

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

01 – 31 March 2021

 **4.72** MILLION

REFUGEES &amp; ASYLUM-SEEKERS

 **8.74** MILLION

INTERNALLY DISPLACED PERSONS

 **162,525**

REFUGEE RETURNEES

**493,158** CONFIRMED COVID-19

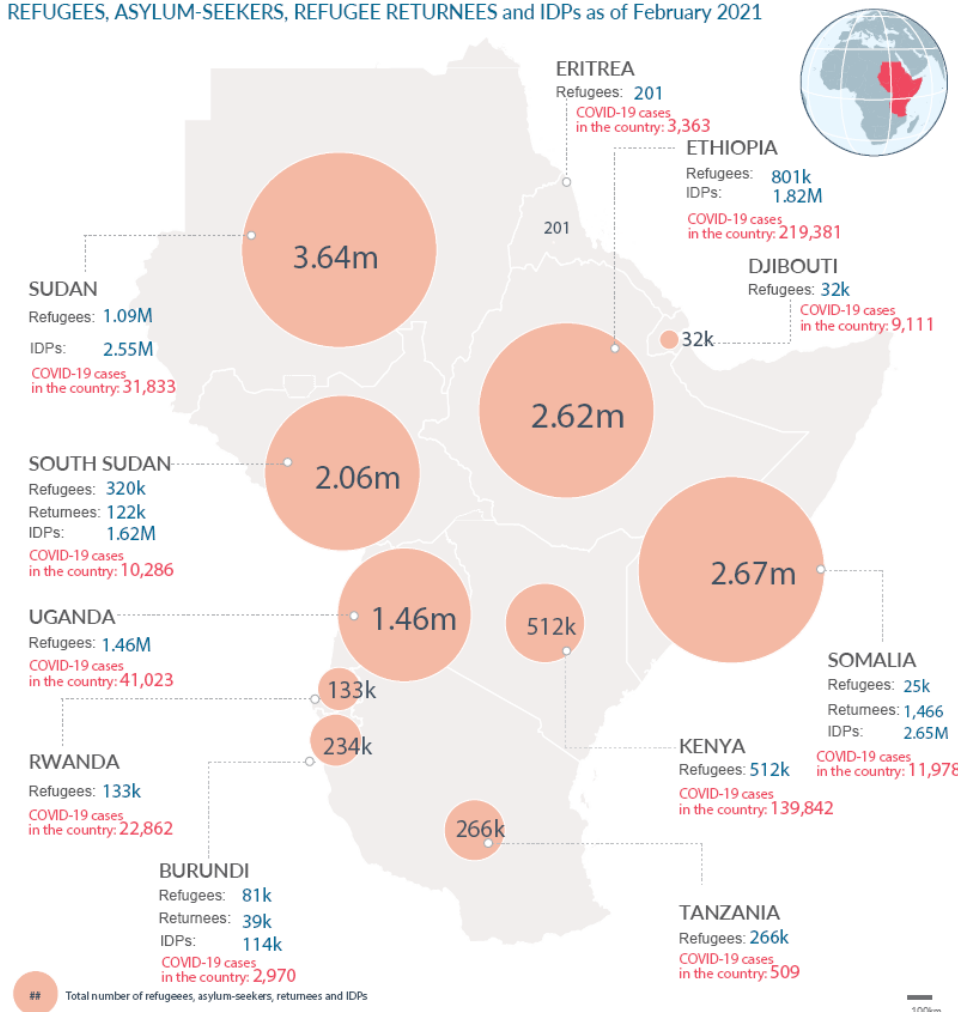
CASES IN HOSTING COUNTRIES

## Operational Context

The COVID-19 situation in the East and Horn of Africa, and the Great Lakes (EHAGL) region is in its thirteenth month since the first cases were reported in March 2020. As the situation continues to evolve, the region is still relatively less impacted than the rest of the continent. As of 6 April 2021, there were 493,158 confirmed COVID-19 cases in the 11 countries overseen by the EHAGL Bureau. The EHAGL region reported 11% of the total COVID-19 cases in Africa, as well as 17% of the total tests reported on the continent. There are now some reported **8,806** deaths in the region, (equivalent to 8% of the death cases on the continent) of which the majority are in three countries – Ethiopia, Kenya, and Sudan.

While so far there has still been no large-scale outbreak in the approximately 100 refugee camps and settlements in the region, 4.72 million refugees and their host communities remain at risk, as do some 8.74 million IDPs. Some locations still lack adequate quarantine, testing and isolation/treatment facilities. Governments have put in place various measures to contain the spread of the virus and are periodically announcing changes to movement and other restrictions, and gradually lifting preventive measures initially adopted. COVID-19 prevention and awareness have now been integrated in most of UNHCR's activities across the region.

REFUGEES, ASYLUM-SEEKERS, REFUGEE RETURNEES and IDPs as of February 2021



## Key Measures Taken

- Supporting national authorities in ensuring that **prevention, preparedness, and response** are ongoing in all locations.
- Ensuring **basic assistance and minimum standards** during quarantine for new asylum seekers and for refugees who have travelled internally within host countries.
- Ongoing procurement and distribution of **PPE, health and sanitation equipment and supplies**.

\*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



**489,678** refugees and asylum-seekers with **specific needs** receiving additional support as a result of **COVID-19** situation



**16,703** refugees and asylum seekers with **disabilities** receiving **specific support** in relation to COVID-19 response

UNHCR continues to assess the impact of border closures and travel restrictions on access to asylum. 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 June 2020, UNHCR launched a global online [Platform](#) on the protection impact of temporary measures in response to the COVID-19 pandemic, including access to territory and national asylum systems.

In **Burundi**, there have been no positive COVID-19 cases among returnees from Tanzania and Rwanda in the last three weeks. However, nine positive cases were recorded among returnees from the DRC during the most recent repatriation convoy.

Refugee registration activities that have been halted in Burundi since March 2020 with the outbreak of COVID-19 are slowly resuming.

In **Kenya**, prior to the second lockdown of Nairobi due to an increase in COVID-19 cases, a total of 14 persons of concern (four registered refugees and 10 new arrivals) were assisted with relocation from Nairobi to Kakuma refugee camp after indicating they were unable to sustain themselves in urban areas.

UNHCR's partner HIAS seconded two staff to the Helpline to strengthen counselling and case management of gender-based violence cases. This comes during the latest lockdown and concerns that this may lead to an increase in gender-based violence cases.

In Daadab, intensified Risk Communication and Community Engagement (RCCE) were undertaken, which included facility-based health education sessions, daily household visits, five weekly live radio shows and a vehicle mounted with public address systems driving around the camps to disseminate integrated health and COVID-19 messages.

In **Ethiopia**, Registration services resumed at UNHCR's office in Addis Ababa, to issue refugees with registration documents and update their data. Limited numbers are received per day due to the COVID-19 prevention measures in place.

In **Sudan**, UNHCR Registration staff conducted awareness raising session amongst refugees in Al Lait Locality during the ongoing verification and documentation of the South Sudanese refugees (new arrivals from East Darfur and the old case load).

In the response for Ethiopian refugees in East Sudan, COVID-19 related protection risks have been observed at the registration centre and distribution areas which are main refugee assembly points. As these refugee locations are often very crowded, it places refugees at a higher risk of contracting COVID-19. UNHCR and COR continue to encourage refugees to observe COVID-19 prevention measures.

In **Somalia**, there continues to be a critical need to expand specialized services to remote areas that have high rates of gender-based violence. For example, the limited number of shelters/safe houses is a service gap that persists and has become more critical during the COVID-19 pandemic to provide a safe place for survivors to reside as well as to receive services and critical assistance.

A total of 1,410 households affected by the pandemic received multipurpose cash grants during March. 15 persons with specific needs received various forms of support related to the COVID-19 pandemic.

## Education



**323,770** students reached with distance learning programmes by end of December



As schools reopen in the region, UNHCR and partners are addressing the need to mitigate risks by increasing WASH facilities and ensuring additional learning spaces.

Countries in the region have started to experience a third wave of COVID-19 infections, leading to a variety of school re-opening and re-closing processes. Challenges continue to include inadequate WASH facilities in schools, lack of soap, face masks and sanitizing materials.

In **Eritrea**, strict lockdown measures are progressively being lifted with schools having reopened on 1 April.

In **Kenya**, the Government re-closed all schools, colleges, and universities on the 26 March with no clear indication of when the schools will re-open. However, secondary school candidates are permitted to continue in person learning as they prepare and take their national examinations (KCSE).

**Rwanda** has re-opened schools again and all schools are now back in session.

**Somalia** re-closed schools for two weeks on 3 March due to increased cases of COVID-19. An Alternative Learning Option was launched by the Government through a partnership with the European Union (EU), Global Partnership for Education, (GPE), and Save the Children which will provide an online learning platform as well as radio lessons for primary school children.

In Sudan, the increase in COVID-19 cases in North Darfur in the past month, a “third wave” was declared by the Governor and schools were closed except for the students sitting for exams.



*A learner at Arid Zone Primary school in Kakuma Refugee Camp in Kenya has his temperature taken at the school's main entrance. Temperature checks are part of COVID-19 containment measures implemented in schools.*

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## Health



**3,679,759** masks  
(3 ply, N95 and medical masks) distributed  
in the region by end of December



**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.**

*The geographical locations of refugee and IDP locations and their proximity to borders pose challenges for the COVID-19 response. The movement of refugees, new arrivals and pendular movements complicate required testing. The limitation of some national responses has been observed, including excessive centralization and lack of testing in remote areas.*

In **Burundi**, all partner staff were tested on 31 March with zero positive cases identified.

While the Government of Burundi has yet to finalize its national vaccination plan and accede to the COVAX initiative, an authorization has been granted for the UN to import vaccines and vaccinate staff members and their dependents, as well as International NGO staff. WHO has been entrusted with the task of coordinating the UN vaccinations in Burundi.

In **Djibouti** there has been an increase of positive COVID-19 cases across the country over the past few weeks. On 21 March, a presidential decree was passed making face masks mandatory in public places and in the public transport systems. 5% of the vaccines expected via COVAX will be dedicated to the refugee and migrant population.

A COVID-19 sampling test survey for 1,000 refugees in the three refugee camps in Ali-Addeh refugee village has been ongoing with a target population of refugees aged 65 and over and those who have chronic diseases. As of 5 April, over 930 tests had been conducted: 628 in Ali-Addeh and 302 in Holl-Holl. Among them, six asymptomatic positive cases were reported. Contact tracing and additional tests have been initiated. The ONARS (National Office of Assistance for Refugee and Disaster victims) and UNHCR are closely monitoring the situation. Health workers continue to take samples and raise awareness.

**Ethiopia** has rolled out its COVID-19 vaccination campaign in March, prioritizing frontline health workers, individuals with underlying severe vulnerability conditions and elderly people. Persons of concern (PoC) are also part of the Government's vaccination plan. The Government's Agency for Refugee and Returnee Affairs (ARRA), UNHCR, and the Regional Health Bureaus and other health partners continue to reinforce their response to COVID-19 in both refugee camps and other locations sheltering refugees and asylum seekers throughout the country.

The construction of five additional isolation facilities in the five Melkadida camps has been completed. UNHCR donated PPEs to the Zonal Health Bureau in West Guji, Oromia Region to bolster the government's effort to curb the spread of coronavirus. The materials, comprising 47 digital thermometers, 87 protective clothes, 84 bottles of hand sanitizers, 47 packs of face masks and 47 packs of surgical gloves, will be distributed among health facilities most in need.

**Kenya** entered a third wave of COVID-19 infections in March. Kakuma experienced a rise in positivity rates of COVID-19 (32% among PoCs tested and 25% among humanitarian workers). Dadaab also recorded a significant increase of positive cases among humanitarian workers at 16%. Positive cases among people of concern remained under 5% with no increase in consultations, hospital admission or community deaths.

The vaccination campaign is ongoing and is divided into three phases: health workers, hospital staff, teachers and security personnel in refugee settings are included in Phase I. Individuals over 50 years and with underlying medical conditions will be vaccinated during Phase II. The rest of the population, including refugees, that meet the Ministry of Health's criteria will receive vaccines during Phase III. The Ministry of Health has designated all Level 4 hospitals in refugee settings as vaccination sites. United Nations staff in Nairobi have also started receiving the vaccine in line with the Ministry of Health criteria.



Garissa County (Dadaab camps) has been allocated 6,000 doses of the vaccine and Turkana West Sub-County (Kakuma camps) has been allocated 2,000 doses of the vaccine. The Counties have trained the medical staff that will administer the vaccine, with the vaccination campaign starting on 30 March.

In Daadab, one isolation and one centralized quarantine facility were maintained for case management and quarantine of suspected cases. The main Ifo2 isolation facility remained non-operational due to lack of medical staff.

**Rwanda** received the first vaccine doses in early March and has rolled out a vaccination campaign, targeting priority groups like frontline medics, teachers, and people with underlying health conditions. Rwanda has included refugees in the vaccination plan according to the criteria as well as part of high-risk groups.

**Somalia:** In March, UNHCR donated to the Ministry for Humanitarian Affairs three large isolation/treatment medical tents, 53,900 surgical face masks and 11,700 pairs of gloves. To combat the rapid increase in number of COVID-19 cases in Somaliland, two large tents, 37,000 PPEs and/or essential medical supplies were delivered to Somaliland's Ministry of Health and health centres in Hargeisa, Berbera, Burao and Borama. The medical assistance comprised of aprons, face shields, goggles, cover gowns, respiratory and surgical masks, cleaning agents and/or hand sanitizers. An isolation unit and a quarantine centre continued to be supported in Berbera regional hospital.

**South Sudan:** South Sudan's Ministry of Health announced 59,000 doses of the AstraZeneca vaccine pledged by the African Union will arrive in Juba in late March. A larger consignment of 132,000 doses of the Oxford-AstraZeneca vaccine will arrive through the COVAX global vaccination program for underdeveloped nations. The first group to be vaccinated are frontline health care workers and people above the age of 65, as part of a national plan to vaccinate 20% of the population in the first phase. As part of the national vaccination plan, refugees (60,000) and IDPs are also included.

In **Sudan**, the Ministry of Health (MOH) has accepted to include health care workers working in the refugee camps in the COVID-19 vaccine rollout (phase 1) and the registration process is currently ongoing.

In East Sudan, the Tunaydbah camp isolation unit is complete and operating in a temporary tent, as the construction of a semi-permanent structure is ongoing. UNHCR and partners are conducting temperature screenings, distributing soap at entry points and sensitizing refugees on COVID-19 mitigation measures in Tigrayan language. The Gedaref laboratory is now able to conduct free COVID-19 PCR tests for refugees (limited to 10 tests per day).

Risk Communication and Communication Engagement activities are ongoing and a COVID-19 case management training to frontline health care workers involved in the response was conducted. Both health and non-health staff were also sensitized on the use of PPEs. COVID-19 surveillance is also being enhanced through static, non-static facilities, and community-based surveillance (through trained CHVs). Rapid Response teams (RRTs) identified and supported by WHO/MOH are deployed in the field to investigate every suspected case reported in the camps.

In **Tanzania**, UNHCR donated emergency medical equipment to the Kigoma Regional Medical Office. The donation will boost the Regional Medical Office's capacity and enhance medical service delivery to refugees and the host community. The medical equipment and supplies, worth approximately USD 47,000, will be distributed to the various hospitals in Kigoma Districts and surrounding refugee camps. UNHCR took the opportunity to advocate for the resumption of several suspended COVID-19 activities in the camps.

In **Uganda**, the roll out of AstraZeneca COVID-19 vaccinations began on 10 March. The Government of Uganda has included refugees in the vaccination program and opened the vaccinations to people in the following categories to be administered at regional referral hospitals, district hospitals, health centres IV, health centres III, and selected private health facilities: health workers, security personnel, teachers, individuals above 50 years of age, individuals between the age of 18 – 49 years with underlying medical conditions.

## Water, Sanitation and Hygiene (WASH)



**Emphasis remains on blanket prevention activities in camps and working with the health sector to assess and address 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 **Burundi**, awareness campaigns on COVID-19 preventive measures are ongoing in the refugee camps. There has been an establishment of additional handwashing stations during food distributions, regular distribution of soap and other sanitary materials to the PoCs and the distribution of COVID-19 kits in the schools of the Kinama camp.

All returnees are sensitized to respect the preventive measures upon arrival of repatriation convoys at the transit center. Handwashing points have also been installed across all paths leading to the service desks and other services delivered at the transit centers.

In **Ethiopia**, nearly 37,000 handwashing stations have been installed in communal centers and households in 22 of the 26 refugee camps to promote regular handwashing with soap. 36,017 handwashing stations have been installed in refugee households while 989 were set up in communal facilities to provide services to refugees and asylum seekers. More capacity is needed, however, to ensure that every refugee household is equipped with a handwashing facility.

In **Kenya**, Kakuma, three new water boreholes were drilled to enhance access to clean water for refugees and the surrounding host community, as part of the COVID-19 mitigation measures. 1,260 kg of chlorine were distributed to health facilities in the host community and refugee camp for disinfection purposes. Community Action Days were conducted in Kakuma to promote proper solid waste management during which messages on the COVID-19 measures were disseminated.

20,640 bars of soap were distributed in Kakuma refugee camp and 2,820 liters of liquid soap were distributed to camp health facilities, schools, and public spaces. 136 hand washing stations were installed in Kakuma camp. 21 knapsack sprayers were distributed to health facilities in Kakuma camp and host community. 5,000 re-usable face masks were distributed by UNHCR's WASH partner to refugees in Kakuma 4 camp.

In **Sudan**, COVID-19 prevention and preparedness activities are ongoing and include: a total of 9,500 individuals who were reached with COVID-19 awareness messages in Kassala. In White Nile State, CAFOD completed a soap distribution in Umsangour camp, where total of 37,382 individuals were served.

In North Darfur, to commemorate International Women's Day, UNHCR distributed 42 wash basins to female inmates in El Fasher Shalla prison and 20 buckets/basins to female patients on the Fistula Ward at El Fasher hospital. The distribution targeted the most vulnerable women at both locations and was accompanied by hygiene awareness, COVID 19 and gender-based violence prevention messages.

In **Tanzania**, to ensure that families continue with the recommended handwashing practices, distribution, and monitoring of soap usage at washing stations continues. UNHCR and partners distributed 1,455,571 kilograms of bar/powder soap and 12,897 litres of liquid soap. There is a need to continue the distribution of soap both for household and institutional use - especially for schools, health facilities, distribution centres and other busy institutions.

## Livelihoods and COVID-19: Spotlight on Yambio

The pandemic has had negative effects on the economy of South Sudan. In 2020, we saw declines in domestic production and revenue collection, followed by a rising cost of living. These economic consequences are far-reaching, affecting hosting and refugee communities alike. Economic recovery from COVID-19 will require a coordinated strategy that fosters cooperation between partners as is exemplified in the joint project in Yambio.

An innovative project is helping refugees improve their nutrition providing meaningful employment in Makpandu Refugee camp, home to over 6,100 refugees, 45km east of Yambio in Western Equatoria State. A unique approach to employment and nutrition is being taken by UNHCR, FAO and WFP (and partners), who have come together with a focus on increasing investment in livelihoods, self-reliance, pathways to solutions and social cohesion with host communities.

The project in Yambio has increased agricultural harvests resulting in improved food security and has allowed households to diversify their diets and boost their nutrition levels. Furthermore, the agricultural output of the self-reliance project was so high, that WFP was able to source some of its food staples from the refugee run project. Refugees are currently selling their produce to complement the WFP general food distribution, providing a best practice in sourcing locally, sustainable, seasonal produce, while supporting livelihoods.



UNHCR High Commissioner Filippo Grandi visiting the market in Makpandu refugee camp in January 2021.  
Photo: © UNHCR

## 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.*

## Funding Needs

UNHCR's total financial requirements for COVID-19-related activities in 2021 is approximately **\$924 million**. Of that amount, **\$455 million** are included in the [2021 COVID-19 Supplementary Appeal](#) for activities related to the exceptional socio-economic and protection impacts of COVID, as well as a limited number of critical health, WASH and shelter needs. The remaining amount is mainstreamed into the EXCOM approved budget.

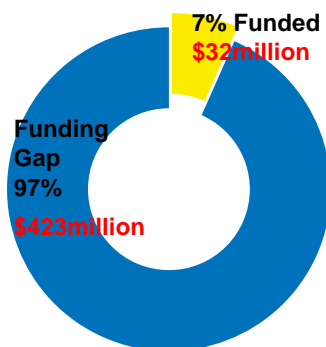
The total 2021 COVID-19 financial requirements for the East and Horn of Africa and Great Lakes region are **\$166 million**.

**USD 455 million requested as a supplementary appeal for COVID response worldwide in 2021.**

**USD 166 million requested for 10 countries East and Horn of Africa and Great Lakes region in 2021.**

## Funding Received

USD **455 Million** requested in 2021 for Coronavirus Emergency Supplementary Needs:



**Total contributed or pledged to UNHCR's 2021 COVID-19 appeal USD 32M** including:

African Development Bank Group \$12M | EU \$4.2M | China \$2M | Education Cannot Wait \$1.3M | UN COVID-19 MPTF \$727,989 | Unilever (UK) \$472,037 | Swedish Postcode Lottery \$233,697 | Sunshine forever Limited \$200,000 | UNHCR Insamlingsstiftelse \$156,386 | Japan Association for UNHCR \$121,132 | Private donors USA \$100,000 | UN Programme On HIV/AIDS \$16,300 | Other private donors \$268,125.

**Unearmarked contributions to UNHCR's regular global programmes:**

Norway 80 million | Sweden 66.9 million | Netherlands 36.1 million | Denmark 34.6 million | Germany 22.1 million | Switzerland 16.4 million | Private donors Spain 13.3 million | Ireland 12.5 million | Belgium 11.9 million.

### Links:

UNHCR COVID-19 Platform: [Temporary Measures and Impact on Protection](#)

Click here to access a [live dashboard](#) providing information on COVID-19 cases in the region and [here](#) to access information regarding the travel restrictions and movement and border controls put in place by Governments.

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