

East and Horn of Africa, and the Great Lakes Region

01 - 31 December 2020



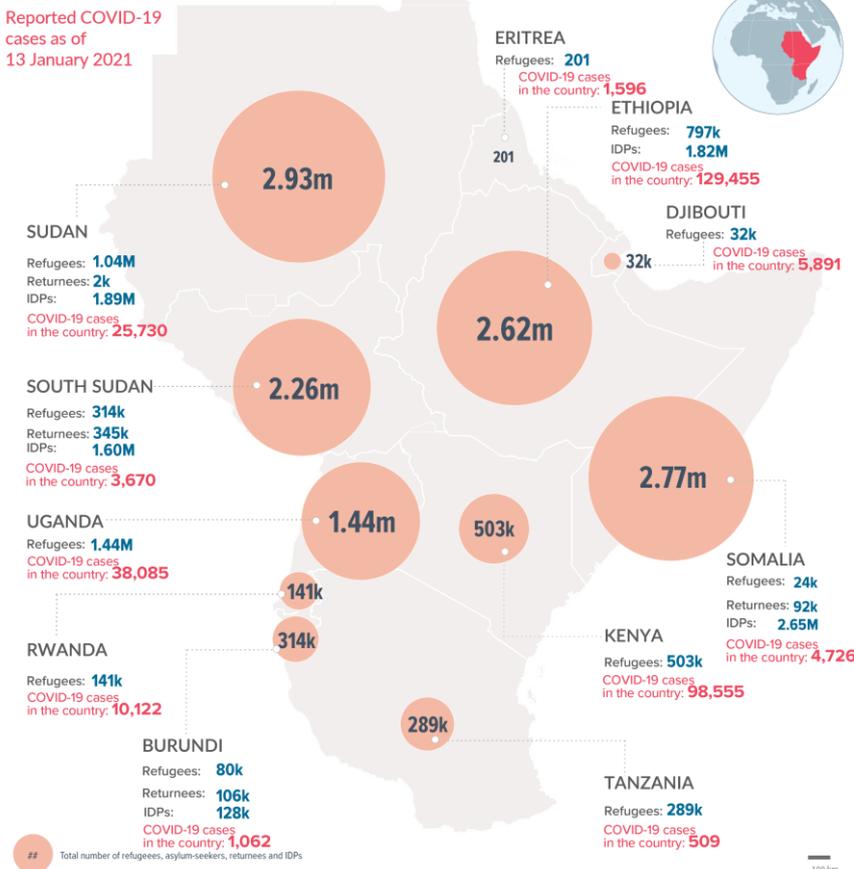
Operational Context

The COVID-19 situation in the East and Horn of Africa, and the Great Lakes (EHAGL) region is in its tenth 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 13 January 2021, there were 319,401 confirmed COVID-19 cases in the 11 countries overseen by the EHAGL Bureau. For the past month, the EHAGL region reported 10% of the total COVID-19 cases in Africa, as well as 18% of the total tests reported on the continent. There are now some 5,899 reported 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, 4.6 million refugees and their host communities remain at risk, as do some 8.1 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.

The declaration of a six-month state of emergency and ongoing conflict in the Tigray Region in **Ethiopia** has led to a humanitarian crisis, including for tens of thousands of Eritrean refugees who reside there, hundreds of thousands of internally displaced, and with the arrival of 58,000 Ethiopian refugees to Sudan in the last two months. Efforts are being made to include COVID-19 precautions in the response to this new emergency.

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



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

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. On 30 June, 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.

The reporting period saw the voluntary repatriation of **Burundian** refugees from the **Democratic Republic of the Congo (DRC), Kenya, Rwanda, and Tanzania**. In **Burundi**, Voluntary Repatriation was suspended from 17 December 2020 to 12 January 2021 for the end-year holiday period. The suspension allowed UNHCR and partners to improve the Transit Centers (TC) infrastructure, especially the isolation spaces for suspected COVID-19 cases. The Government of Rwanda (GoR) also introduced a rapid COVID-19 test prior to the departure of Burundian refugees, the use of which confirmed at the Tripartite Technical Working Group virtual meeting held on 4 January 2021. From September 2017 until 31 December 2020, UNHCR has facilitated the return of 120,494 Burundian refugees from Tanzania, Rwanda, DRC, and other countries. 40,774 returned in 2020, including 6,044 in December.

In **Djibouti**, during the 16 Days of Activism Against Violence Against Women campaign, partner National Union of Djiboutian Women (UNFD) sensitized the community on COVID-19 prevention measures and distributed sanitizers and masks to participants in the focus groups discussion in Ali-Sabieh. On 10 December, in Markazi refugee village in Obock, the 16 days of activism campaign against violence against women was concluded with a sensitization session on the Rights and Obligations of refugees and on COVID-19 prevention. The event also marked the International Human Rights Day with a community session held with nearly 50 participants who all observed physical distancing.

In **Ethiopia**, UNHCR remains highly concerned by the impact of the ongoing conflict on the humanitarian situation in the Tigray Region, particularly the protection and humanitarian response for Eritrean refugees and internally displaced persons. This is adding to the already difficult situation precipitated by COVID-19.

In **Kenya**, an online refresher session on preventing sexual exploitation and abuse, and sexual harassment, particularly in the context of the COVID-19 pandemic, was conducted for UNHCR staff in all locations emphasizing the organization's zero tolerance policies. The sessions, which included facilitated discussions in break-out groups, allowed participants to gain a better understanding of issues and policies, and to provide recommendations and suggestions on improving prevention and mitigation measures to combat sexual exploitation and abuse and sexual harassment.

On 22 December, 18 families of Burundian refugees (60 individuals) returned to their country of origin through UNHCR's Voluntary Repatriation Programme. Before departure, a COVID-19 test was conducted on 27 families (107 individuals) who had registered for the voluntary repatriation, out of whom, nine families tested positive and had to remain behind. While traveling, all the necessary COVID-19 protocols were observed.

UNHCR and the Refugee Affairs Secretariat (RAS) partially resumed registration services in the Field Offices. UNHCR has enhanced COVID-19 prevention measures and the safety of staff and persons of concern by installing plexiglasses and supplying Personal Protective Equipment (PPEs) to all staff at the Field Offices.

In **Rwanda**, following the recent revision of the Government measures to curb the spread of COVID-19, including prohibition of travels between districts, UNHCR is engaging the Ministry in charge of Emergency Management (MINEMA) to have special permission to continue essential activities in the refugee camps, including the voluntary repatriation program and resettlement activities. Despite the challenges, UNHCR and partners continue to access refugees in camps and in urban areas for only essential services to limit movements.

World Food Program (WFP) in Rwanda is currently facing funding challenges in 2021 to support food assistance to refugees in Rwanda, which will likely result to a 40% food ration cut as of February 2021, increasing to a 60% cut from May, if the funding situation does not change.

In **Somalia**, UNHCR resumed facilitating refugee return flights from Dadaab, Kenya to Somalia, which had been suspended due to COVID-19. In December 2020, a total of 190 refugee returnees arrived in Somalia on flights.

On 24 December 2020, UNHCR and IOM received the first Voluntary Humanitarian Return (VHR) flight of Somali migrants and/or asylum-seekers from Tripoli, Libya since the outbreak of COVID-19. 48 Somali nationals returned to Hargeisa and 29 to Mogadishu. All returnees to Somalia were tested for COVID-19 prior to departure and/or immediately after arrival.

As of 1 December 2020, the Child Protection partners in Somalia provided 2,290 children and adolescents (51.5% girls), and parents/caregivers with psychosocial support in the form of structured psychosocial sessions adapted to the COVID-19 situation. Child Protection partner staff and volunteers continued to conduct outreach to children and community members to raise awareness on child protection and COVID-19 risks through household visits, individual and group counselling, and discussions with community leaders. As of 1 December 2020, a total of 159,818 individuals (54.9% children) were reached with child-friendly awareness-raising sessions, positive parenting messages and flyers on child protection, and COVID-19 risks.

In response to the Cyclone Gati emergency in Somalia which exacerbated vulnerabilities, including further exposure to COVID-19 by families being newly displaced, core relief items and emergency shelter assistance was provided to 1,500 households in Bossaso with the distributions still ongoing into January 2021.

There continues to be a critical need to expand specialized services to remote areas in Somalia 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 and receive services.

Education



242,570 students reached with distance learning programmes by end of October



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.

By the end of 2020, most countries in the region had either fully or partially reopened schools. Nine countries (**Tanzania, Somalia, Djibouti, Kenya, South Sudan, Uganda, Rwanda, and Ethiopia**), including **Burundi** that did not close schools, had their students back in school. To support the country operations in school re-opening, UNHCR Headquarters (HQ) produced a guidance document "*COVID-19 Refugees' Return to Schooling Guidelines*," which provides practical suggestions for UNHCR operations and partners on how to address specific needs of refugee children, youth, and families as schools re-open. The document complements and draws on the detailed guidance issued by the Inter-Agency Standing Committee, Global Education Cluster, other UN agencies and NGOs and includes links to key resources. The guide was designed as a resource document for use by UNHCR multi-functional teams, including Community-Based Protection, Cash, WASH, Livelihoods, Health, Programme and Communications with Communities specialists.

In **Kenya**, the Ministry of Education announced the reopening of schools in January 2021. Schools were re-opened on 4 January 2021 and within the first week of re-opening, about 90% of all students had returned to school. UNHCR and the education partners undertook school reopening preparations focusing on the installation of handwashing stations and the supply of soap, sanitizers, and face masks to the schools. Refugee camp schools have reopened in phases, to ensure adherence to the School Re-opening Guidelines and allow for community sensitisation.

In Kalobeyei Settlement, prior to school reopening, 50 (37 female) parents of children with disabilities were trained on home-based support. Additionally, 703 (486 M, 217 F) learners were provided support for home-based learning. 60 hours of radio lessons were conducted for a total of 41,128 children (16,732 girls) including primary, Accelerated Education Programme, Adult-Based Education, and Secondary learners.

On 18 January 2021, the Government of **Rwanda** re-closed the schools in the city of Kigali to contain the spread of COVID-19, while schools outside Kigali remained open.

In **Somalia**, to prevent the spread of COVID-19 among students and school staff, 20 schools were provided with additional hand washing facilities and soaps.



Students at Arid Zone Primary School, Kakuma attend a lesson while wearing facemasks. UNHCR and partners are implementing COVID-19 protocols to ensure a safe environment for refugee students and teachers and are supporting host-community schools. UNHCR/ Samuel Otieno.

Health



2,616,914 masks
 (3 ply, N95 and medical masks) distributed
 in the region by end of October



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**, five isolation centers have been constructed in the Congolese refugee camps, health personnel have been trained on prevention and case management of COVID-19, an additional 90 health personnel (doctors, nurses, and hygienists) have been recruited, and medical partners equipped with Personal Protective Equipment (PPE), masks and thermo flashes. More than 50,000 people have been reached through various COVID-19 awareness campaigns. COVID-19 prevention and awareness messages continue to be disseminated at the Transit Centers and there has been an increase of the medical partner's staffing with two additional doctors and five nurses. There have been no restrictions on refugees' access to health care in the camps or referrals to health facilities. One of the main challenges is fighting misinformation about the COVID-19 pandemic in the refugee camps and host community.

In **Djibouti**, a COVID-19 sampling test survey for 1,000 refugees in the three refugee camps will be conducted in the coming weeks. The target population are refugees aged 65 and over and those who have chronic diseases. The United Nations is planning on sourcing and distributing the COVID-19 vaccine to the UN and International NGO staff, overseen by the Resident Coordinator.

Refugees in **Eritrea** from both the Urban and Camp population continue to be at risk from COVID-19. Due to the suspension of UNHCR monthly visits to the camp in June 2020 by the Government, UNHCR was unable to deliver

sanitary materials and COVID-19 preventive items to the Umkulu camp. This is a major concern as there are no updates on how health related activities in the camp are conducted.

In **Ethiopia**, the Government's Agency for Refugee and Returnee Affairs (ARRA) and UNHCR, together with the Regional Health Bureaus and other health partners continue to reinforce their response to COVID-19 in refugee camps and other locations sheltering refugees and asylum-seekers. Personal Protective Equipment (PPE), COVID-related medicines, and medical equipment worth approximately \$1 million USD are being delivered for health services and health staff with additional procurement of medicines and medical equipment for both COVID and regular health programmes underway. Procurement of five ICU beds, five patient monitors, 50 oxygen cylinders, ten oxygen concentrators and 300 coverall gowns for the Gambella Regional Health Bureau is in its final stage, with some having been partially delivered. PPE have also been provided to various health facilities in Bule Hora where UNHCR is involved in the response to IDPs.

Over 2,500 trained health and community outreach workers are actively engaged in awareness raising, case investigation and management, as well as mitigation, prevention, and control of COVID-19. They include 446 healthcare workers, 22 laboratory technicians and 1,719 community outreach workers who are serving both the refugees and the host communities. In addition, refugee representatives, Refugee Outreach Volunteers (ROVs), women, youth and child committees and other community representatives were trained and are actively engaged to ensure that basic preventive measures are observed in the communities.

In **Somalia**, UNHCR's health partner provided primary healthcare and consultations on COVID-19 for 147 refugees and asylum-seekers in north Galkayo. The partner provided individual consultation on prevention of COVID-19 for patients visiting the hospital. Two health centers were also equipped with additional hand washing facilities to enable proper hygiene practices. 74 physical community structures are in place at various IDP sites across the country to raise awareness on COVID-19 and these were monitored by UNHCR, in coordination with partners.

In **Sudan**, COVID-19 prevention and awareness have been integrated in the daily activities across the Sudan Operation as a "new normal". Prevention and awareness campaigns have been integrated in the daily activities across the Sudan Operation and include mass communication, and prevention and preparedness.

In **East Sudan**, COVID-19 temperature screening is in place at the entry point in Hamdayet for the new arrivals from Ethiopia and UNHCR is distributing soaps and masks to new arrivals at Hamdayet and Village 8 transit centres. In Hamdayet, UNHCR continues to conduct awareness sessions on COVID-19 and distribute informative leaflets. COVID-19 prevention measures, including wearing masks, and social distancing, are being observed during the relocation of refugees to Tunaydbah camp.

In **Tanzania**, there is a general complacency regarding COVID-19 safety protocols as people of concern and staff from most organizations are reluctant to follow the established prevention measures. Daily set-up and management of hand washing stations is a tedious process hence sometimes neglected. There is a general lack of social distancing particularly in schools.

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**, WASH activities included the installation of two additional handwashing points (100 liters each) at the entrance of both the refectory and the isolation center at the Gitara Testing Center which receives returnees from Tanzania. Other activities include increased water storage capacity in the refugee camps, installation of new motor pump that ensures water desalination by gravity feed, construction of 500 hand washing points, construction of additional latrines and latrine blocks, increased number of soaps distributed to refugees, ongoing hygiene

awareness sessions and WASH staff capacity building. The Gitara Testing Center that provides COVID-19 testing services to returnees, UNHCR staff and the partner staff has now been fully rehabilitated.

In **Djibouti**, measures to curb the spread of COVID-19 are still being enforced with the continuous use of the hydroalcoholic gel, hand washing, masks and physical distancing in all activities and meetings. Door-to-Door hygiene promotion activities in the refugee villages are being conducted alongside information and awareness campaigns on preventive measures against COVID-19.

In **Ethiopia**, 42,695 handwashing stations have been installed in communal centers and households in 20 of the 26 refugee camps, to promote regular handwashing with soap. The operation is unable to update the data for the remaining six camps (four in Tigray, two in Afar) due to the conflict. Of these, 41,474 stations have been installed in refugee households and 1,221 in communal facilities, providing services to refugees and asylum-seekers. More capacity is needed to ensure that every refugee household is equipped with a handwashing facility. To meet additional expenses for soap and other sanitary materials, UNHCR provides an allowance of 300 Ethiopian Birr (\$7.61) per person per month, to urban-based refugees entitled to monthly living allowances to whom a two-month advance cash transfer is also made as a living allowance. The intervention is monitored through post-distribution phone interviews by Protection staff.

In **Kenya**, over 2,400 boxes of soap donated by Unilever have been distributed to people of concern, particularly those with specific protection needs, community-based organizations, Refugee Affairs Secretariat (RAS) offices in Nakuru and the Coastal areas, county administration in refugee-hosting areas, and project and operational partners. COVID-19 sensitisation campaigns took place in both Kakuma camp and the Kalobeyei settlement where the UNHCR WASH partner installed 35 billboards with messages on prevention of COVID-19 in Kakuma camp and the host community. Eight facilitators from the Kalobeyei settlement were trained on Community-Led Total Sanitation (CLTS), COVID-19 transmission and prevention, and sanitation and hygiene. House-to-house visits were conducted to sensitize and educate the community on construction, use, and maintenance of latrines, handwashing, and COVID-19 transmission and prevention.

2,400 reusable cloth facemasks and 2,400 hand sanitizers were distributed to UNHCR WASH partner staff in Kakuma camp and Kalobeyei settlement and 7,728 bars of soap for handwashing were distributed to people of concern in Kakuma camp. 28 hygiene promoters deployed in primary and secondary schools continued to ensure that good hygiene practices were observed and that WASH facilities were operational, in accordance with the COVID-19 preventive measures. In addition, 129 casual workers deployed in primary and secondary schools continued to perform daily disinfection of frequently touched surfaces. 98 hygiene promoters carried out community sensitization on COVID-19, reaching 5,126 individuals.

In **Tanzania**, installation and monitoring of handwashing stations continues across all camps. Currently, there is a cumulative total of 27,937 institutional and household handwashing points across the three refugee camps. Construction of larger volume handwashing devices and fabrication of foot-operated handwashing stations is also underway in some public areas as there is poor management of tippy taps, which frequently break down. To ensure that the families continue with the recommended handwashing practices, distribution, and monitoring of soap usage at washing stations continues. For the reporting period, UNHCR and partners distributed 1,240,787 kilograms of powder soap and 8,046 litres of liquid soap. There is a need to continue distribution of soap both for household and institutional use - especially in schools, health facilities, distribution centres and busy institutions.

To further support WASH services at health and isolation facilities, 26 latrines were completed, 443 waste separation bins and three water connections were established. Support was also provided to the host community by constructing 11 new institutional/public latrines. COVID-19 and handwashing Information, Education and Communication (IEC) materials continue to be distributed with key messages on COVID-19 causes, transmissions, symptoms and prevention, health-seeking behaviour, and roles of leaders in COVID-19 outbreak prevention and control.

In **Somalia**, a total of 59,744 individuals (36,101 females and 23,643 males) participated in COVID-19 prevention and response awareness-raising sessions conducted by partners in December 2020. Additionally, partners continued COVID-19 awareness-raising through the distribution of Information, Education and Communication (IEC) materials, which include contact details for partner-run hotlines for IDPs to ask any COVID-19 related questions, door-to-door awareness raising and mass communication through recorded messages via megaphones.



Twenty-three-year-old pregnant Burundian refugee, Ishimagizwe Eliana, washes her hands at the entrance to Natukobenyo health clinic in Kalobeyei Village 1, Kalobeyei Settlement, Kenya. UNHCR/Samuel Otieno.

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 (2021)

UNHCR released a 2021 COVID-19 Supplementary Appeal on 18 December seeking an additional US\$455 million worldwide. While most of the pandemic-related activities have been already mainstreamed and included in UNHCR's 2021 Global Appeal totalling \$8.616 billion, the 2021 COVID-19 Supplementary Appeal focuses on exceptional socioeconomic and protection impacts related to COVID-19 as millions of refugees, internally displaced and stateless people fall into conditions of extreme hardship.

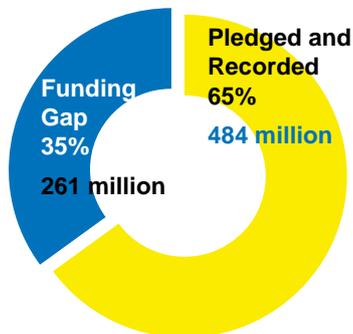
The requirements included in the 2021 COVID-19 supplementary appeal for the East and Horn of Africa and Great Lakes region total **\$93 Million**.

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

USD 93 million requested for 10 countries East and Horn of Africa and Great Lakes region in 2021.

Funding received (2020)

USD **745 Million** requested in 2020 for UNHCR's COVID-19 response globally:



Total contributed or pledged to UNHCR's 2020 COVID-19 appeal **USD 484M** including:

United States \$186M | Germany \$62.7M | EU \$39M | UK \$26M | Japan \$25M | Denmark \$14.6M | UN Foundation \$10M | African Development Bank \$9M | Unilever (UK) \$9.7M | CERF \$6.9M | Canada \$6.4M | France \$4.6M | Education Cannot Wait \$3.8M | Qatar Charity \$3.5M | Spain \$3.4M | Ireland \$3.3M | Sweden \$3M | Sony Corporation \$2.9M | Austria \$3M | FUNDAÇÃO ITAÚ PARA EDUCAÇÃO E CULTURA \$2.7M | UNO-Fluechtlingshilfe \$2.7M | Australia \$2.5 | USA for UNHCR \$2.4M | Finland \$2.3M | China \$2M | Private donors UK \$1.7M | Latter-day Saints Charities \$1.5M | Norway \$1.4M | Australia for UNHCR \$1.4M.

Unearmarked contributions to UNHCR's regular global programmes:

Sweden 88.2 million | Private donors Spain 73.5 million | United Kingdom 45.7 million | Norway 41.4 million | Private donors Republic of Korea 37.5 million | Netherlands 36.1 million | Denmark 34.6 million | Private donors Japan 31.6 million | Germany 25.9 million | Japan 23.8 million | Private donors Italy 17.6 million | Switzerland 16.4 million | Private donors Sweden 14.2 million | France 14 million | Private donors USA 10.8 million | Italy 10.6 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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