

East and Horn of Africa, and the Great Lakes Region

01 – 31 May 2021

 **4.77** MILLION

REFUGEES & ASYLUM-SEEKERS

 **9.99** MILLION

INTERNALLY DISPLACED PERSONS

 **52,164**

REFUGEE RETURNEES

611,415

CONFIRMED COVID-19 CASES IN HOSTING COUNTRIES

4,453,300

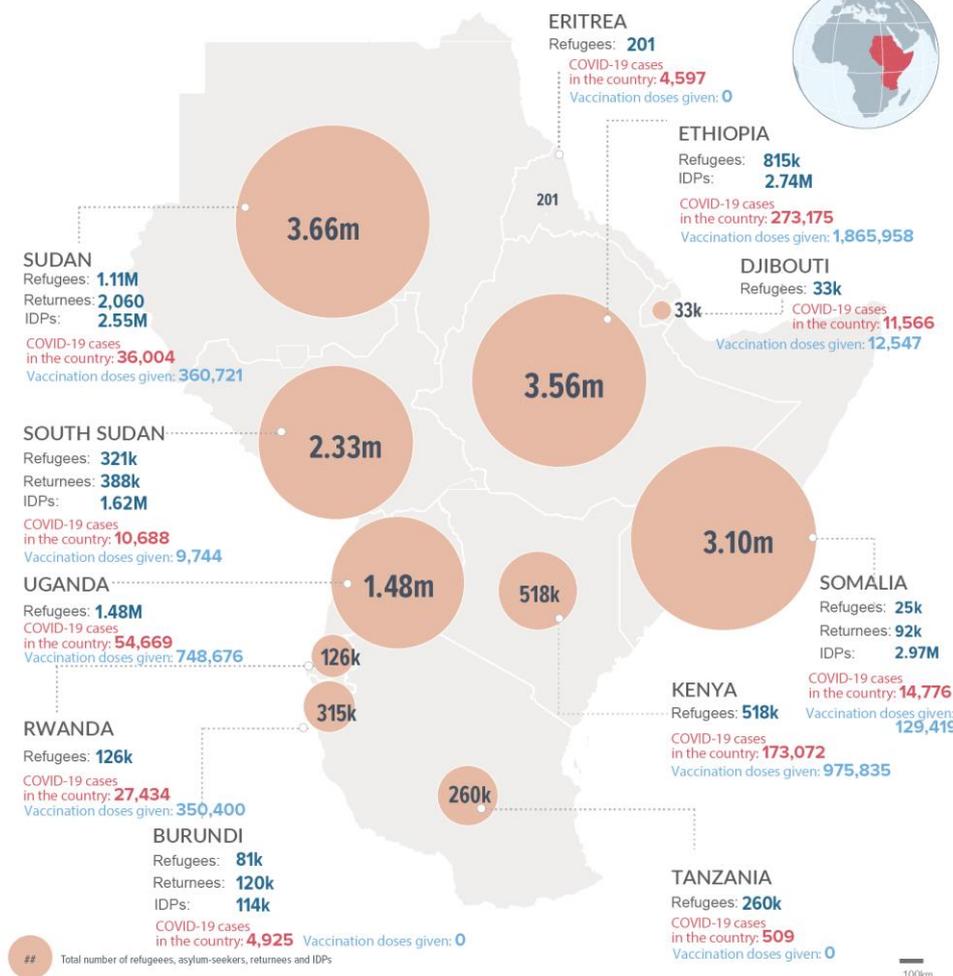
VACCINATION DOSES GIVEN IN HOSTING COUNTRIES

Operational Context

It has been fifteen 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 8 June 2021, there were **611,415** confirmed COVID-19 cases in the 11 countries in the region and **4,453,300** total vaccination doses given in 8 countries. The EHAGL region reported 12% of the total COVID-19 cases in Africa, as well as 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 **12,094** deaths in the region, (equivalent to 9% of the death cases on the continent), majority in Ethiopia, Kenya, and Sudan.

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 as countries undergo second and third waves. 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 April 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



15,886 refugees and asylum-seekers with **specific needs** receiving additional support as a result of **COVID-19 situation**



4,575

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 **Kenya**, leaders of women led community-based organisations (CBOs) were trained on leadership skills, barriers of women in leadership, gender-based violence (GBV) risk reduction and access to services during COVID-19.

In Kakuma and Dadaab camps, risk communication and community engagement activities are ongoing. Intensified risk communication and community engagement is currently being done through facility-based health education sessions, daily household visits, five weekly live radio shows and vehicle-mounted public address systems to pass integrated health messages including on COVID-19.

Mental health and psychosocial support are ongoing for all patients diagnosed with COVID-19. Attention continues to be focused on humanitarian workers who undergo extended self-isolation due to persistently positive COVID-19 tests. Expansion of quarantine facilities is ongoing to accommodate more people.

As part of the ongoing COVID-19 containment measures, access through Nadapal remains suspended and persons of concern are accessing the camps through unauthorized routes.

In **Somalia**, on 16 May, UNHCR's Government counterpart in Somaliland, the National Displacement and Refugee Agency (NDRA), resumed all ID card distributions and registration activities which had been suspended on 21 March due to COVID-19 related concerns. By the first week of June, more than 1,000 asylum-seeker certificates had been renewed, in addition to the registration of new Ethiopian asylum-seekers.

1,502 refugees and asylum seekers with specific needs, including the elderly, received cash grants as additional support in relation to COVID-19. Additionally, and as part of the COVID-19 response, a total of 918 refugee and asylum-seeker households received one-off cash grants to help meet their basic needs.

On 24 May, 84 Somali returnees arrived in Berbera, all with negative COVID-19 test certificates. The Ministry of Health in Berbera conducted additional antigen rapid tests, using some of the 5,000 tests donated by UNHCR.

In **Tanzania**, medical screening, including COVID-19 tests, temperature screening, and wearing of masks continue during Voluntary Repatriation. Some 4,080 refugees were voluntarily repatriated to Burundi during the month of May. It has been observed that there is an increasing number of returnees testing positive at the border as they enter Burundi; 104 positive cases of COVID-19 have been reported since the beginning of 2021.

While some activities are still being impeded by COVID-19 related precaution measures, community-based and Protection staff continue working with refugees in the camp, including undertaking protection interviews. All protection sections have adapted and adjusted their information management to the new context.



Ethiopia. Voluntary repatriation of Ethiopians from Kenya back home.
© UNHCR/Hanna Qassis

Education



211 schools with additional hand washing facilities with **soap**



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.

On 10 May, **Kenya** re-opened all schools including colleges and universities that had been re-closed in March 2021 following a second wave of the COVID-19 pandemic.

Following this re-opening of schools, the average school attendance rate by end of the month was 65% for primary schools, 28.6% for secondary and 43.5% for Technical and Vocational Education and Training schools. A significant increase in enrolment across all learning institutions was noticed, compared to the previous month. UNHCR through education partners continued community sensitization and radio messaging to ensure students return to school.

In early May, **Uganda** reopened all schools (except for pre-primary schools) only to have them re-close again a month later. Prior to schools re-opening, UNHCR worked with the Ministry of Education and Sports on safe school reopening preparation guided by the [COVID-19 Refugee Return to School Guidelines](#) alongside the Uganda Government COVID-19 guidelines. Other strategies discussed during this period included catch up classes and alternative education programmes.

Health

**703,966**

3-ply medical masks procured



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.

The Government of **Burundi** is yet to approve the COVID-19 vaccine in Burundi but has given exceptional permission to UN agencies to vaccinate their staff.

Awareness campaigns on COVID-19 prevention measures in the refugee camps and in the returnee transit centers are ongoing. Sensitization of all UNHCR staff and partners on strict adherence to the COVID-19 preventive measures is also ongoing.

UNHCR continues to support the refugees currently manufacturing facemask as an income-generating activity. Despite this initiative, it has been observed that some refugees and Burundian nationals are not wearing the facemasks regularly.

UNHCR is in the process of constructing an isolation center for COVID-19 patients as offered to the Government of Burundi during the High Commissioner's visit.

In **Djibouti**, at the national level, there has been a slight drop in the COVID-19 positivity rates in recent weeks due to the intensive implementation of COVID-19 prevention measures.

Screening tests of 100 persons in Markazi targeting elder persons of 55 years old and above, people with chronic diseases, health center staff and persons exhibiting COVID-19 symptoms were completed with all 100 persons testing negative.

Preparations were underway in May to commence COVID-19 vaccination sensitisation in Ali-Addeh and Holl-Holl refugee villages. UNHCR, the Ministry of Health and the national vaccination committee are working on the vaccination modalities and logistics and health center personnel have identified volunteers to conduct the vaccination. Vaccination sensitization for the urban refugee caseload has already begun, especially for refugees with chronic diseases. The desire to be vaccinated among the urban refugees is, however, still low.

The Government of **Eritrea** is in receipt of Johnson & Johnson vaccines to vaccinate UN international staff.

In **Ethiopia**, vaccinations continue to be administered to priority groups including frontline health workers, individuals with severe underlying medical conditions and elderly people. A total of 2,800 refugees have been vaccinated. UNHCR, ARRA and their partners, including the Regional Health Bureaus, continue to reinforce prevention measures in the refugee camps and sites hosting Internally Displaced Persons (IDPs). Communications on personal and environmental hygiene, reducing overcrowding, and promoting handwashing with soap is being enhanced. Supply of water and soap continue to be provided alongside the installation of handwashing stations. Health services and the provision of available PPE for health care workers and other first responders continue to be enhanced.

2,469 trained health and community outreach workers are actively engaged in awareness raising, case investigations and management, as well as mitigation and prevention activities to control COVID-19. In addition, refugee representatives, Refugee Outreach Volunteers (ROVs), women, youth and children's committees and other community representatives have been trained and are actively engaged to ensure that basic preventive measures are observed in the communities.

In **Kenya**, phase 1 of the COVID-19 vaccination is ongoing in Dadaab and as of 21 May, 681 individuals (239 PoC, 379 national-humanitarian aid workers) have been vaccinated. In Kakuma, a total of 1,314 individuals (830 humanitarian staff and 484 PoC) have been vaccinated at Ammusait General Hospital in Kakuma 4.

Active hospital/laboratory-based surveillance is ongoing for patients who meet the criteria for Severe Acute Respiratory Illnesses (SARI) and Influenza Like Illnesses (ILI). Through this, 1,158 tests have been conducted leading to the identification of 166 symptomatic cases from both the refugee and the host community.

Two isolation and one centralized quarantine facilities have been maintained for case management and quarantine of suspected COVID-19 cases/new arrivals. The main Ifo2 facility in Daadab has been operationalized with 18 patients in admission.

Community-based surveillance by Community Health Workers and the community in general is also ongoing for the identification of any persons of concern coming into the Camp/Settlement, and subsequent notification for them to be assessed to determine need for quarantine and testing as relates to COVID-19.

In **Rwanda**, the national COVID-19 vaccination campaign resumed with the second dose of the AstraZeneca vaccine. The Ministry of Health also received additional doses of Pfizer through COVAX.

In **Somalia**, the roll-out of the COVID-19 vaccines donated to Somalia under COVAX continued to be slow with a general hesitancy toward the vaccine (AstraZeneca) among the Somali population. This slow roll-out of the vaccine is of concern as this may impact the dispatchment of a second shipment of doses to Somalia.

Somalia is one of the pilot countries for the UN Local Vaccination programme for UN staff and dependents (LVDP) and the roll-out of the 6,500 doses to staff and dependents has already begun.

More than 12,000 returnees, IDPs and host community in Kismayo and Baidoa received messages on COVID-19 prevention and access to response activities on COVID-19. The activity was jointly conducted by the UNHCR-led Protection cluster (GBV/Child Protection AORs) and the Government. A total of 876 refugees, asylum-seekers, and others of concern (girls, boys, women, men) received essential healthcare services during the reporting period.

South Sudan's Ministry of Health has stated that it will be returning 72,000 doses of AstraZeneca vaccines to the COVAX facility ahead of their expiry in mid-July. The Undersecretary in the Ministry of Health stated that South Sudan is facing challenges in reaching all target groups due to lack of funding and misinformation, which is resulting in vaccine hesitancy. The move comes following guidance from the World Health Organization (WHO), to avoid the risk of expiration of the vaccinees which could lead to difficulties in securing future COVAX deliveries to the country.

UNHCR and partners submitted a COVID-19 vaccination micro plan for Maban and Jamjang camps to the Ministry of Health (MoH) for approval. Makpandu, Lasu, and Gorom are included in the respective State Plans under the Health Pool Fund (HPF) plan. UNHCR is engaged with and advocated to MoH, HPF and WHO on the provision of additional vaccines to Yei to include refugees in Lasu. There is positive feedback on the vaccination plans so far, and there continues to be a COVID-19 vaccination demand in the communities through the camp leaders and other existing community structures in the refugee camps.

Tanzania's President Samia Suluhu Hassan **announced** that embassies and international institutions in Tanzania will be allowed import COVID-19 vaccines for their citizens and employees. The vaccine delivery will be controlled by the Ministry of Health.

In **Uganda**, vaccination in the refugee operation has been suspended due to lack of doses in all refugee-hosting districts. The current number of vaccines administered in the refugee operation include: 3,905 refugees (5.2 per cent of the target), 2,036 health workers (72 per cent of the target), 1,940 teachers (49.6 per cent of the target) and 880 humanitarian workers.

UNHCR is working to respond to a call from the Office of the UN Resident Coordinator to contribute to the upcoming UN COVID-19 Resurgence Response Plan, focused on health interventions in support of the National COVID-19 Response Plan. UNHCR is in the process of developing activities under 10 of the 11 pillars of interventions: coordination, surveillance, laboratory, case management, risk communication, community engagement, infection prevention & control and WASH, logistics, continuity of essential services, and vaccination.



Rwanda. COVID-19 vaccine: refugees and asylum seekers receive their first shots.
 © Plaisir Muzogeye

Water, Sanitation and Hygiene (WASH)



2,086,970 people
 provided with **extra soap** for **hand washing practices**
 (January – March)

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**, a total of 31,748 handwashing stations have been installed in communal centres and households in the different refugee camps to promote regular handwashing with soap. More capacity is however needed to ensure that every refugee household is equipped with a handwashing facility and to facilitate distribution of soap in a more consistent manner.

In **Kenya**, UNHCR partner the Norwegian Refugee Council (NRC) completed the production of facemasks, 19,000 facemasks were produced and donated to IRC (5,000), MSF (5,000), Kenya Red Cross (5,000) and NRC TVET and Alternative Education Programs centres (4,000).

A total of 22 primary schools were fumigated in preparation for schools re-opening with the support of UNHCR's WASH partner CARE. Dissemination of information on COVID-19 prevention was done for all schools and the members of the Board of Management. The information focused on the proper use of face masks and proper hygiene by learners, teaching staff and isolating and reporting of any suspected cases.

126 hygiene promoters conducted community sensitization for 4,932 persons on COVID-19, encouraging the community to properly hand wash using soap and water and avoid social gatherings/greetings by way of shaking hands. The training of 2,520 WASH Committee members on COVID-19 prevention measures is also ongoing across the camps, with 1,260 members having completed the training so far. To supplement the existing hand washing stations, installation of liquid soap dispensers is ongoing in all the 28 schools across the camps.

In **Tanzania**, to ensure that families continue with the recommended handwashing practices, distribution, and monitoring of soap usage at washing stations continues. During the reporting period, UNHCR and partners distributed 1,848,618 kilograms of bar/powder soap. Hygiene Promotion teams continue to conduct both sensitization and awareness-raising activities through house-to-house visits, Focus Group Discussions, and public address systems.

Additional funding is still 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: UNHCR & World Bank COVID-19 Telephone Surveys

Refugee employment rates remain lower than pre-lockdown levels despite host employment levels recovering. In **Uganda**, employment rates among refugees have not returned to the pre-lockdown March 2020 levels. This contrasted with a full recovery of employment among Ugandans during the same period. Results from the two rounds of the World Bank/ARRA/UNHCR phone surveys in **Ethiopia** for refugees and hosts find refugees lost jobs because of the pandemic. In **Kenya**, camp-based refugee wage workers, reported a steep drop in work opportunities from 50 percent for Kalobeyei and 25 percent pre-COVID, to 5 percent in the early months of the pandemic (May-June 2020). Since then, refugee employment had slightly recovered to 15 percent in November 2020, but still below the pre-COVID employment rate.

Refugees experienced large losses in income especially in remittances since the COVID-19 outbreak. Many refugees living in the EHAGL region rely on remittances as the main income source. About 75 percent of refugees in **Uganda** reported that their total income has declined since the COVID outbreak. Poverty among refugees increased by seven percentage points from 44 percent pre-COVID to 51 percent during the pandemic. In **Ethiopia**, 25% of refugees reported income decline since the COVID outbreak. Remittances are among the most hard-hit income sources for refugees. For instance, about 37 percent of households in Ethiopia reported less income from remittances since the COVID-19 outbreak.

To cope with the income losses partly due to the decline in remittances, refugees are using some negative coping strategies. As they face income losses, refugees are using different coping mechanisms including reducing food and nonfood consumption (37 percent of refugee households in Uganda, 15 percent in Uganda), savings (about one-fifth of refugees in Ethiopia), and selling assets. Reducing consumption is concerning because it could affect the long-term health and welfare of household members.

Inter-agency Coordination

Operations are working closely with UN Country Teams, Resident Coordinators and the World Health Organization on crisis management, personnel and business continuity arrangements, program criticality, preparedness, and response planning. Existing refugee response coordination structures continue to function, through virtual communication where relevant.

At the regional level, UNHCR is engaged with the Regional Humanitarian Partners Team (RHPT) to map the impact on humanitarian operations and coordinate on advocacy messaging, as well as with many sectoral groups including health, nutrition, education, and child protection which have been developing context specific inter-agency guidance on programming during the COVID-19 pandemic.

Funding Needs

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

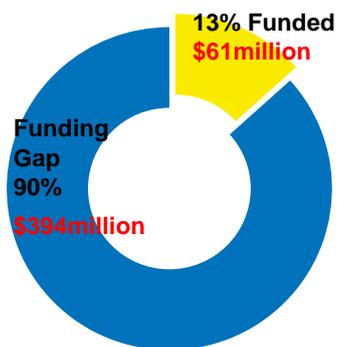
The total 2021 COVID-19 financial requirements for the East and Horn of Africa and Great Lakes region are **\$166 million**.

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

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

Funding Received as of May 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 61M** including:

African Development Bank Group \$12M | Canada \$8M | Unilever (UK) \$4.3M | EU \$4.2M | Austria \$3M | China \$2M | Education Cannot Wait \$1.3M | France \$1M | UN COVID-19 MPTF \$727,989 | Japan \$273,000 | Swedish Postcode Lottery \$233,697 | Sunshine forever Limited \$200,000 | UNHCR Insamlingsstiftelse \$164,205 | Japan Association for UNHCR \$131,169 | Private donors USA \$100,000 | UN Programme On HIV/AIDS \$16,300 | Other private donors \$368,671.

Unearmarked contributions to UNHCR's regular global programmes:

Norway 80 million | Sweden 66.9 million | Netherlands 36.1 million | Denmark 34.6 million | Private donors Spain 28.3 million Germany 26 million | France 20 million | Switzerland 16.4 million | Private donors Republic of Korea 14.3 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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