

East and Horn of Africa, and the Great Lakes Region

01 - 31 January 2021

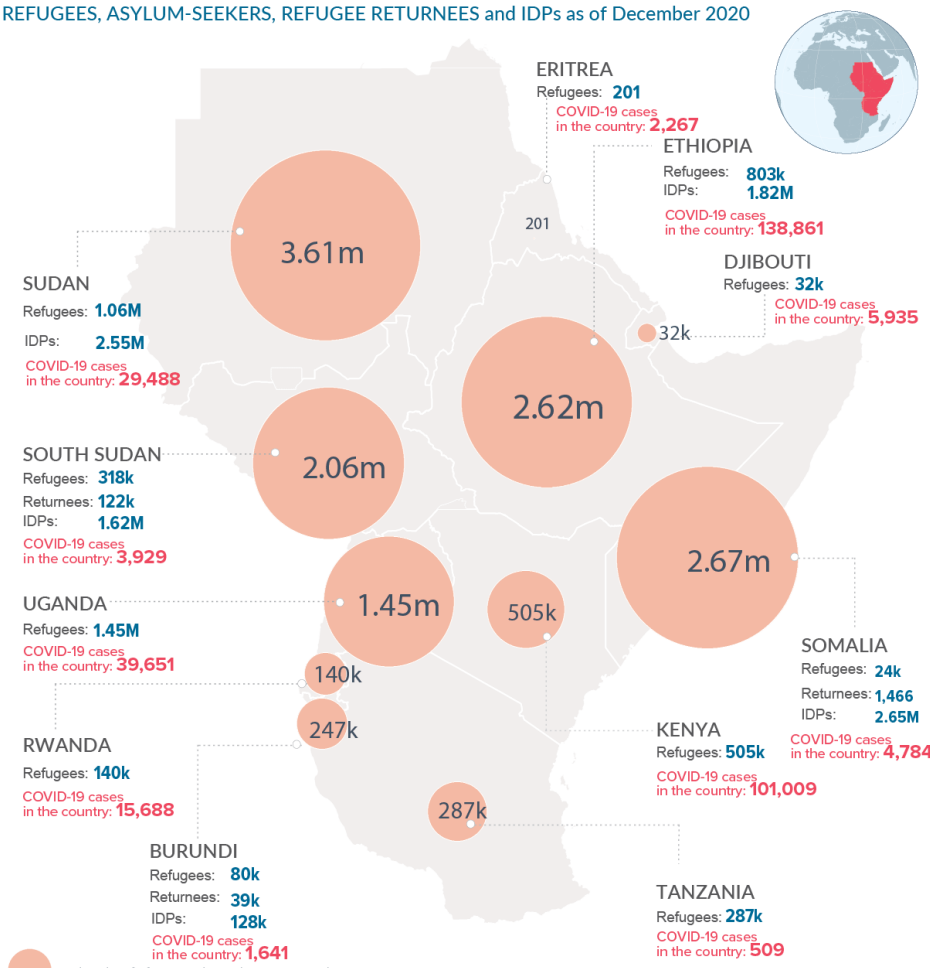


Operational Context

The COVID-19 situation in the East and Horn of Africa, and the Great Lakes (EHAGL) region is in its eleventh 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 February 2021, there were 343,762 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 now some reported 6,528 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 December 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 4,569 **Burundian** refugees from **Tanzania, Rwanda, and Kenya**. Since September 2017 until 30 January 2021, UNHCR Burundi has facilitated the return of 125,063 Burundian refugees from Tanzania, Rwanda, the Democratic Republic of Congo (DRC), Kenya, and other countries.

On 8 January, following an increase of COVID-19 cases in **Burundi**, the Government amended its earlier COVID-19 national protocols. The national protocol in Burundi now includes a seven-day quarantine in designated hotels for all persons entering the country and the borders remain closed except for goods. Returnees so far remain exempt from the compulsory seven-day quarantine. The borders remain closed and the government is not accepting new asylum requests. Some asylum-seekers including children have managed to cross the border and arrive to the refugee camps.

Delays in completing the COVID-19 tests on arrival of the returnee convoys remains a risk of COVID-19 transmission for returnees, partners and UNHCR staff during the voluntary repatriation activities. Adequate social distancing is difficult to implement in the transit center with the size of the convoys.

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

In **Kenya**, on 26 January, UNHCR conducted a virtual group consultation for LGBTI persons of concern to discuss how they are coping during the pandemic in terms of health and well-being. Some have been supported with core relief items based on recommendations from peer leaders. UNHCR also participated in a monthly radio show where general resettlement updates, anti-fraud related information and the impact of COVID-19 on resettlement processes were discussed. Radio sensitization continues to play a crucial role in delivering resettlement information in Dadaab, as it allows for direct engagement with many people of concern within a short time.

Six families of Burundian and DRC refugees (26 individuals) returned to their country of origin through UNHCR's Voluntary Repatriation Programme. Before departure, COVID-19 test was conducted in line with travel protocols. The families also received an assistance package to support their reintegration.

In **Rwanda**, following the recent revision of measures by the Government to curb the spread of COVID-19, including lock-down measures in Kigali and prohibition of travel between Kigali and other provinces and districts, most UNHCR staff are working from home within the parameters of the operation and business continuity plans. UNHCR is engaging the Ministry in Charge of Emergency Management (MINEMA) to have special permission to continue essential activities in the refugee camps, including voluntary repatriation program and resettlement travels. Despite the challenges, UNHCR and partners continue to access refugees in camps and in urban areas for essential services.

World Food Program (WFP) is currently facing funding challenges in 2021 to support food assistance to refugees in Rwanda. To support WFP fundraising efforts, on 13 January, UNHCR and MINEMA organized a donor briefing on the WFP food pipeline as well as the funding situation for refugees in Rwanda. UNHCR and WFP sent a letter to the donor community appealing for USD 20.6 million to support the refugee operation until the end of 2021, out of this, USD 7 million is urgently required from March to June 2021. WFP, MINEMA and UNHCR agreed to work on a joint communication plan to inform refugees should the ration reduction become unavoidable.

Somalia's election impasse continues, and the presidential elections were not held on 8 February, as planned. The international community is calling for a rapid solution to the ongoing impasse. The security situation in the country

remains heightened with increased attacks by Al-Shabaab targeting government officials and venues frequented by authorities and officials. Staff have been advised to limit movements and avoid hotels and restaurants.

There is 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 and receive services.

In **Tanzania**, voluntary repatriations resumed on 14 January 2021 after a one-month break. A total of 1,478 refugees were voluntarily repatriated to Burundi during the reporting period. All existing COVID-19 prevention measures were observed. 24 positive cases were identified among the returnees from Tanzania to Burundi, who are only tested upon arrival in Burundi. The cases in the month of January represent 92% of the number that were identified in the previous seven months in 2020.

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.

With the start of the new year, **the Government of Kenya** was among the first in the region to fully re-open all schools and all grades. The full school re-opening took place on 4 January. The refugee operations in line with the Government guidelines re-opened schools a few days later. Key observations in the refugee camps include 70% students overall return to school in Kakuma, and 83% for primary students and 60% for secondary students in Dadaab. To adhere to Government COVID-19 guidelines on social distancing, refugee operations adapted the double shift system with a cohort of students coming to school in the morning while a different cohort come to school in the afternoon. The double shift system has continued to operate with the same set of teachers for the morning and afternoon shift, posing a big challenge on overload of the teachers to effectively plan, teach and mark students' work. Limited number of classrooms remain a challenge, causing overcrowding in classrooms.

As schools reopened in Kakuma, UNHCR distributed 73,327 facemasks to learners and teachers, while WASH partners enhanced water supply to schools to promote hygiene. The Lutheran World Federation (LWF) supported by Educate A Child (EAC) also distributed through UNHCR 1,076 new desks to camp schools to facilitate physical distancing. In addition, 166 (136 male, 30 female) newly recruited refugee teachers were posted to 21 primary schools in Kakuma refugee camp. On 6 January 2021, the Chief Administrative Secretary for Education visited four schools in Turkana West Sub County, including two refugee schools, to monitor the ongoing school re-opening arrangements.

Terres des Hommes (TdH) conducted an education needs assessment, visiting 28 schools in Daadab Camp to identify the number of children who have not returned to school and to establish the reasons for non-attendance. Spontaneous departure to Somalia, early marriages, child labour, engagement in businesses, transfer to private schools, and lack of school uniforms and sanitary pads for girls were some of the reasons reported to be hindering school attendance. The partner will continue following up on children who have not returned to school and offer support.

On 18 January, **Rwanda** re-closed schools in Kigali to contain the COVID-19 spread. Schools remain open in all other locations in the country.

Uganda is undertaking a slower school re-opening plan. After the Government re-opened P7, Senior 4 and Senior 6 examination classes in October 2020, in February 2021, the Government of Uganda announced re-opening of P6 and Senior 5. The staggered school re-opening process leaves many students still at home.

In **Sudan** schools have reopened across all states. Where schools had previously resumed for grade 8 and 11, the rest of the grades are now back in session. States have devised various methods to manage social distancing, including the shift system. All schools are expected to adhere to the COVID-19 protocols laid out by the Federal

Ministry of Education. The status of WASH facilities in schools such as water availability remains a key challenge and schools have no capacity to provide soap, face masks, or other sanitizing material for hygiene promotion.

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**, on 22 January, a meeting held with UNHCR partners working in refugee camps recommended the provision of face masks to refugees. These masks will be produced by refugees who had received training and support from World Vision which will benefit the refugees in the five camps. UNHCR is also working with the Ministry of Health and the Ministry of Interior towards establishing Standard Operation Procedures (SOPs) for the treatment of COVID-19 positive cases identified during repatriation activities. All returnees are sensitized to respect the preventive measures upon arrival at the transit center. Personal Protective Equipment (PPE) were distributed to UNHCR staff, which also need to be extended to UNHCR partner staff. Discussions are ongoing with the authorities on the inclusion of camp-based refugees in the national testing campaign, which would provide the refugees with access to a free COVID-19 test, currently not available in the camps.

In **Djibouti**, a COVID-19 sampling test survey for 1,000 refugees in the three refugee camps began in Ali-Addeh refugee village on 31 January. The target population are refugees aged 65 and over and those who have chronic diseases. One asymptomatic positive case was reported among the first 118 tests. Contact tracing and additional tests having 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, raise awareness, and provide advice at home.

On January 21, the Ministry of Health in collaboration with UNHCR and ONARS (National Office of Assistance for Refugee and Disaster victims) held a meeting with community leaders and members of the steering committee of the village of Ali Addeh to sensitize community leaders on the launch of the COVID-19 testing and awareness campaign for the refugees. The awareness campaign saw a large participation by the community leaders who mobilized populations in all the 8 sections of Ali Addeh refugee village. During this meeting, the Medical Coordinator and his team assured the community leaders about the screening methods which have no side effects, contrary to popular belief. The Medical Coordinator also suggested that aid workers, including medical staff, could get tested first, to set an example and further encourage the population. It was agreed the Ministry of Health community workers join the leaders in the sensitization process.

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 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, if necessary. 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.

The shift of much of UNHCR's limited health budget to COVID-19 prevention and response efforts is resulting in a strain on the provision of regular essential health services in the refugee camps. This, in turn, poses challenges in continuity of maternal and child health services, disease control programmes such as for HIV, TB and Malaria, among others. The reallocation of funds to combat COVID-19 may also negatively impact the efforts already made towards the control of non-communicable diseases including diabetes, hypertension, and mental health.

In **Kenya**, on 29 January, the UNHCR Representative in Kenya handed over four GeneXpert machines and 500 testing kits (that can perform 5,000 tests) for COVID-19 testing to the Chief Administrative Secretary (CAS) for Health in the Ministry of Health. The handover took place during the Ministry's daily COVID-19 briefing. The machines and testing kits were transported on 3 February to Kakuma and Dadaab camps. After the pandemic, the machines will be adopted by the National Tuberculosis Program for Tuberculosis diagnosis. UNHCR is in discussion with the Ministry of Health on the inclusion of vulnerable refugees and asylum-seekers in the COVID-19 vaccine rollout.

On 18 January 2021, UNHCR, International Rescue Committee (IRC), the Ministry of Health and the National and County Governments inaugurated Locher Angamor Health Facility in Kakuma 1. The new health facility was constructed in partnership with The Big Heart Foundation and will benefit over 32,000 refugees and members of the host community. 169 host community health volunteers were supported with COVID-19 kits (facemasks and hand-sanitisers) and trained on COVID-19 prevention and transmission.

In **Rwanda**, the increase of COVID-19 cases and deaths continue in the country. Kigali, Gicumbi, Huye and Gatsibo are the most affected refugee hosting districts. With this, the Government of Rwanda has increased the existing measures to curb the spread of the pandemic. Following the closure of most COVID-19 treatment centres, home-based care for refugees in the congested camps has left them more vulnerable due to their limited resources. The refugees under home-based care need support to meet their basic needs to allow them to stay in-doors.

In **Somalia**, in January, a total of 2,159 individuals were reached with COVID-19 related awareness campaigns. Some of the outreach awareness messages combined gender-based violence prevention and COVID-19 prevention messaging. 2,514 families with specific needs, such as a pre-existing health conditions, or who had lost their income received cash grants. 2,114 refugees received additional food assistance, targeting vulnerable households.

In **Sudan**, COVID-19 prevention and awareness through mass communication and other methods have been integrated in the daily activities across the Sudan Operation as a "new normal". In **East Sudan**, COVID-19 prevention has been streamlined across all activities. Temperature screening is in place at the entry point in Hamdayet for the new arrivals. UNHCR is distributing soaps and masks to new arrivals at Hamdayet and Village 8 transit centres. In Hamdayet, UNHCR and partners continue 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 has been a rise in cases within the country with COVID-19 like symptoms and increased deaths - publicly attributed to flu or respiratory failure. There has also been a significant increase in UN Staff reporting COVID-19 symptoms including cases that have required medical evacuations to Nairobi. UNHCR offices have returned to increased teleworking as of 1 February. Staff presence in Dar es Salaam will be reduced by 50% and field offices will reduce staff presence by 25%. These measures will be reviewed at the end of March 2021.

There is also a general complacency regarding COVID-19 safety protocols as persons of concern and staff from most organizations are reluctant to follow the established prevention measures. There is a general lack of social distancing, particularly in schools. UNHCR Health Partners continue with information dissemination to the community through Health Information Team (HIT) using megaphones and public addressing systems. Some 31,638 individuals have so far been reached.

In **Uganda**, on 1 February 2021, the Ugandan Cabinet approved the procurement of 18 million doses of the AstraZeneca COVID-19 vaccine from India, which will be used to vaccinate persons aged 50 years and above, individuals with underlying health conditions, health workers, teachers, and security personnel among other essential social service providers. The COVAX facility managed by the Global Alliance for Vaccines and Immunizations (GAVI)

has communicated to the Government of Uganda a tentative allocation of 3,552,000 doses of the AstraZeneca COVID-19 vaccine, due by the beginning of March 2021. Refugees are included in the country vaccination plan.

UNHCR completed an analysis of the non-medical mask production project launched in mid-2020 to support refugee livelihood during the COVID-19 crisis. A total of 1,226 refugee and host community tailors were engaged to produce nearly 890,000 masks in 12 refugee settlements, with approximately USD 347,000 invested by UNHCR in labor and materials. Women accounted for 70 per cent of the tailors, with the vast majority being youth aged 20 to 30 years. Overall, the tailors made an average of \$109 (UGX 404,000) in a month. UNHCR is looking into building on this initiative to further expand livelihood for refugees, including by facilitating linkages with private sector entities willing to work with refugee entrepreneurs.



A health worker attends to 23-year-old Burundian refugee, Ishimagizwe Eliana, after she delivered her baby girl at Natukobeny health clinic in Kalobeyei settlement. UNHCR/Samuel Otieno.

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**, hygiene awareness sessions have been regularly organized upon arrival of the repatriation convoys, with handwashing points installed along the paths leading to the desks and other services delivered at the transit center in Gitara. The Gitara Testing Center that provides COVID-19 testing services to returnees is being carefully maintained by UNHCR staff and partner staff, including the upgraded water network.

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**, 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 reinforced, together with

the installation of handwashing stations, as well as ongoing strengthening of health services and the provision of personal protective equipment for health care workers, first responders and others. However, the delivery of services including for the prevention of COVID-19 and the response in the four refugee camps in the Tigray Region have been greatly affected due to the ongoing insecurity.

42,749 handwashing stations have been installed in communal centers and households in all 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 and two in Afar) due to the conflict. Of these, 41,474 have been installed in refugee households and 1,275 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. 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**, 56 hygiene promoters were assigned to schools in Daadab following their reopening to ensure adequate provision of water for handwashing and ensure that good hygiene practices were observed. 126 hygiene promoters carried out community sensitization on COVID-19 reaching 5,775 persons of concern.

In **Tanzania**, the installation and monitoring of handwashing stations continues across all camps. Currently, there is a cumulative total of 28,832 institutional and household handwashing points across the three refugee camps. Also, construction of larger volume handwashing devices and fabrication of foot-operated handwashing stations is currently 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 1,248,340 kilograms of bar and powder soap and 8,920 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.

A total of 6,781 shared latrines were decommissioned and 7,632 household latrines were constructed to reduce the number of families sharing ablution facilities. To support WASH services at health and isolation facilities, 26 latrines were completed, 443 waste separation bins were established, 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.



Congolese refugee Monica Sumali, 16, holds soap she received during a distribution at Kakuma camp. The soap is a donation from Unilever. 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.

The Inter-Agency Standing Committee (IASC) briefing on Strengthening the Participation, Representation and Leadership of Local Actors in Humanitarian Coordination webinar was held on 28 January. Local actors, including civil society organizations, government, the private sector, and importantly, affected communities as well, are considered critical. The objective of the briefing was to review progress made to date on localization and identify the impediments in specific contexts and at various levels, including what can be done to resolve them. It was also an opportunity to facilitate exchange of best practices and experiences. This builds on the guidance endorsed by the IASC Principals in May 2020, [IASC Interim Guidance on Localization and the COVID-19 Response](#).

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.

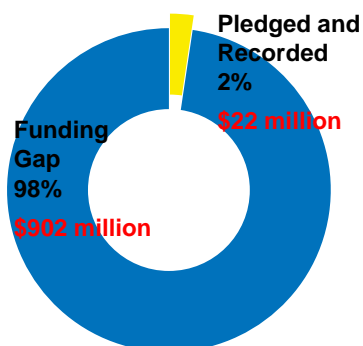
The revised requirements included in the 2021 COVID-19 budget for the East and Horn of Africa and Great Lakes region total **\$166 million**.

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 22M including:

African Development Bank Group \$12M | EU \$4.2M | China \$2M | Education Cannot Wait \$1.3M | UN COVID-19 MPTF \$727,989 | Swedish Postcode Lottery \$233,697 | Sunshine forever Limited \$200,000 | UNHCR Insamlingsstiftelse \$112,403 | Japan Association for UNHCR \$109,873 | Private donors USA \$100,000 | Other private donors \$145,525.

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 | 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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