

East and Horn of Africa, and the Great Lakes Region

20 August – 2 September 2020

 **4.6** MILLION
 REFUGEES & ASYLUM-SEEKERS

 **8.1** MILLION
 INTERNALLY DISPLACED PERSONS

 **47,212**
 REFUGEE RETURNEES IN 2020

120,484 CONFIRMED COVID-19 CASES IN HOSTING COUNTRIES

Operational Context

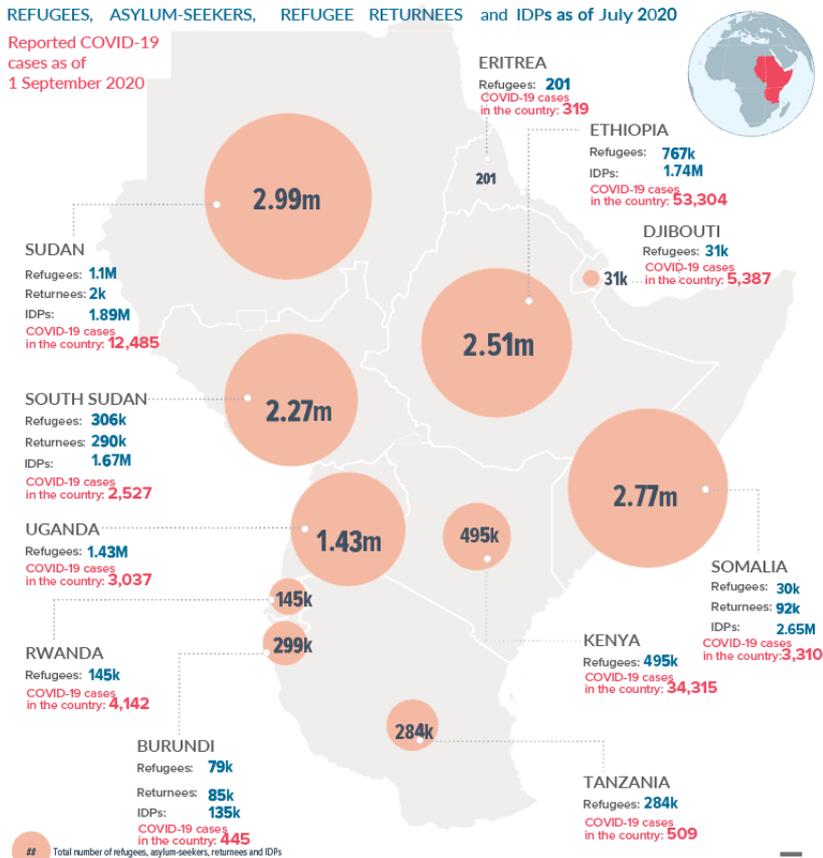
The COVID-19 situation in the East and Horn of Africa, and the Great Lakes (EHAGL) region has entered its seventh month since the first cases were reported in March 2020. As the situation continues to evolve, the region is still relatively less impacted than the rest of the continent. As of 1 September, there were 120,484 confirmed COVID-19 cases in the 11 countries overseen by the EHAGL Bureau. In the past two weeks, the EHAGL region reported an increase from 8% to 10% of the total COVID-19 cases in Africa, as well as an increase from 18% to 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 2,503 deaths in the region (equivalent to 8% 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. In **South Sudan**, a letter from the Chairman of the National Taskforce on COVID-19 was issued on 28 August lifting the 14-day quarantine or negative test requirement prior to inter-state travel for humanitarian workers. This will significantly ease humanitarian movements within the country, which had been seriously impacted by the COVID-19 travel restrictions put in place in March 2020. The 14-day quarantine requirements upon arrival into South Sudan from abroad remains applicable.

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

Reported COVID-19 cases as of 1 September 2020



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.

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.

On 27 August, the first facilitated repatriation of Burundian refugees in Rwanda was organized. The initial group of 485 men, women and children opted to voluntarily return after living in exile for five years. So far UNHCR in Rwanda has registered 1,800 refugees who have requested support to return home. Earlier in the month, a virtual meeting was held between the governments of Burundi and Rwanda and UNHCR where it was agreed to begin facilitating returns under the framework of the 2005 Tripartite Agreement on the Voluntary Repatriation of Burundian Refugees in Rwanda. UNHCR is working close with authorities in Rwanda and Burundi to ensure the returns take place in safety and dignity. This includes pre-departure formalities such as registration, interviews to ascertain the voluntariness of their decision to return, health screening including COVID-19 tests and provision of transportation, with specific attention to the most vulnerable people and measures to prevent the spread of COVID-19.



Jeannette, 5, washes her hands before entering the departure ground during the voluntary repatriation procedure for Burundian refugees living in Mahama refugee camp in Rwanda. UNHCR/Eugene Sibomana

Voluntary repatriation of **Burundian** refugees from **Tanzania** has continued with 1,857 Burundians returning between 18-27 August. 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 while reinforcing COVID-19 prevention measures.

In **Djibouti**, on 19 August, the Ministry of Social Affairs and Solidarity (MASS) in collaboration with UNHCR and ONARS officially launched a biometric registration and social assistance initiative for urban refugees. This operation aims to improve the living conditions of urban refugees affected by the COVID-19 pandemic in Djibouti city and builds on emergency assistance for urban refugees introduced in May. The most vulnerable households have been targeted and will receive vouchers to benefit from another two months of food aid.

In **Ethiopia**, some 1,060 refugees from the Pagak Reception Center who have tested negative for COVID-19 were relocated to Nguenyiel's DICAC school for quarantine prior to relocation to refugee camps in the Gambella region. Some 6,960 refugees remain in Pagak Reception Centre. The next movement of 1,000 individuals is scheduled to take place the week of 7 September.

In **Sudan**, in White Nile State, an inter-agency mission was conducted to El Megenis border entry point to assess the possibility of opening a quarantine center at the border, since the center in Um Sangour is being closed. Ensuring social distancing at the center in Um Sangour had proven problematic due to its location inside the camp. UNHCR is working with multiple government institutions to ensure refugees approach through official border points and quarantine accordingly.

In **Uganda**, UNHCR has developed support packages for community leaders to facilitate awareness raising sessions on Age, Gender and Diversity (AGD). The support packages contain SASA! (*Start, Awareness, Support, Action*) materials, such as posters and comics, as well as information about the UNHCR AGD policy and Q&As about how to provide support to persons with specific needs, including in the context of the COVID-19 pandemic. SASA! is a community-driven methodology implemented by UNHCR and partners with the aim of transforming cultural power imbalances between women and men to prevent SGBV and HIV/AIDS. The materials will help the leaders to facilitate conversations in their communities around refugee participation in humanitarian programming and how the community can advance gender equality, help women and girls to claim their rights, provide support to older persons and persons with specific needs and include ethnic and religious minorities in decision-making.

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.

Governments in the region continue to deliberate on whether and when to re-open schools in the midst of the ongoing COVID-19 situation. So far, only two countries have re-opened schools, **Somalia** and **Tanzania**, whereas schools in **Burundi** have remained open since the start of the pandemic.

Somalia re-opened schools on 15 August and learning is on-going. Prior to school reopening, consultation meetings between the Ministry of Education and partners led by the Education in Emergencies Cluster were held and agreement reached to use both the MoE school re-opening guidelines and the global "Safe back to school guideline."

Djibouti is set to re-open schools in September 2020. The re-opening is planned in two phases: primary schools will open on 6 September, while secondary schools and Higher Education institutions will re-open on 30 September. UNHCR is working closely with the MoE regarding the preparation of the school opening in displacement affected areas.

Sudan is also set to re-open schools in September 2020. In preparation for this, the MoE is working on protocols to partially open schools with two systems running concurrently: some children report physically to school while others will continue to attend classes remotely from home through distance learning programmes. All schools initially used as quarantine and isolation centers have been vacated and concerned sectors are working together to have them disinfected before the re-opening. Plans are also underway to train teachers on prevention of COVID-19 in schools and to provide face masks for students.

Rwanda and **South Sudan** had set to re-open schools in September but have since deferred this due to increasing cases of COVID-19. Dates for school re-opening in other countries in the region remain unknown, nonetheless, preparations are on-going and will be continued to ensure safe back to school for all refugee children.

WASH assessments in schools in preparation for school re-opening have been completed in **Ethiopia, Kenya, South Sudan, Tanzania and Uganda** and the report on key findings is being prepared. Funding will be required to address the challenges that have been identified in this assessment.

Protection issues in the refugee settings are being observed as result of prolonged school closure with increased incidences of gender-based violence and abuse including online/virtual sexual exploitation and violence at home and in the communities. Teenage pregnancies, sexual harassment, child labour are among some of the critical issues being reported.

Health



1,005,500 masks
(3 ply, N95 and medical masks) distributed
in the region by end of July



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.

Currently, testing for COVID-19 is regulated and managed by National Health Authorities centrally but many countries in the region are making efforts to decentralize testing facilities including to increase access for refugees and host communities living in remote locations. UNHCR has already been requested and is supporting Governments with COVID-19 testing.

In **Burundi**, UNHCR partner, *Conseil pour l'Education et le Developpement* (COPED), finalized the extension work at Gitara testing center. A reception shed for returnees waiting to undergo COVID-19 testing has been expanded to increase reception capacity and ensure social distancing. Hot meals will be provided to returnees waiting for rapid COVID-19 test results. A field visit was also conducted to assess the remaining needs to upgrade the Ruyigi transit centre.

In **Djibouti**, as part of the strengthening of infrastructure to ensure effective patient care, the Markazi health center was rehabilitated in collaboration with the Ministry of Health and national refugee authority, ONARS. Two new tents with their complete accessories were installed; construction materials, equipment for air conditioning and toilets were delivered.

Water, Sanitation and Hygiene (WASH)



1,998,692 people provided
with extra soap for increased hand washing
practices (March – July)



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 **Kenya**, a total of 32,298 jerry cans were distributed to 13,823 households across the Dadaab camps in the period 26-28 August.

In **Sudan**, a regular soap distribution of three-month rations was conducted in White Nile State (Jourie, Alagaya & Dabat Bosin camps) to 20,000 refugees, together with partners Plan International, Catholic Agency for Overseas Development (CAFOD) and the Sub-Saharan International Development Organization (SIDO).

In **Tanzania**, the installation and monitoring of handwashing stations continues across all camps. Currently, there is a cumulative total of 8,669 handwashing points across the three refugee camps. To ensure that the families continue with the recommended handwashing practices, distribution and monitoring of soap usage at washing stations continues. During the reporting period, 8,982 kilograms of powder soap and 199 litres of liquid soap were distributed. Some 4,500 monitoring visits were conducted to public handwashing points and 6,871 monitoring visits to household handwashing devices.

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.

In **Somalia**, the CCCM Cluster is conducting the 2nd round of a COVID-19 Risk Communication and Community Engagement (RCCE) assessment to monitor the effectiveness of the approaches the partners are using. The tools have been developed and shared with 10 partners covering 11 districts. A total of 2,375 individuals will be interviewed.

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.

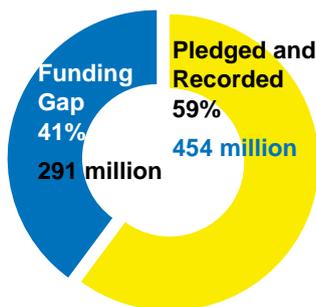
The initial [Global Humanitarian Response Plan](#) was launched on 25 March seeking US\$2.01 billion, and which included US\$255 million for initial, prioritized requirements in UNHCR's operations in affected countries.

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



Total contributed or pledged to the COVID-19 appeal

USD 454M including:

United States \$186M | Germany \$62.7M | EU \$46.3M | UK \$25M | Japan \$23.9M | African Development Bank \$18M | Denmark \$14.6M | UN Foundation \$10M | CERF \$6.9M | Canada \$6.4M | Education Cannot Wait \$6M | 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.

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

Kabami Kalumiya, Reporting Officer, Regional Bureau for the East, Horn of Africa and Great Lakes Region, Nairobi - kalumiya@unhcr.org