



OXFAM

# THE PANDEMIC **AND BEYOND**

Oxfam's vision for **COVID-19 response** and recovery in the Horn,  
East and Central Africa (HECA)



## OUR VISION

A transformed and stable Horn, East and Central Africa region, where people exercise their right to challenge power and have dignity to drive transformative change in their lived experiences.



# INTRODUCTION

The fact that COVID-19 is impacting all 10 countries in the Horn, East and Central Africa (HECA) region presents enormous challenges that require us—Oxfam country offices, the regional platform and partners—to work together better. This vision statement is part of regional platform's efforts to increase our synergy, harmonise our actions, and maximize our impact in responding to the direct and indirect effects of COVID-19 in the region. Indeed, given the shared experiences and the cross-border implications of COVID-19, taking a regional perspective and approach is critical. The HECA platform is committed to ensuring coordination, supporting sharing of lessons and information, and facilitating collaboration in the design of new and innovative programmes.

This document articulates how the HECA platform and countries are already responding to the new realities of COVID-19. But it goes beyond the current response to identify opportunities to transform Oxfam and partners' work in the medium to long-term. It also describes approaches to ensure that recovery mechanisms enable the region to build back better following the pandemic.





# BUILDING LOCAL PROMISE

This vision for COVID-19 response and recovery in HECA builds on this framework, as well as the [global value propositions](#), while contextualizing them for our work within the HECA region. It is strongly anchored on the regional vision which prioritises three programming pillars: transforming crises and conflicts; tackling inequalities; and building equitable and transformative partnerships, particularly with local and national actors. This document also reflects our commitment to increasing our interventions in urban contexts, as outlined in the HECA urban programming framework.

The overall goal of [Oxfam's global COVID-19 Response Framework](#) is: to contribute to ensuring that poor, vulnerable and marginalized people access adequate, inclusive, and safe support to a) prevent and reduce the infection risk of the COVID-19 disease outbreak; and b) be protected from the direct and indirect negative impacts of state of emergency measures to control and respond to the outbreak.



Lydia Zigomo  
Regional Director, Oxfam in HECA



## TRIPLE CRISES

The floods and the new wave of locust infestation will lead to increased food shortages.



people are already severely food insecure in the region.



# A REGION AT RISK



## COVID-19 IN HECA

The first COVID-19 cases in HECA were confirmed in March 2020, and the period after that has seen a steady rise in cases across the region. While there are variable forecasts of future trends, in early May confirmed cases in all countries continued to rise.

COVID-19 has highlighted years of neglect and underinvestment in health care across the region. As testing capacity is limited, the total number of confirmed cases could significantly underrepresent the actual situation. Capacities for quarantine, isolation, tracing and treatment are all extremely low. In South Sudan, for example, there are reportedly only 24 intensive care unit beds, and only 4 ventilators in the entire country.

Countries in the region have taken a variety of approaches to respond to the pandemic, such as closing schools, borders and markets, limiting domestic and international air travel, imposing curfews, and prohibiting public gatherings. As of early May, life continued as usual in Tanzania and Burundi, whereas the governments of Sudan, Uganda and DRC had imposed highly restrictive lockdowns. Reports of cross-border spread are illustrating the importance of regional coordination to tackle the threat of COVID-19, and the importance of aligning the diverse response strategies.

## OVERLAPPING CRISES

Even before COVID-19 started to spread within HECA, most countries were already confronting multiple and protracted risks and crises. COVID-19 is having a direct impact on health and well-being. At the same time, the measures governments are putting in place to control and respond to the outbreak are creating additional negative impacts. Pre-existing crises are being deepened or exacerbated, other risks being neglected as funding and attention shift to COVID-19, and new challenges are emerging. In the HECA region, conflict, violence, and the search for viable livelihoods have created a displacement crisis, with 13 million IDPs and 4.6 million refugees and asylum seekers in the region. For refugees and

displaced people, COVID-19 presents a major health risk, as most live in congested environments, with limited access to health care. Countries across the region have also closed borders, effectively closing off people's ability to leave their countries and seek asylum.

Across the region, [there are approximately 33 million people who are severely food insecure \(IPC Phase 3 or worse\)](#) and require food assistance. Ethiopia, Kenya, Somalia and South Sudan are particularly affected. An estimated 10.25 million are living in areas affected by desert locusts in Ethiopia, Kenya and Somalia. WFP is predicting that the socio-economic impacts of COVID-19 will cause food insecurity in the region to double. This will include new populations who may have never needed, or received, food assistance.

Rates of sexual and gender-based violence within the HECA region were high, even before COVID. In DRC, for example, 52% of women have experienced physical or sexual intimate partner violence. Since March 2020, several countries in the HECA region, such as Uganda, Ethiopia, Kenya, Rwanda, and DRC, have reported increased incidences of GBV directly linked to state-imposed measures to contain the virus i.e. lockdowns, isolations and movement restrictions during the pandemic. Loss of income for women working in the informal sector, reduced opportunities for employment, along with the increased care burden on women occasioned by the spread of COVID-19 will compound already existing multiple and reinforcing layers of discrimination that women face. This will put women, particularly marginalized women (IDPs, refugees, sexual minorities, poor women etc.), at an even greater risk of GBV from intimate partners, state security forces, combatants,





and humanitarian workers. In addition, to having weak health infrastructure and poor access to safe water and sanitation, HECA countries are battling other diseases.

In the greater Horn of Africa, 2.6 million people are living with HIV – [\[OCHA April 2020\]](#). Measles outbreaks are ongoing in Ethiopia, DRC, Kenya and South Sudan, while cases of Chikungunya and Leishmaniasis have been reported in Kenya, Dengue and polio in Ethiopia and Hepatitis E in South Sudan. COVID-19 will impact abilities to respond and treat these other diseases. It also remains unknown how other diseases exacerbate the impacts of COVID-19. On top of active conflicts in DRC and Somalia, and fragile peace processes in Sudan and South Sudan, COVID-19 risks creating new security and conflict dynamics. Within HECA, we have already noted securitized approaches to enforcing COVID-19 movement restrictions, increased incidents of GBV, and stigmatization of foreigners. We are aware that the heavy economic impacts of

COVID-19 risk triggering protests or increased criminal activity. Misinformation about the virus and frustrations due to lack of assistance or real/perceived disparities in availability or accessibility of services could also contribute to the risk of conflict.

The pandemic will have a dire economic impact within the region. It will shave at least [1.4% off Africa's \\$2.1 trillion GDP](#) as trade, tourism, remittances, financial markets and business both on the continent and abroad are disrupted and stopped. Nearly half of all jobs in Africa could be lost as a result and the HECA region will not be spared. Countries are already diverting much needed development funds to the pandemic which will delay recovery efforts. While countries such as DRC, Rwanda and Somalia have been approved for IMF debt relief, other countries in the region need to be approved too in order to cushion their economies and respond to the pandemic.



## DIGNIFIED SUSTAINABLE LIVELIHOODS





# OUR RESPONSE

We are working to balance our COVID-19 response with the important work we do in response to the multiple crises across the region. We are adapting some interventions to ensure they are sensitive to the COVID-19 health risks. We are undertaking different interventions to address the new challenges brought by COVID-19, especially in our food-security and livelihoods interventions. We are also looking forward, predicting the longer-term impacts of COVID-19 and ensuring we are prepared to support countries to recover, and build back better. The focus of our work will be on public health, livelihoods and social protection. We recognize that in the context of COVID-19 our commitments to community engagement, partnership with local actors, safe programming, gender and conflict-sensitivity are taking on new importance.



## PRIORITY PROGRAM AREAS

### Public health

Oxfam works across the region to promote public health through improving access to water and sanitation, and equipping communities with knowledge, systems and tools to improve hygiene. To complement our already ongoing work, our country programs across the region are engaging with local governments and organizations providing access to hygiene materials such as masks and handwashing material.

Recognizing the particular risks for transmission of COVID-19 in areas with high population density, we are increasing our contributions to addressing poor access to water in urban environments, informal settlements, IDP and refugee camps, including through exploring partnering with agencies such as AfDB, the World Bank, UN agencies and also with local and community based organisations such as youth groups and through innovative programming that engages utilities and the private sector.

### Livelihoods support

HECA countries are supporting the most vulnerable people and communities in the region to cope with the adverse impacts of COVID-19 control measures. Our actions aim to protect assets such as agricultural land, businesses and livestock and to reduce likelihood of negative coping strategies, such as theft, transactional sex, sale of assets or skipping meals.

Specific interventions include short-term cash-based assistance initiatives that can help vulnerable families access essential food and non-food items and restore or maintain their livelihood capital assets. We are finding ways to ensure that women and youth are able to participate in new livelihood opportunities such as the making and sale of masks and distribution of hand-sanitizers. To help people restore livelihoods, we will provide multipurpose cash-based assistance and facilitate access to items such as seeds, tools, livestock and machines, or provide support such as animal health care or skills training.



## Social protection

While emergency humanitarian short-term cash-based and in-kind assistance can offer an important safety net, it should not be a substitute for government-led social protection programs that can provide predictable, structured and sustained support to individuals who have lost jobs or businesses or don't have enough to eat. The rise in numbers of people who need support is highlighting the importance of social protection programming, and the huge gaps in the ability of governments in the region to quickly intervene and avoid widespread destitution.

The HECA region and countries are working to provide technical and program support to existing social protection initiatives, such as the Productive Safety Net Programme (PSNP) in Ethiopia and the Hunger Safety Net program (HSNP) in Kenya. We will draw on best practices from other parts of the world in our advice on the design of new social protection packages and programs. We will influence governments, donors and international financial institutions to establish or support social protection programs, not only as a response to COVID-19, but also for the long-term. We will strengthen expertise of regional and national organizations to advocate for and support social protection programs.

In partnership,  
Oxfam HECA's  
promise  
becomes a  
promise kept

Leading the  
sector in  
supporting  
localisation  
of action in  
humanitarian  
& development  
sector.



**BUILDING  
RESILIENT  
COMMUNITIES**





# OUR COMMITMENTS DURING THE COVID-19 RESPONSE

## Strengthening community engagement

Community engagement is critical to building trust in and acceptance of response efforts to contain the spread of the pandemic.

This is particularly the case for communities where there may be existing mistrust of medical or government personnel, politicization of response efforts, limited literacy and access to information or where response efforts and public health advice contradict religious, social or cultural practices.



In such contexts, it is critical that information is shared in the right language, using trusted channels, and in a way that builds confidence and addresses fear, panic or rumours that can undermine response efforts. We are ensuring that communities we work with are part of developing solutions and strategies that work best for them.

While we maintain our approaches to community engagement built during our DRC Ebola response, we are working to adapt them to the requirements of social distancing, by using digital platforms and other means of communication that can ensure staff and partners at the frontline of coronavirus interventions are still able to meaningfully engage with communities and track community perceptions.

## Fostering partnership with local and national actors

The COVID-19 pandemic is triggering re-configurations of power on many fronts. Travel and movement restrictions and a reduction of international staff are creating a context where local and national actors are taking an increased prominence. Oxfam's commitment to localisation as part of the Charter for Change, coupled with the new context, has moved HECA countries to be more intentional and pay greater attention to how we work differently and better with partners and modify our operational model to be more fit for purpose. COVID-19 is making it even more urgent for us to ensure that our

partnerships with local and national actors are transforming their abilities to lead and deliver response actions, build the recovery foundations but also challenge the rules, including the standard dominance of INGOs in the humanitarian and development sector. We are committed to improving how we work with others, for example by ensuring our systems facilitate rather than obstruct increased partnership. We are expanding our range of partners, to include not only local and national CSOs and CBOs, but also the private sector, donors, media, refugee-led organizations, coalitions, alliances, tech-institutions, academia and research institutes.

## Taking a gender approach in our interventions

The pandemic is shining a light on the gender inequality and high levels of violence against women that exist in our region. We recognize the critical ways the pandemic will impact women, women's rights, and advocates for gender equality, and we know that the pandemic will have long-term consequences on women in the future.

We will be true to our values, and ensure that our advocacy for gender equality, feminist principles and marginalized communities is reflected in what we do and how we work. To that end, we will ensure that our interventions, analysis and advocacy incorporate a gendered approach. We will track the impacts of COVID-19 on women, especially those on the periphery, for example through rapid remote gender analyses.

We will speak to these impacts, particularly in the areas of unpaid care, women's economic empowerment, menstrual health management, and on displaced women. We will deepen our dialogue with women's rights partner organizations, for example by creating space and opportunities (such as digital, online discussions) where partners can share about their work, their successes, challenges, and support needs. We will work to ensure that women are participating in decision-making on the short and long-term responses to COVID-19.

### Supporting community based protection

Government measures in response to the outbreak have included severe restrictions of movement and physical distancing. These measures, along with the global scale of the crisis, pose an unprecedented challenge to the way we engage the people we serve, and draw attention to the pivotal

role communities play as humanitarian actors. In this context, we must adapt our protection work and make even greater efforts to support local humanitarian leadership, including communities themselves. They will be the ones bearing the heaviest burden of humanitarian responses during the pandemic.

We will engage (either directly or remotely) with the community and interface with community-based protection structures, where feasible, to avoid discrimination and exclusion of those infected and affected by COVID-19. We will carry out protection analysis and surveillance. We will support information sharing, awareness raising activities for community leaders, where to get services, psycho-social referral pathways, and information about other humanitarian services.





## Integrating conflict sensitivity in our programming

Conflict sensitivity is a critical part of our commitment to safe programming. Our responses to COVID-19 are developed based on analysis and understanding of pre-existing conflict dynamics as well as the conflict risks that are arising because of COVID-19.

Beyond ensuring that our programming does not exacerbate conflict, we will seek to transform conflict dynamics. COVID-19 is bringing into stark reality how violence and war create fundamental obstacles for vulnerable populations to access essential services and sap resources to address needs of vulnerable communities. At a global level, Oxfam is supporting the UN Secretary General's call for a global ceasefire. We are building on this momentum within the region, for example in DRC where we are supporting a coalition of 139 civil society organizations to campaign for a comprehensive ceasefire.

But we know that any cessation of violence that may be inspired by COVID-19 will be temporary if not supported by an inclusive peace process. We are still supporting local capacities for peace, through our community-based protection and peacebuilding programming, and our engagement with youth, women and civil society groups engaged in peace and security fora. Recognizing the fragility of ongoing peace efforts in Sudan and South Sudan, significant political activities around planned elections in Burundi, Ethiopia, Somalia and Tanzania and the grave impacts of violence and displacement across the region, we will ensure our support for peacebuilding continues, even in the challenging COVID-19 context.

## Integrating influencing

Our influencing work builds on and complements our programs within the region. We are working to highlight the urgent needs created by COVID-19 in the region to build allies in our efforts to address them. We are seeking to create a funding and policy context that can advance our programming approaches and response-work more broadly, such as calling for drastic increase in donor support and advocacy to ensure

an operational environment that allows us to continue working. We are ensuring that our ways of working and our values are replicated by other actors, for example by sharing our experiences with localization, promoting the voices and achievements of our partners, and calling for more direct funding for national actors. We are pushing for actions by governments in the region, such as improved social protection systems, interventions to address increased rates of GBV, or greater investments in health services. We want to work with others to analyze how government restrictive COVID-19 measures, are differentially impacting on and limiting the human rights of vulnerable segments of the communities within our region. Beyond the region, we are engaging with African and international institutions, such as in our call for debt cancellation to facilitate recovery and reconstruction in HECA countries. All our influencing initiatives reflect our commitment to raise the voices of our local partners, vulnerable women and communities.

## Promoting a greener recovery

The pandemic is drastically shifting how individuals engage with each other, and with the world. It is causing businesses to shut down and will force many people to change their livelihood strategies. It is also offering a new example—more visceral than climate change—of how we are part of a global community, where actions in one part can have enormous social and economic impacts in another.

We want HECA countries to recover and build back better. That includes ensuring that interventions and plans for economic recovery support greener economies and promote best-practices on adaptation. We will work with regional civil society and governmental organizations to advocate for green economic recovery plans.



# OUR RESPONSE IN THE REGION

**RWANDA:** Awareness raising and providing WASH services. Start Fund's response to floods have included Community Engagement and Risk Communication on COVID-19 Target beneficiaries: 65,000.

Funding needed to respond: 1,656,240 EUR.

**UGANDA:** Providing WASH services in Mvepi and Rhino settlements (West Nile) and Kyaka II, Rwamwanja, and Kyangwali refugee settlements (South Western) Coordination at the national district and settlement level task forces. Target beneficiaries: 40,000.

Funding needed to respond: 327,756 EUR.

**DRC:** Responding in Kinshasa and Congo Central province by providing support to the MOH in the drafting of the household containment strategy document, designing of the implementation of smart handwashing sites in Kinshasa. Target beneficiaries: 300,000.

Funding needed to respond: 4,570,140 EUR.

**BURUNDI:** Awareness campaign, installation of hand washing facilities, spraying and disinfection of public utility buildings.

Target beneficiaries: 100,000.

Funding needed to respond: 537,236 EUR.

**SUDAN:** North, South, East and Central Darfur, Kassala: Provision of WASH services, awareness raising, supporting refugees in North Darfur. Rehabilitation of Water supply for Elfasher Hospital, North Darfur Target beneficiaries: 200,000.

Funding needed to respond: 1,929,510 EUR.

**SOUTH SUDAN:** Pibor, Akobo, Lankien, Rumbek, Wau, Juba: Radio messaging on COVID19 preventive measures through radio programmes. Provision of WASH services and training of health workers on WASH IPC measures. Awareness campaigns and information dissemination. Distribution of cash to vulnerable households. Target beneficiaries: 500,000.

Funding needed to respond: 5,941,173 EUR.

**ETHIOPIA:** Gambella and Addis Ababa: Provision of WASH services. Establishment of surface water treatment systems. Raising awareness of refugee communities in Nguennyiel refugee camp through hygiene promoters and hygiene demonstrations. Target beneficiaries: 900,000. Funding needed to respond: 8,268,400 EUR.

**SOMALIA:** Somaliland and Puntland: Awareness raising through COVID-19 call centre (through partner Shaqadoon). Support to spraying and disinfecting of health facilities. Mass awareness campaigns and preparation of IEC material. Providing WASH services. Target beneficiaries: 550,000.

Funding needed to respond: 1,828,050 EUR

**KENYA:** Nairobi (informal settlements): Soap distribution and water distribution (via water ATM) through voucher. Community sensitization using also a collective of hip hop singers and cash distribution. Target beneficiaries: 2,680,000.

Funding needed to respond: 16,418,800 EUR.

**TANZANIA:** Kigoma: Providing WASH services and public awareness raising on COVID-19.

Target beneficiaries: 100,200.

Funding needed to respond: 256,113 EUR.





**DRIVING  
TRANSFORMATIVE  
CHANGE**

**PARTNERING FOR  
GREATER  
PROMISE**





# IMPROVING HOW WE WORK



## Learning and adapting

The urgency of the COVID-19 pandemic is forcing us to learn and adapt quickly, and continuously. The regional platform is playing a critical role, by ensuring that country programs in the region learn from each other and that global lessons and best-practices are shared within the region.

We have increased space and opportunity for internal reflections through a robust Monitoring and Evaluation Plan and feedback loops with our partners and the communities that we support. The new realities of COVID-19 have led us to adopt more digital approaches to our work and our interactions.

A new Information and Communications Technologies for Development (ICT4D) lead within the platform will support this shift, particularly by analysing and expanding our use of remote assessments, accountability mechanisms, and monitoring and evaluation. We will strengthen collaboration with academia and knowledge institutions to conduct strategic research on issues associated with Covid-19 that can support evidence-based solutions.

## Supporting ourselves and staying safe, so we can help others

Our priority is safety and well-being of our staff, partners and communities we work with. For employees, we are committed to facilitating remote working arrangements, ensuring medical cover and accessible psychosocial support.

We are committed to fulfilling our duty of care by limiting risk of contracting COVID-19 for our employees and partners. For those employees and partners whose work requires face-to-face interactions, we must ensure that we are providing them, and requiring use of, the appropriate personal protective equipment.

We are tailoring our security management measures in the region to align with our changed ways of working, the new government controls, and the potential security implications of COVID-19. We are closely monitoring any emerging security issues and are ensuring countries consider appropriate mitigating measures.



We are committed to ensuring our programs are implemented safely and do not cause additional harm, particularly in relation to sexual exploitation and abuse, sexual harassment and child abuse. We are working to adapt our community reporting mechanisms to ensure they remain effective and accessible in the context of COVID-19 restrictions.

We will be consistent with the **Oxfam's safe programming commitments**, carrying out specific risk analysis to make sure that during all phases of our responses, individual rights are respected; potential risks of COVID-19 identified, with focus on containment and prevention of COVID-19 while maximizing the benefits of interventions.

### Staying agile and resourceful

The pandemic will have ripple effects that are hard to model and assess. We need to continuously mitigate these effects to ensure we can continue to support the COVID-19 response and recovery.

We need to be agile, and able to quickly redesign our programming based on changing needs. Beyond a conceptual exercise, this requires mastery of contractual obligations, the ability to reallocate resources in a realistic manner, and the ability to influence and convince donors of our shifting approach.

We must improve our fundraising efforts, such as by focusing on our strengths and ensuring that all staff are engaged in generation of ideas and understand the imperative of "selling" our approach. We must unlock new resources and non-conventional donor partnerships, such as with the private sector. We must pre-position Oxfam and partners in discussions about reconstruction to ensure that we have resources to support building back better. We will continue to invest in documenting and disseminating our partners' approaches, innovations and good practice, as part of our commitment to learning and adaptation but also to better market our value addition to those that support us.







For more information about Oxfam HECA's activities and latest updates  
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