

East and Horn of Africa, and the Great Lakes Region

01 – 30 April 2021

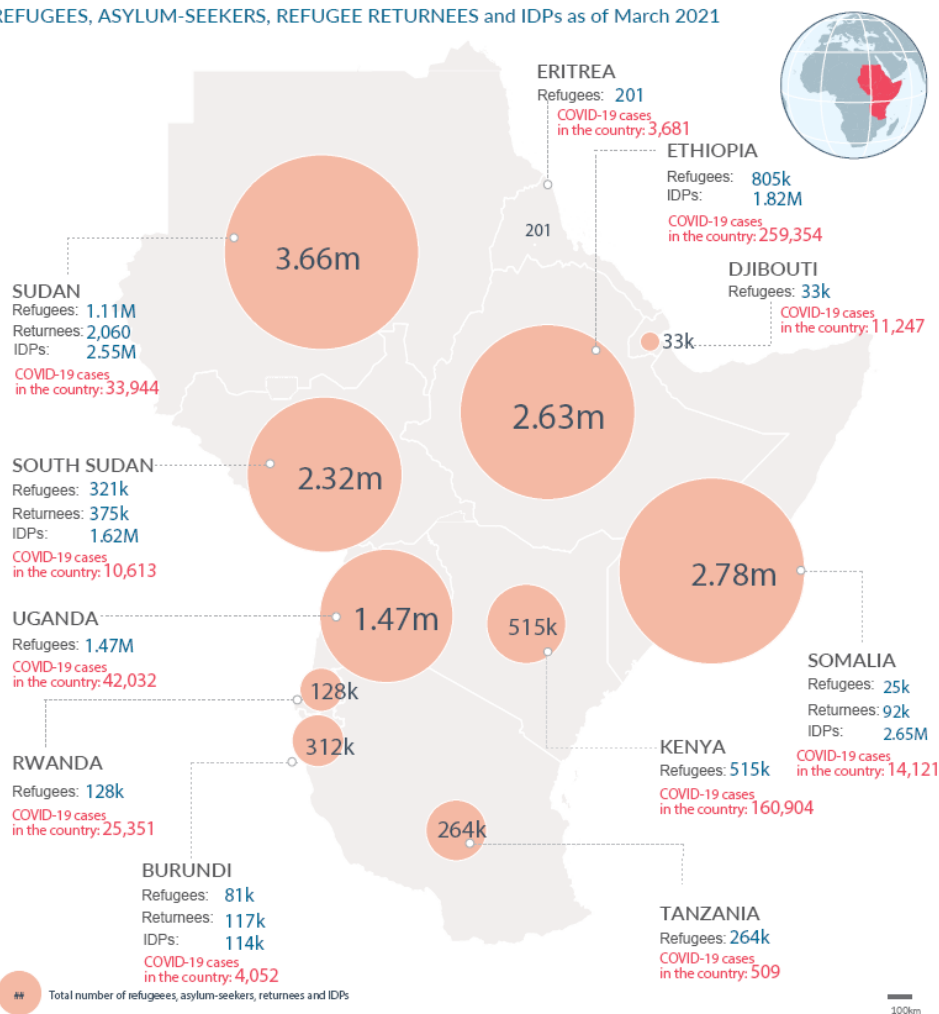


Operational Context

It is fourteen months since the first cases of COVID-19 were reported in the East and Horn of Africa, and the Great Lakes (EHAGL) in March 2020. While the situation continues to evolve, the region is still relatively less impacted than the rest of the continent. As of 4 May 2021, there were **565,808** confirmed COVID-19 cases in the 11 countries in the region. The EHAGL region reported 12% of the total COVID-19 cases in Africa, and 17% of the total tests reported on the continent. Since the first confirmed COVID-19 related death on 21 March 2020, there are now some reported **10,643** deaths in the region, (equivalent to 9% of the death cases in the continent), majority in Ethiopia, Sudan, and Kenya.

While 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 movements and other restrictions, and gradually lifting restrictive 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 March 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. 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. Whereas many governments have done so, movements also continue through unofficial border crossing points where screening and provision of information is not in place. In the region, Tanzania is the only country where access to territory is denied.

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 **Ethiopia**, following interruptions due to COVID-19, registration services resumed at UNHCR premises in Addis Ababa to issue refugees with registration documents and update their records. Limited numbers are received per day to ensure health safety.

In **Kenya**, the Helpline continues to receive requests from persons of concern for assistance to relocate to the camps. The persons of concern report inability to meet their basic needs due to loss of livelihood because of pandemic-related restrictions. On 29 April, the Refugee Affairs Secretariat (RAS) and UNHCR assisted 19 persons of concern to relocate from Nairobi to Kakuma. The persons of concern were unable to continue to sustain themselves in Nairobi and were locked out of their houses for rental arrears. RAS obtained the necessary permit authorizing the movement outside Nairobi, given Nairobi was at the time still designated a COVID-19 infected county and movement out of the county restricted.

UNHCR continued to work remotely to address resettlement needs. The resettlement team facilitated remote Resettlement interviews and ensured that COVID-19 protocols were in place in the premises where refugees undertook the interviews.

The Gender-Based Violence (GBV) working group held two meetings to review the GBV standard operating procedures (SOPs) and align them with the GBV policy. The SOPs will include an annex on emergency and remote management of GBV cases during the pandemic.

In Kakuma, Risk Communication and Community Engagement (RCCE) activities are still ongoing. Mental health and psychosocial support are ongoing for all patients diagnosed with COVID-19. Mental health support is also provided for humanitarian workers who undergo extended self-isolation periods following positive COVID-19 tests.

As part of the ongoing COVID-19 containment measures, access through Nadapal Transit Center remains suspended. Persons of Concern are thus accessing the Kakuma camps through unauthorized routes. This unauthorized entry delays their access to health and other services.

In **Somalia**, UNHCR's government counterpart in Somaliland suspended all ID card distribution and other registration activities due to COVID-19 related concerns.

In **Sudan**, there has been an increase in the number of COVID-19 cases in North Kordofan with 69 cases reported during the month of April. Population movement between North Kordofan and South and West Kordofan could result in further spread to locations hosting persons of concern.

In **Tanzania**, UNHCR continues to manage the logistics of the voluntary repatriation convoys. Medical screening, including COVID-19 tests, temperature screening, and wearing of masks continue. Nevertheless, there are reports of an increasing number of returnees testing positive at the border as they enter Burundi. Upon entry into Burundi, 104 positive cases of COVID-19 have been reported since the beginning of 2021.

Delivering protection to persons of concern is still impeded by COVID-19 related precaution measures. Community-based Protection staff continue working with refugees in the camp, including undertaking protection interviews. Refugees are increasingly showing signs of stress and trauma.

Lengthy procedures of COVID-19 test processing caused delays for resettlement departures as not all refugees received their test results on time. Resettlement countries have still not resumed resettlement interviews due to COVID-19 related restrictions.

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.

In **Somalia**, 1,393 primary and 90 secondary school refugee students in Somaliland were out of school due to mandatory school closures. In addition, 552 primary and 97 secondary school refugee students dropped out from school due to the pandemic during the reporting period.

In **South Sudan**, schools reopened in May 2021 after more than one year of closure due to the COVID-19 pandemic. The chairperson of the COVID-19 task force said the decision followed a reduction in COVID-19 infections since March. During April the Minister of Education urged parents and guardians to enroll their children, adding that the government was doing everything in its power to ensure that schools reopen safely. UNHCR and education partners have also reopened schools in refugee settings, Maban, Jamjang and Makpandu, with additional classrooms and handwashing facilities, as well as social distancing for learners.

In **Uganda**, following the President's decision approving the recommendation by the Ministry of Education and Sports (MoES) to reopen schools in a phased manner, Primary Six, Senior Three and Senior Five pupils begun sessions in March. So far, the staggered reopening of schools has enabled education institutions in the settlements to adhere to the Ministry of Health (MoH) guidelines on social distancing, hygiene and use of masks. All the schools in the settlement have in place foot-operated handwashing stations, hand-sanitizers, temperature guns and masks. These were provided by the Government of Uganda, UNHCR, UNICEF and other Education partners.

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 **Djibouti**, with the resurgence of COVID-19 infections, an awareness and sensitization meeting for persons of concern living in the different refugee villages was held. Sensitization has been maintained during food distributions and new masks are being distributed during these sessions.

Ethiopia continues to roll out COVID-19 vaccinations to priority groups including frontline health workers, individuals with underlying severe vulnerability conditions and elderly people. As of 7 May, a total of 1,287,801 people were vaccinated in the capital Addis Ababa and in the Regional States. This number includes 1,218 refugees who are part of the priority groups, most of them providing community outreach and healthcare support in the various refugee

camps. Based on the criteria set out by the Ethiopian Ministry of Health, priority groups will continue to be inoculated against the virus as per the national rollout plans.

In **Kenya**, as of 27 April, 952 individuals have received the first dose of the COVID-19 vaccine in Kakuma (430 humanitarian staff and 522 persons of concern). Community health workers carried out an awareness raising campaign to increase COVID-19 vaccine uptake in the urban areas. Vaccine uptake among persons of concern remains low, with most of them adopting a “wait and see” attitude.

In **Rwanda**, the COVID-19 situation has improved with a relatively low positivity rate of 0.7% compared to 1.4% in the previous month. The Government of Rwanda (GoR) has also reviewed the existing COVID-19 prevention and response measures effective 6 May to 31 May 2021. GoR is currently waiting to receive the second batch of COVID-19 vaccines.

In **Somalia**, the rollout of the COVID-19 vaccines donated through COVAX slowly continued. In some regions (Puntland, Benadir), only 20% of the allocated doses had been distributed by end April. Reasons cited for the slow roll-out include the Ramadan period and general hesitancy toward the vaccine (Astra Zeneca) among the Somali population.

Somalia is also one of the pilot countries for the UN Local Vaccination Programme for UN staff and dependents. The first 6,500 doses arrived in April, and the rollout is expected to start in the second week of May. Priority will be given to individuals with underlying health conditions, healthcare workers, over 60-years of age and individuals with community interaction and exposure, including UNHCR's field staff.

An isolation unit and a quarantine centre continued to be supported in the Berbera regional hospital and a total of 13 persons of concern were vaccinated against COVID-19. 41 referral hospitals were also supported to provide COVID-19 treatment. To improve the testing capacity, on 14 April, UNHCR handed over a shipment of 5,000 COVID-detecting rapid diagnostic tests to the health authorities in Berbera, Somaliland. To strengthen the COVID-19 response in Mogadishu, UNHCR donated 2,000 gowns to the Ministry of Health.

In **Sudan**, as of 26 April, a total of 299,500 vaccine doses have been distributed in 14 out of the 18 states. Limitations are mainly around funding constraints for the delivery hence some states are yet to begin the vaccine rollout. Persons of concern were included in the national deployment plan during registration of health care workers in all the locations. In West Kordofan, refugees have been included during the rollout exercise with nine community health workers, 72 refugees above 60 years and a refugee over 45 years with co-morbidity to receive the vaccine in Ghubaish and El Fula. Although persons of concern above the age of 60 years have been vaccinated in North Kordofan, their data has not yet been disaggregated.

Sudan received 17,000 COVID-19 Rapid Diagnostic Tests and an approval by the Ministry of Health. These items are expected to improve COVID-19 testing among persons of concern.

The isolation facility in Tunaydbah for the Ethiopia Emergency Response is now operational through a temporary tent as the construction of a semi-permanent structure is ongoing.

In **Tanzania**, UNHCR health partners Tanzania Red Cross Society (TRCS) and Médecins Sans Frontières (MSF) continue with information dissemination to the community through Health Information Teams (HIT) using megaphones and public address systems. Some 86,079 individuals have so far been reached.

In **Uganda**, the Government confirmed that the country had registered the India COVID-19 variant B.1.617. The country's COVID-19 incident commander stated on 29 April that the country has now registered five COVID-19 variants (including Ugandan, Nigerian, South Africa, and UK). He also stated that the UK, South Africa, and India variants are more transmissible and mainly affect a younger age group in cases where they have been recorded.

Uganda began the Astra Zeneca COVID-19 vaccination in March and as of 30 April, a total of 352,496 individuals had been vaccinated in 136 districts. The Government of Uganda has included refugees in the vaccination program who are Health Workers (including auxiliary workers), Security Officers, Teachers, people who are above 50 years of age, and people who are 18 – 49 years of age with comorbidities.

As of 30 April, the vaccination coverage in refugee settlements stands at 1,652 (2.2%); with nearly 3,000 humanitarian workers also vaccinated. There is a low uptake on vaccination by refugees, which could be attributed to the fact that vaccination is currently being carried out at designated locations Ministry of Health (MOH) locations

that are not easily accessible to refugees. Emphasis is being made to decentralize the testing to the settlement's health facilities; this requires additional budgets for health partners and further negotiations with Ministry of Health.

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 pandemic continues.

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 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.

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. More capacity is needed, however, to ensure that every refugee household is equipped with a handwashing facility.

In **Sudan**, through the operation and maintenance of the existing water supply system, 431,451 refugees in White Nile, Darfur, Khartoum open areas and East Sudan have had access to safe drinking water services. In Khartoum, 3 schools in Bentiu settlement were connected to the main water supply network to access safe drinking water for 1,745 students. In addition, 45,000 pieces of soap and 6,000 jerricans were distributed and 25,451 refugees reached with hygiene awareness and COVID-19 messaging in the same location.

In **Tanzania**, to ensure that the families continue with the recommended handwashing practices, distribution, and monitoring of soap usage at washing stations continued. In April, UNHCR and partners distributed 1,633,828 kilograms of bar/powder soap and 14,812 liters 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 centers and other busy institutions.

Additional funding is required for COVID-19 WASH-related activities in the camps. This includes soap for handwashing, installation, and rehabilitation of handwashing facilities, sanitation improvements (household latrines), training of Hygiene Promoters, zone leaders etc. In addition, Information, Education and Communication (IEC), and Infection prevention and control (IPC) materials such as face masks are required.

Livelihoods and COVID-19

In **Burundi**, UNHCR and the livelihoods partner launched a facemask production project by refugees for refugees in April. The main objective of this project is to produce fabric face masks that are reusable for refugees and refugee children. The project targets refugees in Musasa (6,542 individuals) and Kinama (5,833 individuals) refugee camps, in the northern part of Burundi. Refugees will be provided with two reusable face masks and information by the medical implementing partner on correct use will be conveyed. Approximately 4,000 face masks have been produced since the beginning of the production process. In total, 11 associations in both camps have the capacity to produce 2,100 masks per day. The project will be extended in May 2021 to the other 3 refugee camps of Nyankanda, Kavumu and Bwagiriza, all located in the eastern province of Ruyigi.



UNHCR Burundi Refugees © UNHCR/Swanson

In **Uganda**, the Government, UNDP, UNHCR and partners launched the [Jobs and Livelihood Integrated Response Plan for Refugees and Host Communities \(JLIRP\)](#), which envisions self-reliant and resilient refugee and host community households in refugee hosting districts included in a sustainable manner in local development by 2025.

Building on Uganda's progressive policies and long-standing strategies of promoting refugee self-reliance, the JLIRP will pursue five strategic objectives namely: (1) Peaceful coexistence and economic interaction extended and strengthened between refugees and host communities by 2025; (2) Sustainable economic opportunities created in 13 refugee hosting districts for improved competitiveness and inclusive growth of refugees and host communities by 2025; (3) Food, nutrition and income security of 486,861 refugee and 1,152,087 host community households improved by 2025; (4) Skilled refugees and host communities capable of harnessing employment opportunities in the country by 2025; and (5) A minimum of 361,000 (five per cent) of refugee and host communities' vulnerable populations are fully included and actively participating in local development initiatives of the country by 2025.

Given the socio-economic impact of COVID-19 in Uganda, the JLIRP is more important than ever. The JLIRP will contribute to resilient, sustainable and inclusive development of refugees and host communities through the improvement of social cohesion; increasing economic opportunities by strengthening market systems; increasing household income, food and nutrition security and agricultural output for in-country and export markets; increasing productive coping strategies; increasing access to vocational and technical education; and improving social protection key to socio-economic inclusion of refugees and host communities in refugee hosting districts.

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.

On 27 - 28 April 2021, the **Intergovernmental Authority on Development (IGAD)** held a Regional Technical Experts' meeting on the *Kampala Declaration on Jobs, Livelihoods and Self-reliance for Refugees, Returnees*

and Host Communities, as part of the IGAD Support Platform launched at the 2019 Global Refugee Forum. The virtual meeting was organized to discuss progress made by member states on their commitment in the Kampala Declaration and showcase progress on key related Global Refugee Forum commitments.

The meeting brought together nearly 100 experts from Member States, regional and international partners. For two days participants shared best practices, milestones, and opportunities. IGAD Member States have made considerable progress towards the economic inclusion of refugees, despite the challenges that their economies have faced because of COVID-19.

The Member States have also reiterated their commitment to implement the Kampala Declaration and to continue the inclusion of refugees into their national systems. The outcomes of the discussion will feed into upcoming planned national consultations, an IGAD ministerial meeting and Summit on the Nairobi Declaration, and the regional stock-taking report for the Global Refugee Forum (GRF) 2021.

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.

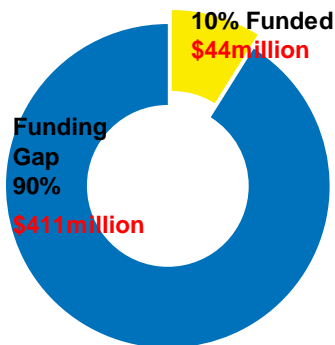
The total 2021 COVID-19 financial requirements for the East and Horn of Africa and Great Lakes region are **\$166 million**.

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

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

Funding Received as of April 2021

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



Total contributed or pledged to UNHCR's 2021 COVID-19 appeal **USD 44M** including:

African Development Bank Group \$12M | Canada \$8M | EU \$4.2M | China \$2M | Education Cannot Wait \$1.3M | UN COVID-19 MPTF \$727,989 | Unilever (UK) \$472,037 | Japan \$273,000 | 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 \$321,540.

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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