



East and Horn of Africa, and the Great Lakes Region

24-30 April 2020



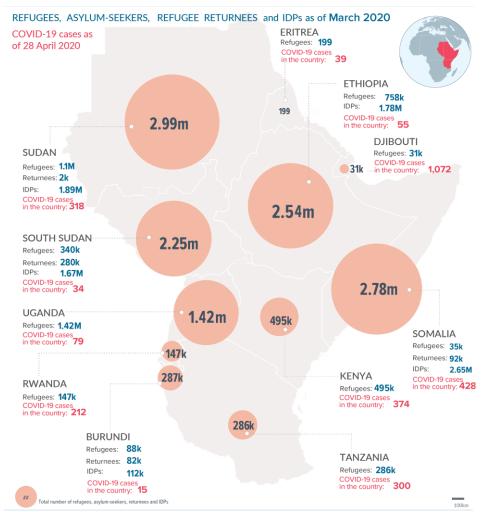
₹ 8.1 MILLION

₹ 455,445

3,097 CONFIRMED COVID-19

Operational Context

The COVID-19 situation in the East and Horn of Africa, and the Great Lakes (EHAGL) region continues to evolve rapidly. As of 28 April, there were 3,097 confirmed COVID-19 cases in all countries covered by UNHCR's EHAGL Regional Bureau. While there has been no large-scale outbreak amongst UNHCR's populations of concern so far, 4.7 million refugees and 8.1 million IDPs and their host communities are at risk. The need for preparedness remains urgent. Cases of local transmission have now been reported in all countries of the region. With more testing being carried out by Governments across the region, the number of cases continue to increase. **Djibouti**, **Somalia, South Sudan, Tanzania and Sudan** observed considerable increases this past week. Measures by governments in the region to contain the spread of COVID-19 are evolving rapidly, with frequent changes to border/entry restrictions or limitations on internal movement. In **Kenya**, the Government announced a ban on movement in and out of Kakuma and Dadaab refugee camps, as of 29 April, aimed at preventing the spread of COVID-19. In **Sudan**, with the increase of confirmed cases over the past few days, an evening curfew has been imposed effective 29 April.



Key Measures Taken

- Prevention and response preparedness are ongoing in all locations.
- Ensuring basic assistance and minimum standards during quarantine for asylum seekers and refugees who have travelled internally within host countries.
 - Working with governments and partners to establish isolation facilities for suspected cases with onward referral measures in place.

*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.



UNHCR Response

Protection

UNHCR continues to assess the impact of border closures and travel restrictions on access to asylum. Access to registration and refugee status determination for new asylum seekers is difficult due to the current lockdown. Movements continue through unofficial border crossing points where screening and provision of information is not in place. **South Sudan** has stepped up communication and advocacy with regards to access to territory and asylum to ensure persons of concern receive relevant support and has increased monitoring with partners of border points. In **Somalia**, the Protection cluster is reinforcing its IDP monitoring with a questionnaire covering risks which may be triggered or aggravated by the COVID-19 situation. The questionnaire includes risks relating to violence, arbitrary limitation of movements, eviction, access to assistance, and will be used to inform response measures.

Restriction on movements as a containment measure for COVID-19 has led to reports of sexual and gender-based violence (SGBV). Access to reporting is extremely limited as survivors are often unable to reach static and remote service providers given the lockdown measures and movement restrictions. Country operations are trying to identify points of access for disclosing these types of incidents that could be safe for survivors whilst also strengthening the helpline systems. In **Uganda**, the inter-agency Feedback, Referral and Resolution Mechanism (FRRM) helpline is operated as a call centre with agents speaking 15 different languages. It has a network of partners and UNHCR focal points who receive referrals from the FRRM system and respond to the queries or requests received. Since mid-March, the FRRM helpline has seen an upward trend in the number of calls and queries received, and measures have been put in place to respond to the increased demand. With the limited presence of UNHCR and partner staff on the ground and restrictions on in-person contacts, the helpline has become one of the main two-way feedback channels that is available to refugees during this period.

11 countries have closed their borders, impacting access to asylum. UNHCR continues to advocate with Government partners to be able to carry out border monitoring activities, especially in lockdown situations.

All countries in the

East and Horn of Africa and the Great Lakes have confirmed cases of COVID-19 including imported and local transmission.

Communication

on prevention measures with Persons of Concern to provide fact-based information on COVID-19 through a wide variety of methods.

Education

1.1 million refugee students out of school as result of COVID-19

As discussions on how to implement large-scale distance learning continue, country operations in the region have embarked on a variety of measures to provide continued education to refugee children and youth through available means. In Kenya, in Dadaab, a community radio programme has been initiated through which teachers are now providing instruction to refugee children. Further in Kenya, in Kakuma, an Education WhatsApp Communication Tree has been set up and focal points appointed to share information on online and offline education resources with the students. In South Sudan, in Maban, a community radio programme has been set up in partnership with Internews to transmit education lessons to students in the community. Further, students in Maban are supported with home study packages to facilitate learning at home. In Rwanda, the Government radio education programme is serving both nationals and refugees. In Uganda, with Education Cannot Wait (ECW) funding, UNHCR is working on providing pre-loaded curriculum content tablets to secondary school students. In Ethiopia, Jijiga, teachers are using facebook to share lessons and interact with students.



Amina, a teacher in Kenya's Dadaab refugee camp, is giving a live English lesson to refugee and host community students at a local radio station.

UNHCR/J. Abdullahi



Health

Major health challenges include the immediate availability of protective materials for health personnel, equipment necessary to detect, test and treat complicated cases, medical supplies and adequate facilities for isolation, the feasibility of practicing social distancing at the community level, network connectivity in most of the POC operations to support virtual training for frontline workers.

The focus remains on strengthening primary health care facilities in camps while advocating for persons of concern to be included in national response plans. Operations continue to implement preparedness and response plans which involve identification, establishment and equipping of isolation units in the camps. In **Somalia**, UNHCR has provided Personal Protective Equipment (PPE) for 780 IDP leaders who will raise awareness on COVID-19 in IDP settlements. UNHCR will also provide hygiene kits and PPEs to seven hospitals in Berbera, Bosaso, Garoowe, Hargeisa and Mogadishu for medical staff who are providing health care services to 30,000 refugees and asylum-seekers. Risk communication and community engagement is ongoing with new strategies underway to strengthen the use of community structures and community health workers. Social mobilization aims to raise awareness on COVID-19 preventive measures, such as promotion of hygiene facilities. Following instructions on the mandatory wearing of face masks by certain Governments, guidance on face mask usage has been shared with all operations.

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. UNHCR and partners are engaged in the regular distribution of core relief items (CRIs) in the region including soap and sanitary material packages.

In **Burundi**, UNHCR set up additional hand washing points in the camps in Ruyigi and surrounding areas and, is currently installing 2 additional water tanks with a capacity of 5,000 liters to increase water storage capacity in the camps. UNHCR will procure two additional water pumps in the area of Kosti, **Sudan** as part of the COVID-19 preparedness plan, which seeks to strengthen water pumping capacity to ensure an uninterrupted supply of water to IDPs and host communities in the area. The installation and monitoring of handwashing stations across all camps continued in **Tanzania** in identified target locations based on assessments and daily monitoring activities. A total of 836 tippy taps with 5 litre jerrycans have been installed across all camps with 1,071 kgs of powdered soap and 151 liters of liquid soap distributed.



In order to avoid large gatherings during soap distribution, UNHCR in East Sudan opted for a door to door approach in Shagarab and Wad Sharifey camps.

UNHCR/Z. Millan



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, programme 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 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

On 25 March, the UN launched an inter-agency Global Humanitarian Response Plan seeking US\$2.01 billion, which includes US\$255 million for initial, prioritized requirements in UNHCR's operations in affected countries. Monthly updates to the appeal are expected, including the addition of increased partner requirements.

On 27 March, UNHCR issued an Emergency Appeal providing more details on the initial \$255 million requirements in the GHRP, including a country and sectoral breakdown. Within the appeal, \$15 million has been requested for eight countries in the East and Horn and Great Lakes Region.

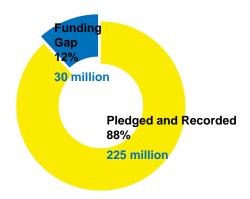
Activities covered by the appeal – and already underway – include life-saving interventions across a number of sectors: procurement of medical supplies and personal protective equipment; establishing shelter and other quarantine arrangements; upgrading water, sanitation and hygiene; and health services; emergency shelter; communications with communities; and adapting registration, refugee status determination and other protection programmes to the changing circumstances.

USD 255 million requested by UNHCR in the inter-agency Global Humanitarian Response Plan on 25 March

USD 15 million requested for 8 countries in the East and Horn of Africa and Great Lakes region on 27 March

Funding (as of 30 April 2020)

USD 255M requested on 27 March for UNHCR's COVID-19 response globally:



Total contributed or pledged to the COVID-19 appeal USD 225M including:

United States \$64M | Germany \$38M | European Union \$28.7M | United Kingdom \$24.8M | Japan \$23.9M | Denmark \$14.6M | CERF \$6.9M | Canada \$6.4M | Ireland \$3.3M | Sweden \$3M | Sony Corporation \$3M | Education Cannot Wait \$1.8M | Qatar Charity \$1.5M | Australia \$0.8M | Private donors \$0.5M | Portugal \$0.1M | Liechtenstein \$0.1M

Unearmarked contributions to UNHCR's regular global programmes: Sweden 76.4M | Norway 41.4M | Netherlands 36.1M | Denmark 34.6M | United Kingdom 31.7M |Germany 25.9M | Private donors in Spain 20M | Switzerland 16.4M |Private donors in Republic of Korea 10.5M

Links:

Somalia COVID-19 update – 28 April: https://data2.unhcr.org/en/documents/details/75830

Story - Refugee tailors switch to making face masks and protective gear

Press release - UNHCR warns of looming humanitarian crisis in South Sudan, amidst ongoing fighting and coronavirus threat

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