East and Horn of Africa, and the Great Lakes Region
1-14 October 2020

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 14 October, there were 169,741 confirmed COVID-19 cases in the 11 countries overseen by the EHAGL Bureau. For the past two weeks, the EHAGL region reports an increase from 10% to 11% 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 3,292 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.

COVID-19 prevention and awareness have now been integrated in most of UNHCR’s activities across the region. UNHCR continues to work on the procurement of machines and test kits to support urgent needs in certain operations such as Burundi, Ethiopia, Kenya and South Sudan. The COVID-19 response challenges in the region are compounded by floods in several countries leading to additional displacement and, in many areas, affecting UNHCR’s ability to access persons of concern.

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 Uganda, despite the country opening its borders to certain movements, the official Government position is that borders remain closed to asylum seekers. Nevertheless, 1,213 individuals crossed into Uganda from South Sudan between 28 September and 6 October after clashes broke out between factions of SPLM/IO. The new arrivals are hosted in several collection centers and the village close to the border. Arrivals reportedly continue and UNHCR is monitoring the situation closely.

In Djibouti, from 4-6 October, UNHCR carried out a COVID-19 assessment mission to the refugee village of Markazi with a view to strengthening local mechanisms for identifying child victims of abuse, neglect, exploitation and other forms of violence. The mission observed an increase in early marriages that occurred during the lockdown. A plan to coordinate child protection activities with protection partners and the Yemeni refugee community was agreed to with a view to prevent the violation of children’s rights.

The reporting period saw the voluntary repatriation of Burundian refugees from the Democratic Republic of the Congo (DRC), Rwanda and Tanzania. Between 1-8 October, a total of 3,366 Burundians returned including 312 from the DRC, 1,102 from Rwanda and 1,952 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. For example, the construction work to meet COVID-19 requirements at Nyabitare transit centre was completed on 9 October and will allow the reception of at least one weekly convoy out of the two coming from Tanzania. The construction of the isolation centre at Kinazi transit centre is ongoing and will be assigned to receive returnees coming from the DRC.

Education

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.

More Governments in the region have reopened schools including Djibouti, Kenya, Somalia, South Sudan, and Tanzania.

South Sudan reopened school for examination classes on 5 October. This is phase 1 of the school reopening with the Government circular released to all education stakeholders, stipulating the second phase of school reopening for all grades of education set for April 2021. The Ministry of General Education, jointly with the Partners in Education, has worked on preparations for school reopening in observance to the COVID-19 guidelines.
Kenya reopened schools on 12 October for grade 4, grade 8 and form 4, including in all refugee camps. Students in universities and colleges, have also been called to report back. This is considered as phase 1 of school reopening with phase 2 not decided yet. Prior to school reopening, Kenya held several education stakeholders’ consultation meetings and developed a COVID-10 school reopening guideline that UNHCR and all key stakeholders are working to implement.

Djibouti, Somalia and Tanzania have fully reopened all school grades from early childhood education to primary, secondary, tertiary and higher education. In these countries, UNHCR continues to monitor students return to school with Tanzania now recording about 80% refugee students return to school. Somalia has had an approximate total of 60% refugee students return to school, while in Djibouti nearly all refugee students (98%) have returned to school.

UNHCR carried out a joint Education and WASH assessment in 8 countries in the region: Burundi, Ethiopia, Kenya, Rwanda, South Sudan, Sudan, Tanzania and Uganda. So far Burundi, Rwanda and Sudan have been allocated additional funds to improve WASH facilities in schools in preparation for school reopening and strengthening WASH in schools. Key activities being planned include expansion of handwashing stands, increased water supply in schools and provision of soap and other supplies.

**Health**

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 Burundi, UNHCR received 20,000 rapid tests that were provided to the Ministry of Health for testing of returnees upon arrival of convoys. The operation also received 4 oxygen concentrators that were dispatched for use in provincial hospitals in the area of the refugee camps and in health facilities in the camps.

In Ethiopia, to complement the Ministry of Health’s preparedness efforts, UNHCR and ARRA are constructing triage areas and isolation centers in each of the five refugee camps of the Melkadida operation, with the support of the International Rescue Committee (IRC) and Action for the Needy in Ethiopia (ANE). Save the Environment (SEE) has installed and powered solar systems in all isolation centers across all camps, working with an energy cooperative and paying the installation costs.

In Kenya, the process is ongoing for the identification of additional COVID-19 treatment centers and quarantine facilities, following government directive to stop using learning institutions.

In Somalia, during the reporting period, 10,000 surgical masks were donated and handed over to the Ministry of Health of the Federal Republic of Somalia. The masks were delivered to Martini Hospital, the largest COVID-19 response and quarantine center in Somalia run by the Ministry of Health. The donation of the masks is part of COVID-19 prevention and response interventions. Distribution of an additional 40,000 masks is on-going in other parts of the country, targeting COVID-19 response health centers.
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 Kakuma, Kenya, 1,023 demonstrations on installation of tippy tap/leaky tin and 228 house-to-house COVID-19 sensitization visits were conducted by the Community Led Total Sanitation (CLTS) facilitators through house to house visits. During the sensitization visits, community members stressed that while aware of the importance of face masks, they were not able to afford them for all household members. In Dadaab, 126 hygiene promoters carried out community sensitization on COVID-19 encouraging the community to do proper handwashing and avoid social gatherings and greetings by way of shaking hands. 87 water tap stand visits took place to sensitize the community on safe water handling.

In Sudan, while much of the recent activities have been focused on the flood response and related NFI distributions, community sensitization and awareness campaigns on COVID-19 as well as other prevention activities continue through different means, such as mass communication through mobile loudspeakers reaching refugees, IDPs and host communities. Community leaders also continue to be engaged and community awareness on COVID-19 prevention measures has been included in most activities. As an example, on 6 October, Save the Children International, in coordination with UNHCR, the Humanitarian Aid Commission (HAC) and the Ministry of Health initiated community sensitization during NFIs and shelter interventions in Talawdi and Abu Jubayhah localities targeting IDPs.

In Tanzania, a total of 4,718 shared latrines were decommissioned and 7,144 household latrines were constructed. To support WASH services at health and isolation facilities, 26 latrines were completed, 129 waste separation bins established, three water connections established, and 129 handwashing points installed. Support was also provided to the host community by constructing six new institutional/public latrines. Construction of larger volume handwashing devices and fabrication of foot operated handwashing stations is currently underway.

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 discussed the voluntary repatriation of Burundian refugees with a briefing provided by UNHCR. OCHA and UNHCR also provided updates on the current funding situation and the uncertain outlook for 2021.

On 10 October, the international community commemorated World Mental Health Day, an opportunity to reflect on the importance of mental health and psychosocial support services worldwide. The regional Mental Health and Psychosocial Support (MHPSS) working group which was established within the East and Southern Africa Region (ESAR) organized a mental health week, with a panel discussion on 12 October, where the UNHCR Bureau Director for the East and Horn of Africa, and the Great Lakes Region participated to highlight UNHCR's response to the uncertainties occasioned by COVID-19. UNHCR has stepped up efforts to mitigate the effects of the pandemic on the mental health and wellbeing of refugees and other persons of concern at a time when providing mental health support and care has become more difficult during lock-down and with travel restrictions. The MHPSS working group called upon national governments across Eastern and Southern Africa to provide greater investment and greater access to tailored and holistic mental health and psychosocial support services.

**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 $745 million reflected in the revised May Global Humanitarian Response Plan (launched on 7 May seeking $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 $2.01 billion, and which included $255 million for initial, prioritized requirements in UNHCR's operations in affected countries.

**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 | Africa 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.

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