

East and Horn of Africa, and the Great Lakes Region

29 October -11 November 2020



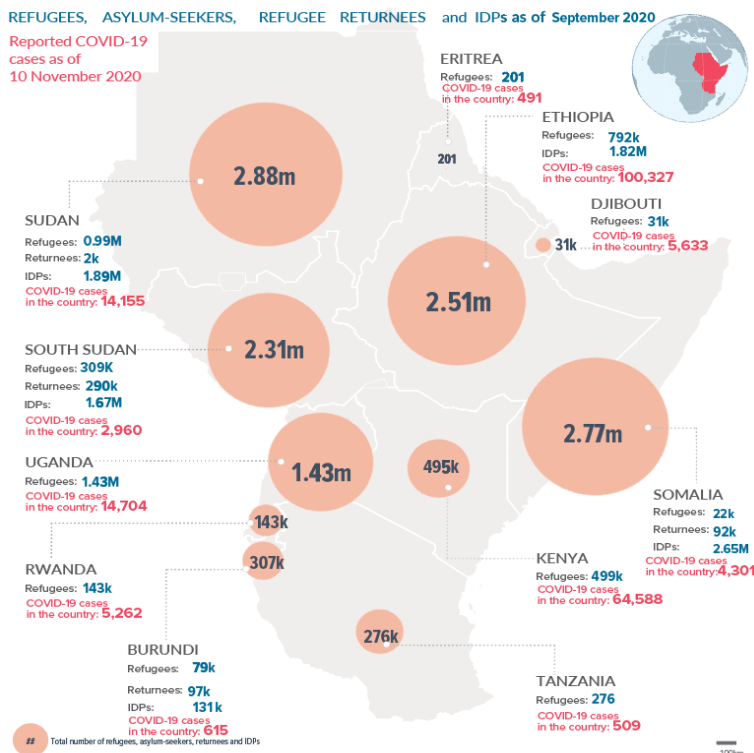
Operational Context

The COVID-19 situation in the East and Horn of Africa, and the Great Lakes (EHAGL) region is in its ninth 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 11 November, there were 213,545 confirmed COVID-19 cases in the 11 countries overseen by the EHAGL Bureau. For the past week, the EHAGL region continued to report 11% of the total COVID-19 cases in Africa, as well as 19% of the total tests reported on the continent. Since the first confirmed COVID-19 related death on 21 March, there are now some reported 4,229 deaths in the region, (equivalent to 9% of the death cases on the continent) of which 90% are in three countries – Ethiopia, Kenya and Sudan.

While so far there has still 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 several 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.

COVID-19 prevention and awareness have now been integrated in most of UNHCR’s activities across the region. Nevertheless, UNHCR remains on heightened alert as recent figures demonstrate that cases across the region are on the increase.

In **Kenya**, there has been a spike in positivity rates averaging 20% in the last two weeks, with over 1,000 positive cases per day, despite limited testing capacity. According to the Ministry of Health, the hospitals are at almost full capacity, with media reports of patients being turned away from private hospitals due to the limited bed capacity.



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.

The reporting period saw the voluntary repatriation of **Burundian** refugees from the **Democratic Republic of the Congo (DRC)**, **Rwanda** and **Tanzania**. Between 26 October – 5 November, a total of 2,474 Burundians returned including 1,779 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. There is still a need for substantive infrastructure rehabilitation and construction as the current capacity of the transit centers are highly overstretched by the ongoing repatriation convoys increasing the risk of spreading the virus.

In **Burundi**, from 3-5 November, UNHCR held a training on COVID-19 adaptation and child protection in Kinazi transit centre for UNHCR and partners involved in the repatriation process. Information was shared on psychosocial support for children separated from their mothers in case of positive COVID-19 test results and operational strategies outlined for enhanced case management and information sharing among partners.

All country operations in the region have established communication channels with persons of concern, facilitating accountability to affected people. Country operations continue to improve on a 2-way communication to ensure that feedback is given to persons of concern. In **Uganda**, the second monthly inter-agency rumour tracking bulletin was issued the first week of November in order to provide timely and relevant information about COVID-19 related rumours. The system collects data from multiple partners across different settlements and aims at addressing misinformation among the refugee population in relation to COVID-19.

In **Kenya**, it has been noted that the lifting of movement restrictions in the country has negatively impacted prevention, surveillance, and protection of high-risk groups, as evidenced by rising infection rates in Dadaab. UNHCR and partners are implementing a high-risk communication strategy using radio broadcasts, in cooperation with community workers, religious and local leaders.

In **South Sudan**, UNHCR continues to engage the local community/stakeholders, volunteers as well as IDP and other vulnerable persons of concern, with a focus on capacity building to address the access challenges due to recent flooding. Focus has been placed on supporting youth volunteers from the onset of the global pandemic to undertake COVID-19 activities.

Education



283,146 students reached with distance learning programmes by end of September



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.

Ethiopia has gradually started to reopen schools as per the Ministry of Education's (MoE) new COVID-19 guidelines. The Region Education Bureaus (REBs), UNHCR and partners continue to work together to implement the guidelines which vary from one region to the other. Some locations have begun with grades 8 and 12, while others have begun with the lower levels. There will be a phased approach to reopening the schools, where students will attend classes in shifts, as the infection rates continue to be monitored. The main challenges are inadequate WASH facilities and insufficient classrooms to meet the MoE's new guidelines. Additional challenges include the provision of PPEs for the students and a lack of teachers mainly for primary education.

In **Kenya**, in-person learning for all basic education classes will resume in January 2021 (while Grade 4, Grade 8, and Form 4 classes will continue to be in session). In Kakuma, 848 (322 female) Form 3 refugee students accessed live and pre-recorded radio lessons during the reporting period, together with 374 students from the host community. A total of 73 teachers are monitoring student participation in radio lessons. UNHCR has also supplied 5,000 radios to education partners for further distribution to enhance access to radio lessons for those students who continue

distance learning until January. Students and teachers have also received inductions on safety and health guidelines and response committees have been set up.

In **Rwanda**, the Ministry of Education announced the national schools reopening calendar for 2020-2021 with a gradual return approach starting with higher grades on 3 November. UNHCR and partners are supporting the public schools where refugee students are integrated to have the COVID-19 prevention requirement in place ready, for instance availing handwashing facilities.



Grade 8 learners at Arid Zone Primary School, Kakuma attend a language lesson while wearing facemasks. UNHCR and partners are implementing COVID-19 protocols to ensure a safe environment for refugee students and teachers and are supporting host-community schools. UNHCR/ Samuel Otieno.

Health



2,626,604 masks
 (3 ply, N95 and medical masks) **distributed**
 in the region by end of September



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 **Kenya**, UNHCR in Kakuma, through education partners distributed to each student (6,140), two re-usable facemasks. Students and teachers have also received induction on safety and health guidelines and response committees have been set up. The School Feeding Programme has resumed for Grade 4 and Grade 8 students. Students who have yet to report to their schools are being contacted by their classmates and teachers.

In **Rwanda**, UNHCR and partners are still working together to find a solution for symptomatic cases, people with underlying conditions and the elderly (60+). Some existing facilities, schools excluded, will be transformed into treatment centers. For instance, a Cholera Treatment Center is being used in Mahama and Women Opportunity Centers are being prepared in Gihembe and Nyabiheke. In Kiziba, 20 Refugee House Units (RHU) will be erected in a

sport ground in the camp. Asymptomatic cases and those with mild symptoms will continue to be assisted through home-based care.

In Maban, **South Sudan**, UNHCR continued to receive additional medicine, medical supplies, and PPEs from Juba to support regular programming. These items will be distributed to partners. UNHCR continues to offer capacity building trainings for health technical staff on COVID-19 and different aspects of health and nutrition. UNHCR continues to screen temperatures and provide hand washing facilities at the five main border points of entry.

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.

Awareness campaigns across all camps are ongoing through hygiene promoters in the communities. Some 65,779 COVID-19 and handwashing Information, Education and Communication (IEC) materials were distributed. The key messages are on COVID-19 causes, transmissions, symptoms and prevention, health-seeking behavior, and roles of leaders in COVID-19 outbreak prevention and control.

In **Burundi**, construction work to upgrade the Kinazi transit centre to a COVID-19 compliant facility was done. Some of the works include: the repair of the water supply system in the toilets, installation of 7 taps on the handwashing tanks, installation of 2 water points near the latrine blocks for personal hygiene, repair of the separate sheets of the COVID-19 screening centre, repair of benches in the waiting area to enable the social distancing requirements.

In **South Sudan**, the annual WASH knowledge, attitude, and practices (KAP) surveys to track the progress with reference to the baseline data have been completed in Lasu, Gorom, and in Makpandu refugee camps by partners.

In White Nile State, **Sudan**, a soap distribution to South Sudanese refugees was conducted from 25-31 October in Al Jameya and Khor Al Warel refugee camps, reaching 45,000 individuals in conjunction with UNHCR's partners Catholic Agency for Overseas Development (CAFOD) and the Sub-Saharan International Development Organization (SIDO). Mass communication and prevention activities are still ongoing through the implementing partners.

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 4 November, the Regional Humanitarian Partners Team (RHPT) was briefed on [a study with findings of how the Covid-19 pandemic has affected older people in the region](#), based on rapid needs assessments carried out in Kenya, Rwanda, Uganda, South Sudan, Ethiopia and Tanzania. The report suggests that older people face a broad range of risks including highest primary health risks, interruption of health services and medication, mental health challenges, and food and income insecurity.

The 20th virtual NGO consultations was held on 2 November and focused on the theme of challenges and responses to SGBV in the context of COVID-19. The discussions focused on the increased concerns about SGBV in the

context of the pandemic, the inadequate level of resources for this critical protection issue despite prioritization in the Global Humanitarian Response Plan (GHRP) and the importance of strengthening community support structures. The speakers underscored the importance of applying an age, gender and diversity approach in all protection responses and programming. In this context, it is crucial to give special consideration to people living with disabilities who had been found to be facing a considerably higher risk of suffering physical, emotional violence and sexual violence compared to persons without disabilities.

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.

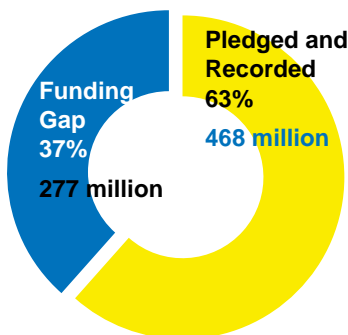
The initial [Global Humanitarian Response Plan](#) was launched on 25 March seeking US\$2.01 billion, and which included US\$255 million for initial, prioritized requirements in UNHCR's operations in affected countries.

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



Total contributed or pledged to the COVID-19 appeal is

USD 468M including:

United States \$186M | Germany \$62.7M | EU \$34M | UK \$25M | Japan \$25M | African Development Bank \$18M | Denmark \$14.6M | UN Foundation \$10M | Unilever (UK) \$7M | CERF \$6.9M | Canada \$6.4M | Education Cannot Wait \$4M | Qatar Charity \$3.5M | Spain \$3.4M | France \$3.4M | Ireland \$3.3M | Sweden \$3M | Sony Corporation \$3M | Austria \$3M | Finland \$2.3M | USA for UNHCR \$2.2M | UNO-Fluechtlingshilfe \$1.7M | Private donors UK \$1.7M | Latter-day Saints Charities \$1.5M | Norway \$1.4M | Australia for UNHCR \$1.4M.

Unearmarked contributions to UNHCR's regular global programmes:

Sweden 76.4 million | Private donors Spain 66.8 million | Norway 41.4 million | Netherlands 36.1 million | Denmark 34.6 million | Private donors Republic of Korea 34 million | United Kingdom 31.7 million | Germany 25.9 million | Private donors Japan 25.1 million | Japan 23.8 million | Switzerland 16.4 million | Private donors Italy 15.7 million | France 14 million | Private donors Sweden 11.7 million | Italy 10.6 million.

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 and [here](#) to access information regarding the travel restrictions and movement and border controls put in place by Governments.

Contacts:

Joyce Wayua Munyao-Mbithi, Senior Donor Relations Officer, Regional Bureau for the East, Horn of Africa and Great Lakes Region, Nairobi - munyao@unhcr.org

Natalie Ndunda, Reporting Associate, Regional Bureau for the East, Horn of Africa and Great Lakes Region, Nairobi – ndundan@unhcr.org