention of malnutrition is planned for all nutrition programs in the camps. Food rations continue to be provided at 86% of the sphere standard (2,100 Kcal) with reduced access to fortified foods and limited access to fresh foods that may have an impact on the immunities of the refugee community. The current pipeline at the reduced level (86%) is until July 2020.

### **Funding needs**

UNHCR has launched a global appeal on Tuesday for an initial US\$33 million to help protect vulnerable refugees and displaced people from the COVID-19 virus.