

East and Horn of Africa, and the Great Lakes Region

11-17 June 2020


4.6 MILLION
 REFUGEES & ASYLUM-SEEKERS


8.1 MILLION
 INTERNALLY DISPLACED PERSONS


54,835
 REFUGEE RETURNEES IN 2020

26,297 CONFIRMED
 COVID-19
 CASES IN HOSTING COUNTRIES

Operational Context

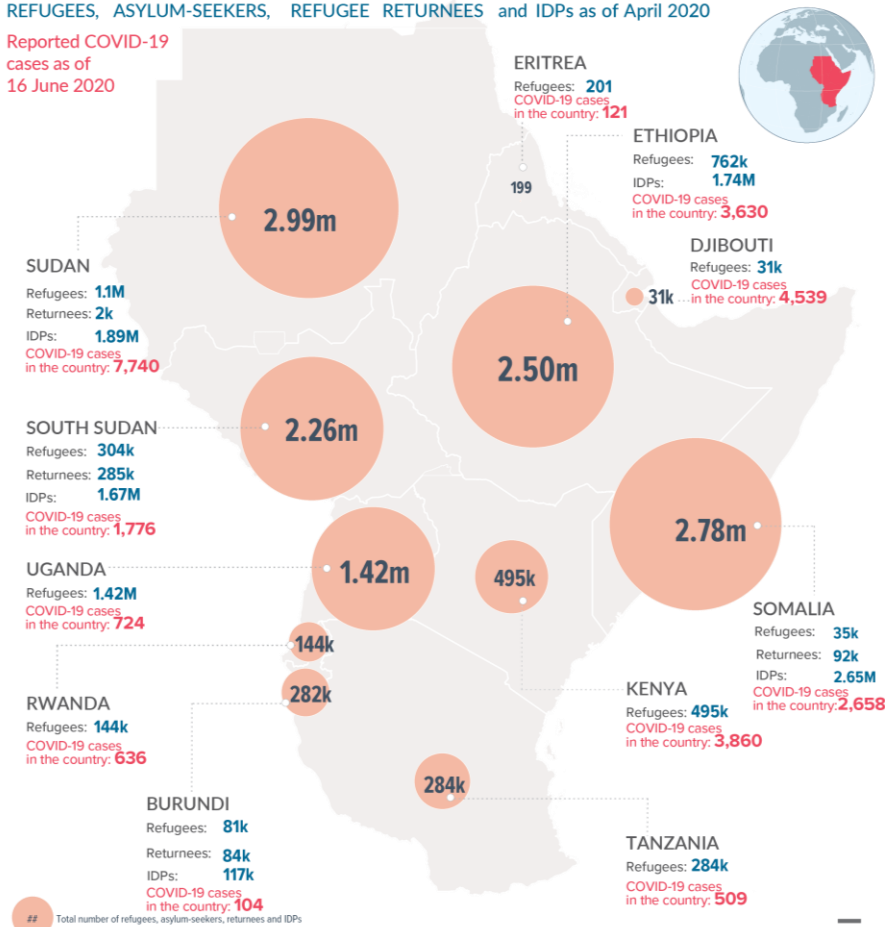
The COVID-19 situation in the East and Horn of Africa, and the Great Lakes (EHAGL) region continues to evolve. As of 16 June, there were 26,267 confirmed COVID-19 cases in all countries covered by UNHCR's EHAGL Regional Bureau. Sudan alone accounts for 30% of the cases in the region. Eritrea and Uganda remain the two countries who have not reported a COVID-19 related deaths in the region.

While there has been no large-scale outbreak amongst UNHCR's populations of concern so far, 4.6 million refugees and 8.1 million IDPs and their host communities are at risk. The need for preparedness remains urgent as local transmission is ongoing in all countries of the region. Measures by governments in the region to contain the spread of COVID-19 continue to evolve, and many restrictions will remain in place during this month.

In **Rwanda**, the number of confirmed cases continue to increase in the Rusizi District in Western Province bordering the Democratic Republic of the Congo (DRC). The district is among two districts still under tight lockdown and the Ministry of Health is conducting door-to-door screening and testing. In **Somalia**, the Somali Civil Aviation Authority confirmed that the COVID-19-related suspension of domestic flights is to remain in place until 30 June, contrary to earlier reports that the restrictions would be eased next week. In **Sudan**, the closure of airports to internal and international flights was extended until 28 June but maintaining the previously applied exceptions (humanitarian aid, cargo).

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

Reported COVID-19 cases as of 16 June 2020



*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.

Key Measures Taken

- Supporting national authorities in ensuring that prevention and response preparedness 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.
- Continued identification of isolation infrastructure in concerned locations.
- Procurement and distribution of necessary equipment is ongoing.

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 remains difficult due to the current lockdowns. 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.

In **Rwanda**, UNHCR continues to closely monitor the activities at the border between Rwanda and Burundi through close communication with the Government District Officials. So far, no arrivals have been reported and the situation remains calm at entry points. Locals living close to the borders have been sensitized on non-interaction with any new arrivals (due to risk of infection) and advised to direct them to the nearest local assembly points by the border (Nemba in Bugesera District and Mamba in Gisagara District).

In **South Sudan**, UNHCR and the Commission for Refugee Affairs continued dialogue and advocacy for access to asylum including emphasis on adherence to COVID-19 precautionary measures. As a result, new arrivals in Yida transit center and Yambio will observe a 14-day quarantine before assisted movements to camps or settlements. Additionally, temperature screening and hand washing facilities are installed at four Points of Entry in Maban county.

In **Uganda**, the President has directed the Minister for Relief, Disaster Preparedness and Refugees to work with the Ministry of Health, UNHCR and other stakeholders to undertake a rapid needs assessment to establish the number of Congolese reported to be stranded in no man's land located between Uganda and the Democratic Republic of the Congo west of Zombo district, and establish a plan for COVID-19 screening and quarantine of new asylum seekers.

Country operations in the region continue to adapt and reinforce provision of Mental Health and Psychological Support (MHPSS) to persons of concern. This includes strengthening community messaging about coping with distress, ways to continue activities at home and tips for parenting and healthy coping. With co-funding from UNHCR, the International Rescue Committee (IRC) operates an MHPSS programme in Burundian and Congolese refugee camps in north-western **Tanzania**. IRC in partnership with Radio Kwizera, one of the most popular Kiswahili radio stations in the Kigoma region, disseminates mental health messaging to promote positive coping mechanisms. The messaging uses jingles, educational dramas, and live interviews with psychologists. Mental health workers are also involved in house-to-house risk communication and community engagement activities, dispelling rumours and misinformation about COVID-19. They play a critical role in providing messaging around positive coping mechanisms to deal with stress, anxiety and other psychological issues associated with COVID-19. In Kakuma, **Kenya**, MHPSS services are being offered in person by caseworkers twice a week for survivors of Sexual and Gender Based Violence (SGBV) judged to be at high risk of mental health concerns, taking COVID-19 precautionary measures into consideration.

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

Strengthening and seeking innovative approaches to support in developing guidance documents on Risk Communication & Community Engagement & disseminating information to persons of concern.

Continue to adapt and strengthen provision of Mental Health and Psychological Support to persons of concern through various ways.

Efforts continue to enhance meaningful participation of women, men, girls and boys in order to address their most pressing needs.

SGBV and Child Protection services and case workers are generally not considered essential during the COVID-19 pandemic by the majority of governments in the region, which continues to hamper the delivery of services to survivors. Advocacy to change this is being conducted at national level, reinforced by the Bureau through the regional GBV Working Group and leveraging the partnership established by the Regional Child Protection Network (RCPN) with EAC and IGAD member states.

In **Sudan**, Risk Communication and Community Engagement activities continued across the country. In Kordofan, the government counterpart, COR, in coordination with UNHCR conducted awareness raising campaigns on COVID-19 prevention measures and distributed 135 COVID-19 flyers and 180 posters targeting refugees in Abu Nowara, Al Sirajia, Qurayd and Gedied refugee settlements during the Level I registration exercise for the new arrivals. In Khartoum, approximately 3,500 posters in eight different refugee languages were distributed in the 2 open areas targeting Ethiopian, Eritrean and South Sudanese refugees. In the nine camps in White Nile state, 54,000 South Sudanese refugees were reached through campaigns together with partner CAFOD/SIDO. This involved mass communication through mobile loudspeakers reaching refugees and host communities as well as information on social distancing measures through trained community leaders and outreach workers. In nine locations in East Darfur, 45,000 individuals were reached with COVID-19 awareness campaigns and sensitizations and health promotion, including the issue of stigmatization, and infection prevention and control activities. In Umshalaya refugee camp in Central Darfur, 4,900 Central African and Chadian refugees were reached with soap distribution and information campaigns with health partner Save the Children International.



UNHCR staff deliver a COVID-19 orientation session to Somali refugee healthcare workers and Community Outreach Workers at Kobe camp, Ethiopia. UNHCR/G. Naboni

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.

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 **Somalia**, UNHCR has raised awareness about prevention and response to COVID-19 among 270,000 persons and distributed hygiene kits to 35,000 persons. Sanitary materials have been distributed to 4,300 women and 260 IDP leaders mobilized to raise awareness on COVID-19 in their IDP sites. In **Tanzania**, construction of permanent handwashing stations is ongoing in Nyarugusu, Mtendeli and Nduta camps. Currently, 1,020 handwashing points have been installed and maintained in strategic locations across the three refugee camps. An additional 22 stations have been set up in the areas surrounding the camps to cater for the host community. 5,335 handwashing points have been installed in residential areas of the camp for household use. An awareness campaign is ongoing across all camps through hygiene promoters targeting the entire camp population as well as the host community. A total of 20,000 people have been reached in various communities surrounding the camps.

Health

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.

Operations continue to implement preparedness and response plans which involve identification, establishment and equipping of isolation units in often congested camps and settlements.

In **Ethiopia**, UNHCR provided a total of 84,500 masks were provided to various zonal offices of the government partner, ARRA. Another 1,200 masks were provided earlier to ARRA in Assosa – making the cumulative number of masks provided to ARRA 85,700. In **Kenya**, health partners (KRCS, IRC & AIC) conducted trainings on home-based care to 50 health workers, including community health volunteers and safe motherhood promoters. The goal was to prepare them for the management of asymptomatic cases and contacts of asymptomatic cases. Training was provided to additional health staff in Kakuma on sample collection and the latest information on COVID-19. Issues discussed included to putting in place a system which can profile vulnerable groups (older individuals and those with co-morbidities).

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.

UNHCR participated in the inter-agency consultation convened by IOM on the Regional Migrant Response Plan for the Horn of Africa and Yemen. The meeting included a detailed update on the impact of COVID-19 on migration trends in the region including how the pandemic is likely to increase the scope, magnitude and complexity of mixed movements throughout the region. There is a potential for increased secondary movements of refugees as a result of the loss of livelihoods and increased protection risks.

UNHCR and Regional Child Protection Network (RCPN) partners developed a briefing note for IGAD and the EAC and their member states to support and guide the inclusion of refugee and migrant children in regional and national responses to COVID-19, with particular considerations on the protection of children.

The 12th round of NGO consultations was held last week at global level on Children, Youth and the Role of Sport during the Covid-19 pandemic.

Funding needs

The revised UN inter-agency *Global Humanitarian Response Plan* was launched on 7 May seeking US\$6.7 billion and includes UNHCR's revised requirements of US\$745 million. 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.

This is a revision of the initial *Global Humanitarian Response Plan* 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.

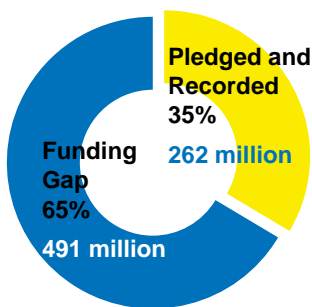
The increase is due to a rapid evolution of humanitarian needs, the inclusion of additional countries, increased cost of essential health and other supplies, and air and sea transportation. UNHCR is further scaling up its health, shelter and water, sanitation and hygiene (WASH) preparedness and response interventions, providing cash and other support to vulnerable displaced families experiencing economic shock, and ensuring protection and assistance for those most affected.

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 over the next nine months:



Total contributed or pledged to the COVID-19 appeal

USD 262M including:

United States \$64M | Germany \$38M | European Union \$32.8M | United Kingdom \$24.8M | Japan \$23.9M | Denmark \$14.6M | United Nations Foundation \$10M | CERF \$6.9M | Canada \$6.4M | Ireland \$3.3M | Sweden \$3M | Sony Corporation \$3M | Luxembourg \$2.6M | Finland \$2.4M | Education Cannot Wait \$1.8M | Qatar Charity \$1.5M | Norway \$1.4M | USA for UNHCR \$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 | Private donors in Spain 26.6M | Germany 25.9M | Switzerland 16.4M | Private donors in Republic of Korea 13.9M

Links:

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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