

East and Horn of Africa, and the Great Lakes Region

29 May-4 June 2020


4.6 MILLION
 REFUGEES & ASYLUM-SEEKERS


8.1 MILLION
 INTERNALLY DISPLACED PERSONS


54,835
 REFUGEE RETURNEES IN 2020

17,093 CONFIRMED
 COVID-19
 CASES IN HOSTING COUNTRIES

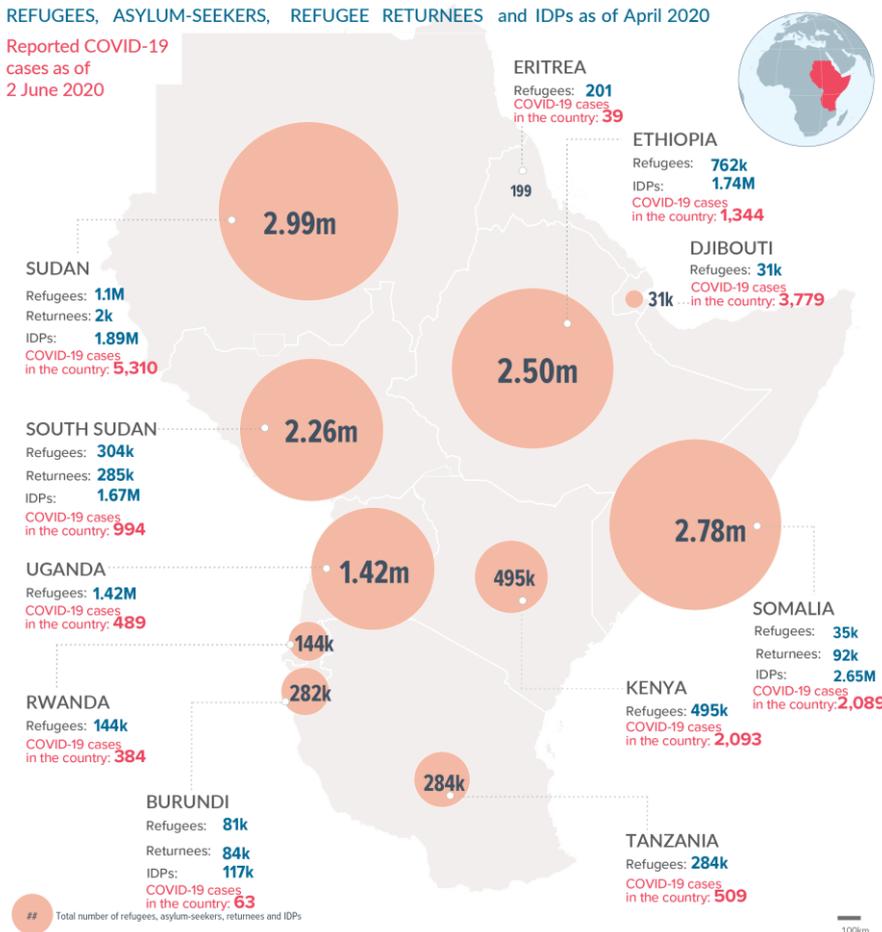
Operational Context

The COVID-19 situation in the East and Horn of Africa, and the Great Lakes (EHAGL) region continues to evolve. As of 2 June, there were 17,093 confirmed COVID-19 cases in the countries covered by UNHCR's EHAGL Regional Bureau. While there has been no large-scale outbreak amongst UNHCR's populations of concern so far, 4.6 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 certain restrictions will remain in place during this month.

In **Rwanda**, on 31 May, the Government decided to extend the restriction of movement between provinces and to/from Kigali until further notice following the identification of new cases in different parts of the country. In **Sudan**, the government has announced the extension of the lockdown until 14 June, including closure of airports to regular passenger travel for both international and domestic flights. The easing of lockdown measures have been noted in several countries in the region including **Somalia** where domestic flights were set to resume on 3 June. In **Uganda**, the 19 May Presidential directive easing the lockdown has brought some economic and social life back to some refugee settlements. Many shops and business centers have reopened across the settlements, slowly reviving economic activity which had been paralyzed for the last two months. However, a complete lockdown remains in place in all districts and settlements bordering neighboring countries.

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

Reported COVID-19 cases as of 2 June 2020



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.

*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.

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.

Access to asylum continues to be mixed across the region. New arrivals from **Eritrea** have been admitted in **Sudan**. In **Ethiopia**, UNHCR and government counterparts conducted a joint field mission on 26 May to Pagak Reception Centre where there are currently 3,711 individuals from **South Sudan**. Discussions are ongoing on the establishment of quarantine facilities for new arrivals to be established under the management of local health officials, as well as the registration and relocation of refugees who have been there for some time. In **Uganda**, the office continues to advocate for the admission of asylum seekers fleeing violence and persecution in the Democratic Republic of the Congo (DRC).

Education

The spread of COVID-19 has led to the closure of most schools for an indefinite period across the region and the ability of refugee students to access distance learning programmes at scale has proven challenging.

Governments in the region are coming under pressure to re-open schools. National debates and stakeholder consultations are on-going in **Kenya** and other countries. **Tanzania** has partially re-opened schools with the directive to have the last secondary school grade return to school on 8 June and the return to school of the rest of the grades is anticipated thereafter. As some governments move toward re-opening schools, country operations are working on school re-opening plans. Plans will include increased WASH facilities in schools with further expansion of hand washing facilities and soap provision. There may be a need for PPE for school cleaners and others who work in common areas. Extra temporary learning spaces and recruitment of extra teachers on a temporary basis may be required to

reduce class size and adhere to social distancing guidelines. Teachers will need to be provided with thermometers and trained on how to take temperatures of students prior to lessons. Teachers will further need to be trained on condensing the curriculum for catch up classes and providing mental health and psychosocial support for students.

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 communicate and engage with communities to provide fact-based information on COVID-19 through a wide variety of methods.



Refugee children in Adjumani, Uganda are taking radio classes to continue learning as schools remain closed during the COVID-19 lockdown.
UNHCR/J.Kasozi

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. There is a possibility of increases in prices and decrease in availability of materials, and the rainy season in many countries has the potential to delay transport. WASH interventions in COVID-19 isolation units remain challenging due to the scope of improvements needed in many contexts where existing health structures and WASH facilities were inadequate before the pandemic. Potential re-openings of schools that had been designated as isolation centers means a number of new isolation centers need to be established with the required WASH facilities. In **Ethiopia**, hygiene promotion is a day-to-day activity in the camps facilitated by the expansion of handwashing facilities. A total of 108 communal and 10,639 household handwashing facilities have been set up in the Melkadida camps while those in Gambella have 306 communal and 13,286 household handwashing stations. Water supplies are continuously improved including through water trucking to mitigate shortages. In Tierkidi and Nguenyiel camps in Gambella, UNHCR, in collaboration with UNICEF and Oxfam, is trucking an average of 540,000 litres of water per day. In **Sudan**, UNHCR in coordination with the Sudanese Red Crescent Society started the distribution of soap for the refugees in Dar Batti and Um Kawaro refugee settlements, targeting 14,308 people (13,885 in Dar Batti and 423 in Um Kawaro). The distribution was reinforced with COVID-19 awareness messages and precautionary measures such as social distancing during the distribution process. Installation of handwashing facilities is ongoing in the refugee camps of Kario, El Nimir and El Ferdous, in East Darfur.

Health

Major health challenges include the immediate availability of equipment necessary to detect, test and treat complicated cases, medical and PPE supplies and adequate facilities for isolation, 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 Tanzania, over 1,200 refugees across all camps are putting their tailoring skills to work producing more than 270,000 face masks to protect themselves and their communities. UNHCR/H. Munuo

In **Rwanda**, the distribution of washable face masks was completed in all the refugee camps. Along with the distribution, refugees were sensitized on the best use of the masks. In **Tanzania**, UNHCR provided 140 complete sets of Personal Protective Equipment (PPE) to the Tanzania Red Cross Society (TRCS). The PPE's kits include facial shields, masks, gloves, gowns, laboratory swabs, goggles, among other items. The PPEs will be used by health staff at the isolation centers in Nyarugusu and Mtendeli camps. TRCS and MSF are continuing with information dissemination to the community through the Health Information Team (HIT) using megaphones and public address systems. The efforts were able to reach 42,913 individuals during the reporting period.

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.

A recent meeting of the RHPT focused on supply chains and markets in the challenging context of COVID-19, the role of cash, under-funding of humanitarian operations and duty of care in today's operations.

The Regional GBV Working Group briefed donors this week on observed regional GBV trends during the COVID-19 pandemic. During the briefing, UNHCR Kenya delivered a presentation focusing on the impact of COVID-19 in refugee settings.

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.

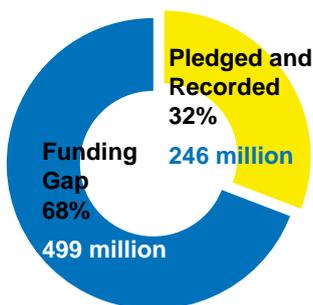
The increase is due to a rapid evolution of humanitarian needs, the inclusion of additional countries, increased cost of essential health and other supplies, and air and sea transportation. UNHCR is further scaling up its health, shelter and water, sanitation and hygiene (WASH) preparedness and response 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 246M 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:

UNHCR COVID-19 country updates: [Ethiopia and South Sudan.](#)

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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