East and Horn of Africa, and the Great Lakes Region
15-28 October 2020

Operational Context

The COVID-19 situation in the East and Horn of Africa, and the Great Lakes (EHAGL) region is in its eighth 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 28 October, there were 189,406 confirmed COVID-19 cases in the 11 countries overseen by the EHAGL Bureau. For the past week, the EHAGL region reports 11% of the total COVID-19 cases in Africa, as well as a decrease from 20% to 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 3,597 deaths in the region, (equivalent to an increase from 8% to 9% in the last week of the death cases on the continent) of which 89% 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 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. Nevertheless, UNHCR remains on heightened alert as recent figures demonstrate that cases across the region are on the increase. Ethiopia, Kenya and Uganda especially have seen a recent spike in numbers. In South Sudan, the Doctors Union (SSDU) has warned that the country is most likely to experience a second wave of COVID-19 with more fatal cases if heightened efforts to fight the virus are not implemented. The SSDU has cautioned that many citizens and officials appear to have relaxed safety measures.

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 15-22 October, a total of 2,706 Burundians returned including 850 from Rwanda and 1,856 from Tanzania. The total number of repatriated refugees from Rwanda stands now at 3,444 individuals, 43% of the 8,000 anticipated in the last quarter of 2020. The majority of the repatriated refugees are from Mahama (3,311) and some few from urban settings (133). The total number from Tanzania stands at 21,702 since the beginning of the year. 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.

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 two-way communication to ensure that feedback is given to persons of concern. UNHCR is planning a deep dive/webinar in early November with a focus on the ‘community engagement’ part of its Risk Communication and Community Engagement priorities. A panel will be put together and include members from the refugee communities specially focusing on refugee leaders, IDP leaders and women and youth undertaking leadership activities in their respective communities. The representatives will discuss their experiences with COVID-19 and how they have been engaged by the humanitarian community, the challenges they have faced and ideas for improvement. 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. In Sudan, while much of the recent activities have been focused on the flood response and related Core Relief Items (CRI) distributions, community sensitization and awareness campaigns on COVID-19 as well as other prevention activities continue through different means. For example, UNHCR and Save the Children International (SCI) conducted COVID-19 sensitization sessions and prevention for IDPs in Talawdi locality, Kordofan and distributed Information, Education and Communication (IEC) materials to 130 households.

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.

In the EHAGL region, Djibouti, Kenya, Somalia, South Sudan, Tanzania and Uganda have reopened schools either fully or partially and learning is on-going.

Schools have fully reopened in Djibouti, Somalia and Tanzania with all levels of education from early childhood to tertiary education in session and learning. Student return to school has been slow but progressively going up; for example, in Tanzania the re-enrolment rate increased from 60% in June (when schools first reopened) to 80% in October. UNHCR, education partners and the community have carried out door-to-door back to school campaigns. Somalia has a 60% return re-enrolment rate while Djibouti has an 89% re-enrolment rate. Key challenges observed around school re-opening include; lack of school materials, early pregnancies and marriages and disinterest in school after prolonged school closures.

Kenya, South Sudan, and Uganda re-opened schools partially between 5-15 October 2020. The schools were re-opened in phases starting with the examination classes in all 3 countries. Phase 2 of school reopening in these
countries may take place in 2021. **Rwanda** has set to reopen schools on 2 November for certain classes (upper primary, secondary, Technical and vocational education and training (TVET)). **Sudan** plans to reopen schools on 22 November. **Eritrea** and **Ethiopia** have yet to set dates for school re-opening.

**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 **Rwanda**, the Government, through the Rwanda Biomedical Center (RBC) has donated 50 hospital beds to the treatment center in Mahama camp and is going to deploy health staff in the coming weeks to assist the camp health interventions in the camp.

In Yambio, **Western Equatoria State, South Sudan**, renovation work for the waystation to be used for quarantine of persons of concern being carried out by World Vision International (WVI) is progressing. For now, lack of a facility to quarantine newly arrived refugees from the Central African Republic, the Democratic Republic of the Congo and Sudan in various locations within the state has posed a major challenge. The renovation work at the waystation, once completed, should improve the response to new arrivals before onward relocation to Makpandu refugee camp. In Maban, UNHCR received PPEs and specialized medical supplies and equipment (including oxygen concentrators, pulse oximeters and mobile ventilators), which have been distributed to health partners to preposition for management of severe cases at isolation units. On 19 October, one hundred (100) more Viral Transportation Media (VTMs) were delivered to Maban and distributed to Bunj hospital and Gentil PHCC, which will help to increase their testing capacity.

In **Somalia**, UNHCR in Galkayo received 14,000 surgical facemasks for distribution to UNHCR and Ministry of Health staff, local authorities and persons of concern during registration, refugee status determination and resettlement activities.

In **Tanzania**, crowd control and physical distancing continued to be maintained in all clinics in camps. This has been achieved by increasing the number of clinic days and proposing a specific timetable for visits, and ensuring people are seated at least one meter apart while waiting for medical services. UNHCR’s health partners, the Tanzanian Red Cross Society and *Médecins Sans Frontières* continue to screen at all health centers and camp entry points.
Water, Sanitation and Hygiene (WASH)

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, with the reopening of schools during the reporting period, UNHCR distributed over 2,040 kg of soap bars and 2,940 liters of liquid soap to education partners for distribution in 26 primary and six secondary schools. UNHCR’s partners also provided trainings on COVID-19 protocols to 54 teachers. On 15 October, UNHCR handed over 30 handwashing stations, 13,112 reusable facemasks, 1,420 kg of soap bars and 1,420 liters of liquid soap to support the safe reopening of 63 primary schools and eight secondary schools for the host community. In addition, 2,316 demonstrations were conducted to increase knowledge of how to locally fabricate tippy taps for regular handwashing.

In Tanzania, the installation and monitoring of handwashing stations continues across all camps. Currently, there is a cumulative total of 25,110 institutional and household handwashing points across the three refugee camps. Construction of larger volume handwashing devices and fabrication of foot-operated handwashing stations is also currently underway. To ensure that families continue with the recommended handwashing practices, distribution and monitoring of soap usage at washing stations is ongoing. During the reporting period, UNHCR and partners distributed 15,114 kilograms of powdered soap and 3,892 liters of liquid soap.
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.

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.

Funding

USD 745M requested for UNHCR’s COVID-19 response globally:

Total contributed or pledged to the COVID-19 appeal
USD 468M including:

- United States $186M
- Germany $62.7M
- EU $32.4M
- 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 $2.5M
- 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 76.4M
- Private donors Spain 59.9M
- Norway 41.4M
- Netherlands 36.1M
- Denmark 34.6M
- United Kingdom 31.7M
- Private donors Republic of Korea 30.6M
- Germany 25.9M
- Japan 23.8M
- Private donors Japan 21M
- Switzerland 16.4M
- Private donors Italy 4M
- France 14M
- Private donors Sweden 11.7M
- Italy 10.6M

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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