**Update on Pagak reception centre:** The UNHCR Representative, Ann Encontre, and the Deputy Director General of ARRA, Addisu Kebenessa, visited the newly re-opened Pagak Reception Centre in Gambella, which is now hosting more than 8,000 new arrivals from South Sudan. There is limited accommodation and services are overstretched for the increasing number of new asylum seekers, which remains a concern. The Government of Ethiopia and UNHCR are continuing to explore ways to decongest the Reception Centre to mitigate the spread of COVID-19. The lack of adequate testing kits and limited PPEs have delayed efforts to empty the centre. Once some of the new arrivals are tested for COVID-19 and are found to be negative, they will be safely relocated to the vacant spaces in three of the Itang refugee camps (Kule, terkidi and Ngunniel).
COVID-19 Operational Context

The Government of Ethiopia declared a five-month state of emergency in early April 2020 as part of the efforts to contain the spread of corona virus in the country. This came weeks after it closed all land borders and schools across the country, leaving millions, including over 200,000 refugee students out of school. UNHCR, ARRA and other partners continue working with the Ministry of Education (MoE) and Regional Education Bureaus (REBs) to include refugee students in the national distance learning programmes.

As Ethiopia continues to experience rapid increases in the number of COVID-19 cases, UNHCR and its partners keep intensifying their support to refugees to protect themselves against the pandemic. As of 14 July 2020, WHO recorded 7,766 coronavirus patients and 128 fatalities in Ethiopia which is now reporting more and more community transmissions of the virus. The Ministry of Health and its UN partners have adopted a coordinated approach and are working in the areas of contact tracing, case investigations, case management, prevention and control of infections.

Prevention and response: ARRA and UNHCR, together with the Regional Health Bureaus and the nine other health partners have scaled up preparedness and the response to COVID-19 in refugee camps and other locations hosting refugees and asylum seekers. They are strengthening awareness raising campaigns, supplying water and soap, installing handwashing stations, strengthening health services and providing personal protective equipment for health care workers, first responders and others. A total of 34,955 handwashing stations have been installed in communal centres and households in all of the 26 refugee camps to promote regular handwashing with soap. Of these, 33,729 handwashing stations have been installed in refugee households and 1,226 were set up in communal facilities which are visited for services that are provided in a manner that ensures physical distancing. Some 140,000 surgical masks have been distributed while additional PPEs and COVID-19 medicines and supplies are being procured.

Over 1,750 health and community outreach workers have been trained and are actively engaged in case investigations and management, as well as mitigation, prevention and control, of the virus. They include 305 health care workers, 16 laboratory technicians and 1,430 community outreach workers who are serving both the refugees and the nearby host communities. In addition, refugee representatives, Refugee Outreach Volunteers (ROVs), women, youth and child committees and other community representatives were also trained and are actively engaged to ensure that basic preventive measures are observed in the communities.

On average, 13,273.7m³ of water is supplied to the camps every day, with the daily average per capita distribution standing at 19.1 liters. Residents of some camps receive as high as 28 litres per person per day while others receive up to nine litres. UNHCR and partners are working to ensure that all refugees have access to adequate potable water in keeping with the minimum international standards.
To date, 63 refugees are being kept in 14-day quarantine in the Benishangul-Gumuz (26) and Somali (37) Regions. They will be tested for corona virus before being released to go back to the different camps, after testing negative.

Health Impact: Reallocation of much of UNHCR’s limited health budget to the COVID-19 prevention and response efforts will result in a strain on the provision of health services in the refugee camps and pose challenges in continuity of disease control programmes such as for HIV, TB and Malaria. It will also negatively impact the effort towards control of non-communicable diseases, including diabetes, hypertension and mental health. Disruptions of immunization programmes and the delivery of essential health services, such as treatment of chronic diseases will have longer term negative consequences on the health and wellbeing of refugees and asylum seekers. Once the acute phase of the pandemic is over, health systems will need to maintain COVID-specific services with the need for new resources that were not foreseen during the planning cycle.

Economic impact: The job market is likely to be affected, limiting employment opportunities for refugees despite Ethiopia’s favourable policy directives granting them the right to work. Refugees have shared concerns of increases in the prices of basic and essential items and loss of income as a result of the general economic downturn. Although a comprehensive assessment of the economic impact of COVID-19 on the lives of refugees is yet to be undertaken, a recent study by Mercy Corps on the economic impact of COVID-19 in the Somali Region of Ethiopia gives a glimpse into the general situation, which could also be applied to the refugees resident elsewhere. The study came up with some key findings including that many households are forced to consume less food by as much as 75% and, a 52% drop in the sale of essential goods by retailers. Moreover, 95% of enterprises reported a reduction in their profits due to the crisis, with prices rising by 13% between March and May 2020 alone. In order to minimize the impact on refugee enterprises that are being supported by the IKEA Foundation, UNHCR is working with the latter on a stimulus package for businesses to ensure that they are cushioned from any adverse effects.

Challenges: UNHCR has, so far, received USD 3.4 million out of its financial requirements of USD 34.7 million for the COVID-19 response. The funding shortfall coupled with delayed delivery of international procurement orders for PPEs, medicines and medical supplies are among the key challenges hampering the response efforts. The extended closure of schools has the potential to adversely affect the development, safety, and well-being of children, especially in the camps where schools play an important role in child protection and promoting peaceful coexistence.

Management of the porous borders with neighboring countries and informal entry points present other real challenges in monitoring the movements of persons of concern.

First poultry farm in Kebribeyah camp: UNHCR’s ‘Telling the Real Story’ project has sponsored a livelihood training and provided ETB 100,000 as start-up capital to establish the first poultry farm in Kebribye Refugee Camp. Managed by a cooperative of refugees who are college graduates, the farm has a promising start, registering a profit margin of ETB 15,000 in the first month.
**UAE donation:** For the second time in as many months, the Embassy of the United Arab Emirates (UAE) donated food packages to 101 selected vulnerable refugee households in Addis Ababa. The food items, composed of flour, rice, cooking oil, pasta, soap and dates, were received by the beneficiaries who are struggling to meet day-to-day expenses with the rising cost of living in Addis Ababa. UNHCR appreciates the support, particularly as it came at a time when refugees have lost opportunities for additional income due to COVID-19.

In the capital, Addis Ababa, where over 27,500 urban refugees reside, UNHCR is using communicating with the refugees by telephone helplines and WhatsApp and Telegram groups, which have been functioning well prior to the recent internet disruptions in Ethiopia. In order to meet additional expenses for soap and other sanitary materials, UNHCR provides an additional allowance of ETB 300 per person per month to those refugees entitled to monthly living allowances.

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