# East and Horn of Africa, and the Great Lakes Region

March-July 2020


*A young woman who has survived serious sexual violence in South Sudan at a home for women and children in Juba, Sudan.*

## Regional overview and SGBV trends

UNHCR's Regional Bureau for the East and Horn of Africa, and the Great Lakes (EHAGL) covers the countries of Burundi, Djibouti, Ethiopia, Eritrea, Kenya, Rwanda, Somalia, South Sudan, Sudan, Tanzania and Uganda. The total displaced population in this region includes some 4.6 million refugees and asylum seekers, 8.1 million internally displaced persons (IDPs) and 469,000 refugee returnees. The region is affected by three refugee situations, the Burundi situation, the Somalia situation and the South Sudan situation and countries also host refugees from the Democratic Republic of the Congo (DRC) situation. Signficant internally displaced populations are found in Ethiopia, Somalia, South Sudan and Sudan. Voluntary repatriation of Burundi and Somali refugees is taking place, as well as self-organized return of South Sudanese refugees, although at a reduced pace due to the COVID -19 pandemic and other factors.

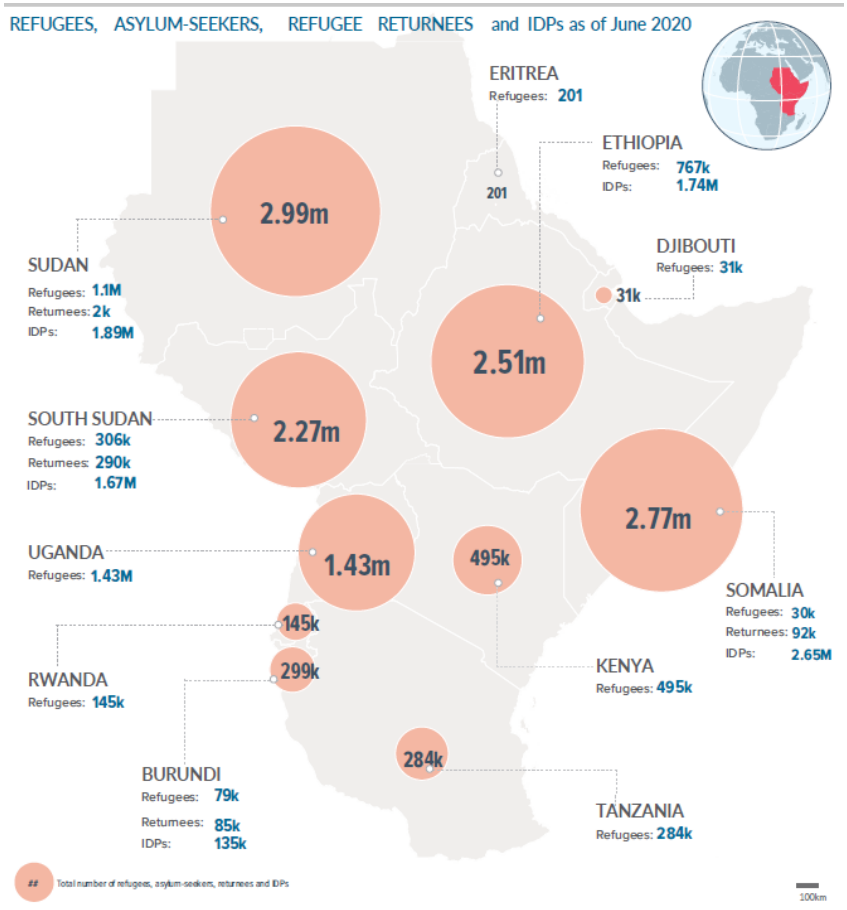
While to date there has been no large-scale outbreak in any of the approximately 100 refugee camps and settlements in the EHAGL region, the COVID-19 situation continues to evolve and has already had wide ranging socio-economic impacts on UNHCR's populations of concern (POCs). As of 29 July 2020, there were over 60,000 confirmed COVID-19 cases reported among the general population in the eleven countries covered by UNHCR's EHAGL Regional Bureau. Three countries account for 75% of the cases in the region: Kenya (19,000), Ethiopia (15,000) and Sudan (12,000). The number of confirmed COVID-19 cases among refugees had reached just over 200 by the end of July 2020, mainly in Ethiopia, Uganda, Kenya and Rwanda.

Governments have put in place various measures to contain the spread of the virus and are periodically announcing changes to movement and other restrictions. Those measures have affected the most vulnerable populations including refugee women and girls who became exposed to higher risk of sexual and gender-based violence (SGBV). While UNHCR and partners are working to strengthen SGBV information management systems across the region in order to collect comprehensive data on SGBV incidents, anecdotal data from several operations indicates an increase in SGBV in the first months of the pandemic.

Intimate partner violence was identified as the SGBV risk most likely to be exacerbated and indeed was reported to have increased, mainly in urban areas in Kenya and Uganda, from the onset of the crisis in March 2020, and then a few weeks later in Tanzania, Somalia and Rwanda. Other countries have not yet observed a significant increase. UNHCR and partners continue to closely monitor the situation as this might change with the resumption of program activities and the softening of the government measures related to COVID-19. In Kakuma camp in Kenya and Kibondo camp in Tanzania, for instance, the trend was showing a decrease, possibly due to challenges for reporting. This may be due to the fear or anxiety of becoming infected and home confinement measures. Despite adjustments to referral pathways for seeking help, access to information about reported cases was not always available.

Other SGBV incidents such as denial of resources, and psychological and emotional abuse are also reported in Burundi, Rwanda and Uganda. Harmful coping mechanisms such as sexual exploitation, teenage pregnancy and child marriage identified as a potential risk are now reported in Kenya, Rwanda, Tanzania and Uganda. In many instances, families rely on the dowry as a means of sustenance. In Tanzania and Uganda, the delayed reporting of rape cases did not allow for the administration of PEP kits.

Within countries the government restriction measures have different consequences depending on the areas where refugees reside. Refugees in urban areas are particularly at risk as they are dispersed and difficult to reach, and movement restrictions in place prevent them from seeking support (Ethiopia, Kenya, Rwanda, and Uganda). There are significant challenges in reaching these populations to share messages on how to seek assistance.




Overall, SGBV incidents that existed prior to the COVID-19 crisis, especially Intimate Partner Violence, which is the most prominent, have been exacerbated by additional factors such as economic hardship among urban refugees, confinement policies and worsening of the already fragile social economic situation of households, reduction in food rations or cash based assistance triggering tensions within household, including as alcohol and substance abuse increased. In Uganda, for instance, with the extension of certain movement restrictions, it is anticipated that SGBV will increase, as couples remain

[1] *UNFPA snap survey in countries they cover in East and Horn of Africa and South Africa May 2020.*

confined in their shelters. In operations where the restrictions have been totally or partially lifted, the resumption of SGBV prevention and response activities (while adhering to COVID-19 prevention measures), might lead to a change in these trends.

*IDP women in West Darfur in Sudan. Women who leave IDP camps to fetch water or collect firewood run the risk of being attacked, assaulted and raped by militia groups. UNHCR provides training and workshops in the camps in West Darfur addressing the gender roles of men and women, attitudes and beliefs about those roles, how to support victims of rapes, and issues of confidentiality for victims.*

## Main gaps and challenges

Movement restrictions and confinement have hampered access to services for survivors, and for women and girls at risk. Women centres offering counseling and psychosocial support activities, and other safe spaces, have been working at a slower pace over the past four months due to the reduced presence of partners. In some instances these places were closed down completely. As the restrictions are lifted in some operations, partners are resuming their activities, but at reduced levels to be in compliance with health protocols which affects their delivery capacity.

During the periods of total lockdown, SGBV case workers are not in a position to provide face to face case management for critical cases, as they are not considered as essential staff like health professionals. Remote provision of services is not always feasible as case workers might not have an adequate space to ensure confidentiality and safety of the survivor as well as provide for the case worker's own safety. In many refugee settings, it is difficult to find a safe space to conduct a phone interview.

The collection of data, already sensitive in nature, has been challenging in most operations. Survivors are often confined with their abusers and not able to safely place a call. The priority for UNHCR and SGBV actors was to review modalities of intervention to maintain core SGBV functions and services, rather than primarily on data collection.

At the early stage of the crisis, as partners did not have access to POCs, UNHCR and partners worked closely with existing SGBV community-based structures incuding refugee council leaders, SASA! [2] community activists and community mobilizers, SGBV and child protection community based networks, women groups, adolescent groups and community watch teams to scale up their resources and strengthen their interventions. This approach has been challenging as communities were not prepared and lacked training to deliver services at such scale and which at the same time could impact their own safety and health, during the crisis. While various efforts were made, the provision of remote training is difficult due to lack of access to technology. Some of the SGBV survivors reported that they did not feel confident to turn to refugee outreach workers (i.e. in Ethiopia and Rwanda).

PPE material is still insufficient to cover the needs of case workers and allow them to safely conduct home visits and face to face case management.

## Prevention, risk mitigation and response in country operations

### Coordination mechanisms to promote coherence and complementarity of interventions

Across the region, UNHCR and SGBV partners from the onset of the crisis have been focusing on adjusting their response to the COVID-19 realities through their existing coordination mechanisms. In refugee settings, UNHCR is leading the SGBV refugee response through coordination fora at national and field level to promote coherence

[2] *SASA! which means 'Now' in Kiswahili, is an acronym for the four phases of the approach: Start, Awareness, Support, Action. It 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.*

and complementarity of interventions among SGBV partners across the region. In mixed refugee and IDP settings such as South Sudan, Somalia and Burundi, UNHCR is actively contributing to SGBV coordination fora. At field level, UNHCR leads established coordination mechanisms in refugee settings. Since December 2019, UNFPA established a Regional Working Group chaired by a Regional Emergency Gender-based Violence Advisor and co-chaired by IRC, in which UNHCR is a core member. Given its recent establishment this working group has been mainly dealing with the impact of the COVID-19 pandemic through technical guidance notes, webinars, and position papers to ensure that governments include SGBV in their national response plan and consider SGBV services as critical.

### Key adjustments made to SGBV interventions

- While most operations continue to monitor the situation and collect data to identify and analyze SGBV trends, they made significant steps to mitigate the risks and to adjust their response to the realities of the COVID-19 pandemic.
- In all operations across the region, UNHCR and partners have developed business continuity plans (internal and inter-agency) to ensure that core interventions for SGBV survivors are maintained. The methodology varies across operations depending on the partial or restricted access of partners to the camps. Mapping of services and referral pathways are adjusted and disseminated through communities and service providors that are still functioning.
- Amidst the various restrictions being put in place to contain the spread of the virus, UNHCR has placed particular effort to “Stay and Deliver” SGBV services in compliance with health protocols to avoid staff exposure to risks of infection while attending critical cases.
- UNHCR and partners have shifted to remote case management for those that can be handled through phone, and prioritized face to face case management for critical cases. Training and coaching plans for SGBV case workers have been put in place to accompany the process and supervision by SGBV key partners agencies.
- Helplines have been reinforced with additional SGBV trained staff to allow provision of remote counseling and referral to appropriate services.
- Capacity building of community workers was strengthened to disseminate prevention messages and to equip them to safely disclose and refer SGBV survivors by scaling up communication means (mobile devices, airtime) due to reduced presence of partners.
- Frontline workers have been trained on safe and ethical disclosure of SGBV survivors and referral to appropriate services such as health workers.
- Advocacy has been made with government, local authorities and inter-agency partners for essential SGBV services to remain accessible for women and girls.
- Work has been undertaken with relevant partners to see how best to support reduced incomes and access to basic needs through

## PARTNERSHIP

*The following SGBV partners across the region have been critical in identifying needs and finding solutions to continue services despite the challenging circumstances related to the COVID-19 pandemic:*

ALIGHT

Adventist Development and Relief Agency African Humanitarian Action

Crown the Woman

Danish Refugee Council

Handicap International

Hebrew Immigrant Aid Society

Humanitarian Development Consortium

Interchurch Aid Commission

International Medical Corps

International Rescue Committee

IsraAID

Jesuit Refugee Services

KAALO Aid and Development

Lulu Care

Lutheran World Federation

Puntland Youth and Social Development Association

Rehabilitation and Development Organization

Save Somali Women and Children

Somali Women Development Center

UNFPA

UNICEF

Union Nationale des Femmes Djiboutiennes

Women Development Group

World Vision International

cash based interventions,and in collaboration with WFP, to try to increase food distributions and identify alternative livelihood opportunities.

## Country operations emerging good practices

- **Awareness raising and prevention of specific SGBV risks arising from the COVID-19 crisis**

  Across all the country operations, efforts have been made to engage community structures in actively disseminating information on the most prevalent SGBV incidents, reporting channels, existing hotlines and the referral pathways. Community messaging is also conveyed through local radio and placement of information, education, and communication materials to prevent SGBV risks (Kenya and Uganda). Sensitization through home visits and peer to peer talks have been carried out (Ethiopia). After listening to the radio shows, refugee women and girls reported having gained the knowledge and confidence to approach various agencies for assistance, now informed on which service are available and reassured that their information would be kept confidential. Empirical data shows that the number of survivors reaching out for support increased after aired radio shows.

- **Scaling up of existing helplines**

  In Uganda, the inter-agency Feedback, Referral, and Resolution Mechanism (FRRM) helpline was reinforced. Additional protection staff trained on SGBV joined the helpline and are now providing counselling to survivors. In Rwanda, the hotline for SGBV is managed by partners who continue to provide support. In Kakuma, Kenya a toll-free helpline (24 hours) is in place and all calls are being closely monitored by the UNHCR SGBV Unit, using a tracker-shared tool. The toll-free number is shared within the community on posters, radio shows and cars going around the camps/settlement. In Dadaab, tracking of hotline activity is ongoing at the interagency level where data are analyzed jointly to establish the effectiveness of its use by the community.

- **Increased investment in community-based structures and refugee workers to safely disclose and refer SGBV cases and monitor**

  Operations across the region have engaged with their already established community structures, such as SASA! activities in Rwanda and Uganda. Mobile phones and SIM cards were distributed in Djibouti to community-based structures to help with referrals of SGBV cases. In South Sudan, community volunteers, including student volunteers, have been trained to facilitate safe disclosure and refer SGBV survivors. In Dadaab, community structures continue to monitor hotspots and to sensitize the community at block level, and emergency community-based monitoring committee has been set up to identify and flag cases at heightened risk. The group is being supported with airtime for to facilitate communication.


*Food and relief items distributed during COVID-19 global pandemic: Refugees at Kakuma camp in Kenya await a distribution of food, hygiene kits and relief items, while practising social distancing.*

- **Individual Case management adjusted to the COVID-19 situation**

  Operations who still have access to the camps continue to deliver regular SGBV services while working on alternative way to provide services in case of lockdown (Burund, Ethiopia and Kenya). In countries where access has been reduced or completely denied, operations have strengthened inter-agency SGBV coordination to ensure that referral pathways are regularly updated and disseminated, trained community workers and provided means of communication to trusted refugee workers to refer cases and provide minimum services. Case workers from partner agencies are reinforcing andscaling up training for refugee case workers on safe disclosure and referral, psychological first aid and counseling. Supervision mechanisms are being put in place to ensure regular communication with community workers (Burundi, Kenya, Rwanda, South Sudan and Uganda). In Dadaab, a psycho-education session was conducted.

Participants were taken through effective stress management to promote positive coping mechanisms, as stress in the household has been identified as the main cause of an increase in domestic violence in the camps since the outbreak of COVID-19.

- **Adjusted response in urban areas to facilitate access to services for survivors**

  In Somalia, a local partner is running a one-stop centre with counsellors to support victims of SGBV. UNHCR in Tanzania worked with the government who has established one-stop centres for urban refugee SGBV cases in Dar Es Salam. In Nairobi, Kenya, although the safe house is generally closed for new admissions, it is still available for emergency cases should the need arise. Psychosocial support and counselling are provided remotely through mobile phones. Emergency procedures for the provision of cash assistance to survivors of SGBV have been established to ensure immediate assistance.

- **Inter-sectoral collaboration**

  In Ethiopia, UNHCR and partners are extending their efforts to closely collaborate with other sectors including nutrition, health, education, child protection, WASH and Mental Health and Psycho-Social Support. For instance, IMC, the SGBV partner in Gambella, provided training for community members in two camps on psychological first aid in collaboration with IMC's mental health program. Together with UNHCR, IMC provided training for ten health professionals from Gambella hospital on prevention and protection methods of COVID-19, focusing on SGBV related risks. In the Dolo camps, IRC coordinated with ARRA health unit to disseminate information about SGBV and COVID-19 prevention. WhatsApp groups were set up in Djibouti with incentive workers and community health workers to monitor SGBV cases remotely. In Dadaab, Kenya, SGBV partners are working closely with health facilities on safe disclosure and referral of SGBV cases. The SGBV partner has an office located within a health facility to facilitate referrals. An Interagency Preparedness Committee has been established to support the health unit in all activities.

- **Risk mitigation**

  In Dadaab, Kenya, 60 vulnerable households received a monthly multi-purpose cash grant disbursement provided in collaboration with Danish Refugee Council. Provision of cash assistance is key in ensuring an economic safety net for vulnerable families during COVID-19 and has been proven effective in prevention of violence against women and girls.

- **Knowledge and data/remote assessment of evolving SGBV risks**

  Built capacity to provide services remotely. Collected and analysed the helplines data, information collected during home visits, feedback from SGBV partners, community workers, from spaces where services are still functional and health facilities (Ethiopia, Kenya, Tanzania and Uganda).

## Regional support to country operations

- Guidance was disseminated to country operations through regular communications prioritizing information relevant for the operations and their contexts. Relevant SGBV webinars and podcasts produced by UNHCR and SGBV Area of Responsibility were shared. Regional webinars were organized to provide guidance and technical support to country operations ensuring that adjustments made in the response to SGBV survivors in the present context remained safe and ethical and allowed for cross fertilization of practices.

- UNHCR's Regional Bureau remains an active member of the Regional SGBV Working Group. The Bureau contributed to the issuance of a position paper to advocate with governments to ensure that SGBV services are included on lists of essential services and remain accessible for survivors. During the regional donor briefing, UNHCR advocated that refugees be included in donor support to COVID-19 responses in the region. During the briefing, UNHCR Kenya presented and UNHCR Uganda participated in the panel discussion.

- UNHCR engaged with the East African Community (EAC) on SGBV related matters building on the partnership already established regarding refugee child protection.

- The Regional Bureau provided specific SGBV considerations to be included in Country Operation Plans as well as feeding into regional guidance developed within the broader protection service. Plans were analyzed and feedback shared with relevant operations for further follow up and guidance when needed.

- The Regional Bureau reallocated funds to identified country operations to support adjustment of their SGBV response in line with UNHCR SGBV policy on prevention, risk mitigation and response to SGBV.

## Key Advocacy Points

**To governments**

- Ensure that national COVID-19 recovery plans are inclusive of refugees, IDPs and Stateless Persons and are gender-sensitive and contain policy measures addressing the specific needs of women and girls.
- Prioritize and officially recognize SGBV services as an essential and life-saving component of the humanitarian response to COVID-19.
- Integrate SGBV mitigation and response into the public health response to COVID-19.
- Ensure that essential SGBV service providers have the necessary level of personal protective equipment and that protocols prioritize the provision of PPE for critical face to face service delivery.
- Ensure accessibility, availability and quality of SGBV services during COVID-19 for refugee women and girls including access to justice for survivors.
- Involve diverse women in meaningful leadership positions and decision-making around the COVID-19 pandemic response, including creating accountability mechanisms involving women's groups.
- Ensure economic and livelihoods support to reduce the immediate and long-term economic impacts of COVID-19 is gender-sensitive and contributes to reducing SGBV.
- Issue national public service announcements with the message that violence against women and girls will not be tolerated during the pandemic and perpetrators will face severe consequences.

**To donors**

- Prioritize and officially recognize SGBV services as a life-saving component of the humanitarian response to COVID-19.
- Shift towards more flexible, multi-use funding models.
- Avoid diverting funds from on-going humanitarian crises in responding to additional COVID-19 needs.
- Support coordination and information management activities to ensure strong SGBV & COVID-19 humanitarian planning.
- Allocate direct funding to women's organizations working to address SGBV to advance the localization agenda.
- Invest in national system strengthening in line with the humanitarian-development-peace-nexus – ensure complementary of funding between humanitarian and development donors.


*Liquid petroleum gas project reduces risks for women and children - Burundian refugee Hasfasimana Penina, 25, collects firewood outside Nyarugusu camp in Tanzania. The task takes hours and many women carry their babies too. A UNHCR-led initiative is replacing firewood with LPG fuel here to prevent environmental degradation and protect vulnerable refugees from sexual and gender-based violence.*

## Financial Information

*UNHCR is grateful for the critical support provided by donors who have contributed to the **East and Horn of Africa, and the Great Lakes Region,** as well as to those who have contributed to UNHCR programmes with broadly earmarked and unearmarked funds.*

Total contributions to the **region, inclusive of COVID-19 contributions** amount to some USD 655 million.

**Special thanks to the major donors of softly earmarked and regional funds | USD**

United States of America 114.8M | Germany 39.2M | United Kingdom 24.8M | Denmark 14.6M | Canada 11.3M | Private donors USA 7.4M | Private donors Australia 4.6M | Private donors Japan 3.9M | Spain 3.4M | Ireland 3.3 M | Sweden 3M | France 2.8M | Private donors United Kingdom 2M

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