

East and Horn of Africa, and the Great Lakes Region

01 – 28 February 2021


4.72 MILLION
 REFUGEES & ASYLUM-SEEKERS


8.75 MILLION
 INTERNALLY DISPLACED PERSONS


162,525
 REFUGEE RETURNEES IN 2020

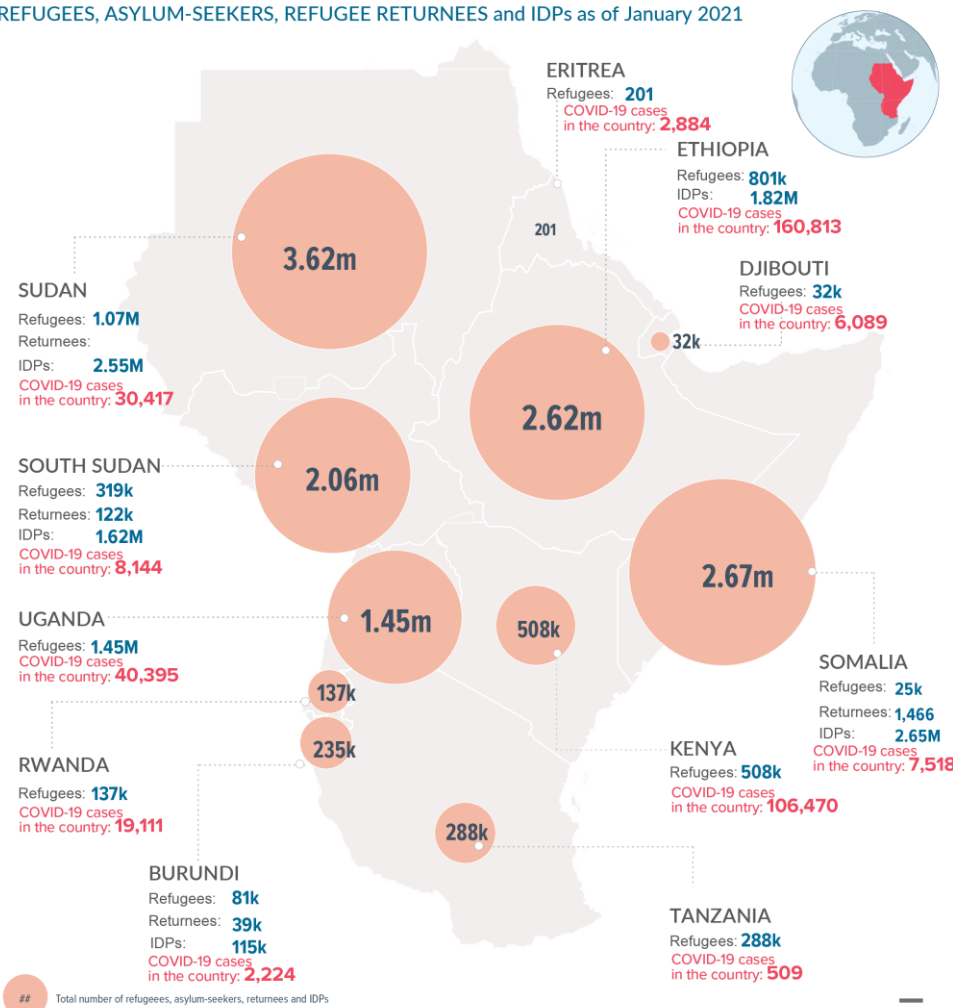
384,574 CONFIRMED COVID-19
 CASES IN HOSTING COUNTRIES

Operational Context

The COVID-19 situation in the East and Horn of Africa, and the Great Lakes (EHAGL) region is in its twelfth 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 2 March 2021, there were 384,574 confirmed COVID-19 cases in the 11 countries overseen by the EHAGL Bureau. The EHAGL region reported 10% of the total COVID-19 cases in Africa, as well as 17% of the total tests reported on the continent. There are some reported 7,181 deaths in the region, (equivalent to 7% of the death cases on the continent) of which the majority are in three countries – Ethiopia, Sudan, and Kenya.

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.

REFUGEES, ASYLUM-SEEKERS, REFUGEE RETURNEES and IDPs as of January 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

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 **Kenya**, UNHCR participates in a monthly radio show where general resettlement updates, anti-fraud related information, and the impact of COVID-19 on resettlement processes are discussed. Radio sensitization continues to play a crucial role in providing resettlement information to people of concern in Dadaab, as it allows for direct engagement with many people of concern within a short time.

150 refugee girls in Hagadera and 286 in Dagahaley were provided counselling and mentorship during a one-day session that included topics such as early pregnancies and post-COVID-19 support. 200 (91F, 109M) children and their families, 100 of whom were from the host community, were provided with personal protective equipment.

In the urban areas, child-friendly educational materials, including books and toys, were donated to the Transit Centre, which houses persons with specific protection needs, including children. Children have been unable to engage in their regular activities during the pandemic, including visits outside the Centre. The materials will contribute to addressing their learning needs and will provide them with the opportunity to engage in recreational activities.

Somalia: A total of 1,164 households were provided with multipurpose cash grants, among them 735 women who were particularly vulnerable due to the COVID-19 pandemic (loss of livelihoods, underlying health conditions requiring treatment etc.). A total of 55 individuals affected by COVID-19 received specific livelihood support, e.g., cash transfer, inputs, and technical assistance. In Somaliland, 15 individuals with disabilities received specific support in relation to COVID-19. 12 complaint and feedback mechanisms (i.e., hotlines) are in place for people of concern to receive support and raise concerns related to the outbreak of COVID-19.

In **East Sudan**, registration of new arrivals from Eritrea continued in Shagarab using Household Pre-registration tool until arrivals complete their 14 days of quarantine at the designated quarantine centre. The new arrivals who presented themselves spontaneously at the camp (self-approach) were quarantined at the camp before they were registered, in line with the COVID-19 prevention measures. Isolation centres are available in Shagarab, Wad Sharife, and Um Gargour camps.

In **Tanzania**, there are reports of an increasing number of returnees testing positive at the border as they enter Burundi. 53 positive cases of COVID-19 were reported in February bringing the total number this year to 86. This represents a sharp increase compared to the last six months of 2020, where only 63 cases were confirmed.

The COVID-19 Risk Communication and Community Engagement (RCCE) pillar group chaired by the Ministry of Health, Community Development, Gender, Elderly and Children has reactivated regular meetings and started drafting public information messages on prevention.

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 **Burundi**, the inability to maintain social distance in schools due to overcrowded classrooms of between 80 to 120 students per teacher, with no COVID-19 prevention materials such as facemasks and handwashing points remains a great challenge. Construction of additional classrooms could help reduce the number of students in the classrooms and mitigate risk of spreading the virus further. A lack of face masks for the general refugee population remains a risk that has been exacerbated by the fact that social distancing is not possible in some spaces.

In **Kenya**, managing COVID-19 protocols in schools in Daadab Refugee Camp has been challenging due to overcrowding and lack of social distancing in the classrooms, water points, kitchens, and other common areas. School-level COVID-19 response committees comprising the board of managers, head teachers, teachers and student representatives have been formed in each school to address these challenges.

Rwanda re-opened schools and other learning institutions across the country towards the end of February.

Somalia had re-opened all schools in August 2020 but on 23 February, the Government announced re-closure of all schools and universities for at least two weeks given the increased cases of COVID-19.

In February, the Government of **Sudan**, re-opened all schools across all States. The country had previously resumed classes for grade 8 and 11 in 2020. With the re-opening of all grades, the State governments ensured that all the COVID-19 protocols were adhered to as laid out by the Federal Ministry of Education. The double shift education system was adapted with a cohort of students coming in the morning and another cohort in the afternoon.

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**, the number of positive COVID-19 cases are increasing among returnees from Tanzania. The management of COVID-19 remains a risk since the space in the transit centers does not allow for social distancing and screening and testing is not always carried out quickly. Currently, the hospital facilities are saturated, which has led to the suspension of reception convoys at Nyabitare transit center. UNHCR has identified possibilities to transfer patients to hospitals in other provinces which have available bedspaces. The Ministry of Health has also proposed the construction of additional rooms to increase the capacity of hospitals identified for treating COVID-19 cases.

The Makamba field office in Burundi has improved the current equipment of a peripheral health center with mattresses for use as a quarantine center for returnees who test positive. The field office has also provided the Nyanza Lac Health District with fuel to facilitate the transportation of returnees who test positive for COVID-19.

In **Djibouti**, the COVID-19 sampling test survey for 1,000 refugees in the three refugee camps began on 31 January. The target population are refugees aged 65 and over and those who have chronic diseases. 760 tests had been conducted: 628 in Ali-Addeh and 141 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. Djibouti is expecting the COVAX vaccines at the country level in March. 5% of the vaccines are dedicated to the refugee and migrant population living in Djibouti.

COVID-19 awareness sessions were carried out from 23 – 24 February and the tests were launched on 25 February in the refugee village of Holl-Holl. Tigray refugees living in Holl-Holl refugee camp, the elderly and people living with chronic illnesses were tested first. Among the 250 planned tests, 141 have been conducted in Holl-Holl and have all

tested negative. 150 tests are planned to be conducted in Markazi refugee village in Obock, which host Yemeni refugees.

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 the coronavirus in both refugee camps and other locations sheltering refugees and asylum-seekers throughout the country. Organizations have enhanced communication on hygiene and are continuously working to reduce overcrowding, to curb the spread of the virus. Supplies of water and soap continue to be provided, together with the installation of handwashing stations, as well as strengthening of health services and the provision of personal protective equipment for health care workers, first responders and others, depending on availability.

Ethiopia received its first shipment of 2.2 million COVID-19 vaccines and is expected to roll out a vaccination campaign prioritizing frontline health workers, individuals with co-morbidities and population aged 55 years and above. UNHCR continues to advocate for the inclusion of refugees and other populations of concern as well as humanitarian workers in the national anti-COVID-19 vaccination programmes. Indications are that the Ministry of Health will ensure this.

Over 2,500 trained health and community outreach workers are actively engaged in awareness raising, case investigations and management, as well as mitigation, prevention, and control of the virus. They include 446 healthcare workers, 22 laboratory technicians and 1,719 community outreach workers who are serving both the refugees and the communities hosting them. 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.

Isolation facilities, known as Temporary Assessment Units, have been set up in all refugee camps to temporarily quarantine possible suspected COVID-19 cases, pending their transfer to Government isolation and treatment facilities, as needed. UNHCR has provided hospital beds, mattresses, coverall gowns and other supplies to equip the facilities and the health staff and extended support to the Government-run treatment centres, which are also accessible to refugees. The construction of five additional isolation facilities in the five Melkadida camps has been completed. Recently, UNHCR donated medical equipment, including five ICU beds, 50 oxygen cylinders and PPEs, to the Gambella Regional Health Bureau to help it better respond to COVID-19.

In **Kenya**, UNHCR donated two GeneXpert to support the fight against COVID-19 in Turkana County. One of the two machines was installed at the Ammusait General Hospital in Kakuma camp and will serve both refugees and the host community of Turkana West Sub County. The second GeneXpert machine was handed over to the County Government of Turkana and installed at the County Referral Hospital. The reduction of community health workers by 46% following consolidation of services, compounded by reduced budget, is causing inadequate surveillance and community engagement in Daadab.

Rwanda has begun the COVID-19 vaccination campaign with people at high risk. Rwanda is targeting to vaccinate 3.8 million individuals in 2021 including refugees. Health partners at field level are involved in COVID-19 vaccination preparedness meetings at district levels. Lists of names of health partners staff in camp-based facilities, including cleaners, guards and drivers were shared with health authorities. Sensitization campaigns are ongoing among the health workers to have healthcare workers adhere to the vaccination. Districts are expecting AstraZeneca vaccine in the first week of March 2021.

In **Somalia**, through UNHCR's healthcare partner, 35 suspected cases among persons of concern were tested for COVID-19 and all results were negative. More than 5,000 individuals were reached with COVID-19 related awareness-raising and information campaigns.

In **Sudan**, the first batch of the COVAX supported COVID-19 vaccine arrived. 828,000 doses were received and will be administered in accordance with the national vaccine deployment plan which also includes persons of concern to UNHCR. Phase one of the deployment plan will target healthcare workers (HCWs), individuals with medical conditions and the elderly.

In **East Sudan**, in White Nile State, UNHCR and partners continued supporting the state Ministry of Health to strengthen prevention and control measures including awareness-raising campaigns, presenting posters in public areas including market areas, health facilities, schools, and others. However, adherence to behavioural-related practices including avoiding public gatherings, social distancing, use of sanitizers and hygiene measures remains a challenge. UNHCR continued supporting procurement and supply of PPE kits, medicines, IV fluids, and related items in all locations.

UNHCR is closely monitoring the situation of COVID-19 prevention and control arrangements, including two isolation centre sites jointly identified and equipped in Alagaya and Khor Al Warel health centres as well as being on standby to receive patients suspected of COVID-19 from the camps. UNHCR strengthened its coordination role with partners to implement strict prevention measures at camp facilities. Accordingly, a coordination meeting was conducted on 7 February to discuss a set of actions, isolation centre management and COVID-19 screening as part of the triage system.

In **Tanzania**, after assessing the overall COVID-19 situation and noting the deteriorating general health conditions particularly increasing respiratory problems and over stretched medical institutions, UNHCR decided to reduce the staff footprint in Dar es Salaam and in the field. As part of the preventive measures, UNHCR Office in Dar es Salaam has begun implementing 50% teleworking while the field offices began to implement 25% teleworking as of 01 February. UNHCR Health Partners TRCS and MSF continue with information dissemination to the refugee community through Health Information Teams using megaphones and public addressing systems. 73,601 individuals have been reached.



South Sudanese refugee Rose Sunday has her temperature checked before entering Bangatuti health centre for antenatal services. The centre has one of three COVID-19 isolation facilities in Bidibidi refugee settlement. © UNHCR/Esther Ruth Mbabazi

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**, COVID-19 prevention activities such as setting up additional hand washing points, review of the quantities of soap provided to the refugees, and provision of additional water points for hand washing during food distribution operations continue to be implemented.

In **Ethiopia**, organizations have enhanced communication on hygiene to curb the spread of the virus. Supplies of water and soap continue to be provided, together with the installation of handwashing stations.

38,492 handwashing stations have been installed in communal centers and households in 22 refugee camps to promote regular handwashing with soap. There were 37,395 handwashing stations installed in refugee households

while 1,097 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**, UNHCR delivered soap and PPEs to the Office of Sub-County Administrator and Sub-County Director of Education to support host community learners. The donation included 1,000 pieces of facemasks, 220 bars of soap, 220 litres of liquid soap, and 110 pieces of sanitizers. UNHCR distributed through its education partners 3,000 pieces of facemasks to teachers in all schools to protect them and their students from COVID-19. 4,992 bars of soap were distributed to health facilities in Kakuma refugee to support handwashing as a COVID-19 prevention measure. 10,220 bars of soap were distributed in Kakuma and Kalobeyei, while an additional 720 litres of liquid soap were distributed to schools in Kakuma refugee camp. 1,260 kilograms of chlorine was distributed to health facilities in the host community and refugee camp for disinfection use. UNHCR WASH Partners laid 200 meters of water pipeline extension in Kalobeyei Village 3. 12 school WASH Clubs in the refugee camp and host community trained 400 learners on COVID-19 sanitation and hygiene promotion.

126 hygiene promoters carried out community sensitization on COVID-19, encouraging proper hand washing and avoidance of social gatherings in Daadab. 56 hygiene promoters assigned to schools continued to monitor water supply and the condition of WASH facilities, while also ensuring that good hygiene practices were observed. 26 handwashing stations were constructed in schools in Hagadera, Ifo and Dagahaley.

In **East Sudan**, UNHCR in partnership with CAFOD distributed soap for refugees in Um Sangour camp. A total of 224,292 pieces of soap were distributed to 37,504 refugees.

In **Tanzania**, installation and monitoring of handwashing stations continues across all camps. Currently, there is a cumulative total of 29,416 institutional and household handwashing points across the three camps. 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 1,447,387 kilograms of bar/powder soap and 9,875 litres of liquid soap. There is a need to continue distribution of soap both for household and institutional use - especially for schools, health facilities, distribution centres and other busy institutions.

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.

The regional **Risk Communication and Community Engagement (RCCE)** working group met and discussed several presentations from countries in the region on their COVID-19 response. Key challenges identified around communication during COVID-19 included non-compliance to COVID-19 measures, rumor management, and misconceptions on testing. Best practices include the development of communication materials for different target groups and dissemination through multiple channels of communication to reach different audiences.

OCHA COVID-19 Data Explorer: The [UNOCHA-HDX COVID-19 Data Explorer](#) brings together data to show the impact of the COVID-19 pandemic – the virus and its secondary impact – for countries affected by humanitarian or refugee crises. With thanks to the contribution of many IASC partners, the COVID-19 Data Explorer now showcases 50 datasets from more than 25 sources. In response to the action point at the IASC Principals Meeting in July 2020, OCHA is now producing a monthly highlight that pulls out the key analysis from the data on the Explorer and complemented by other information. The Monthly Highlights are a quick way to stay up to date on the latest trends of how the pandemic is impacting countries included in the Global Humanitarian Overview. The latest Monthly Highlights can be found [here](#).

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.

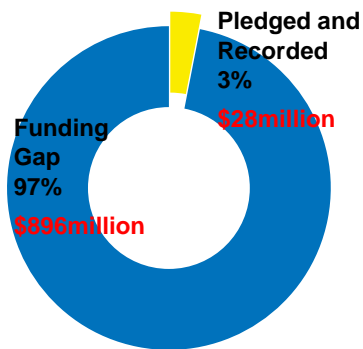
The revised requirements included in the 2021 COVID-19 budget for the East and Horn of Africa and Great Lakes region total **\$166 million**.

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 **924 Million** requested in 2021 for UNHCR's COVID-19 response globally:



Total contributed or pledged to UNHCR's 2021 COVID-19 appeal USD 28M 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 \$128,476 | Japan Association for UNHCR \$116,303 | Private donors USA \$100,000 | 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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