

## East and Horn of Africa, and the Great Lakes Region

1 – 30 June 2021

 **4.78** MILLION

REFUGEES &amp; ASYLUM-SEEKERS

 **9.99** MILLION

INTERNALLY DISPLACED PERSONS

 **59,574**

REFUGEE RETURNEES

**691,864**

 CONFIRMED COVID-19  
CASES IN HOSTING COUNTRIES

**5,175,244**

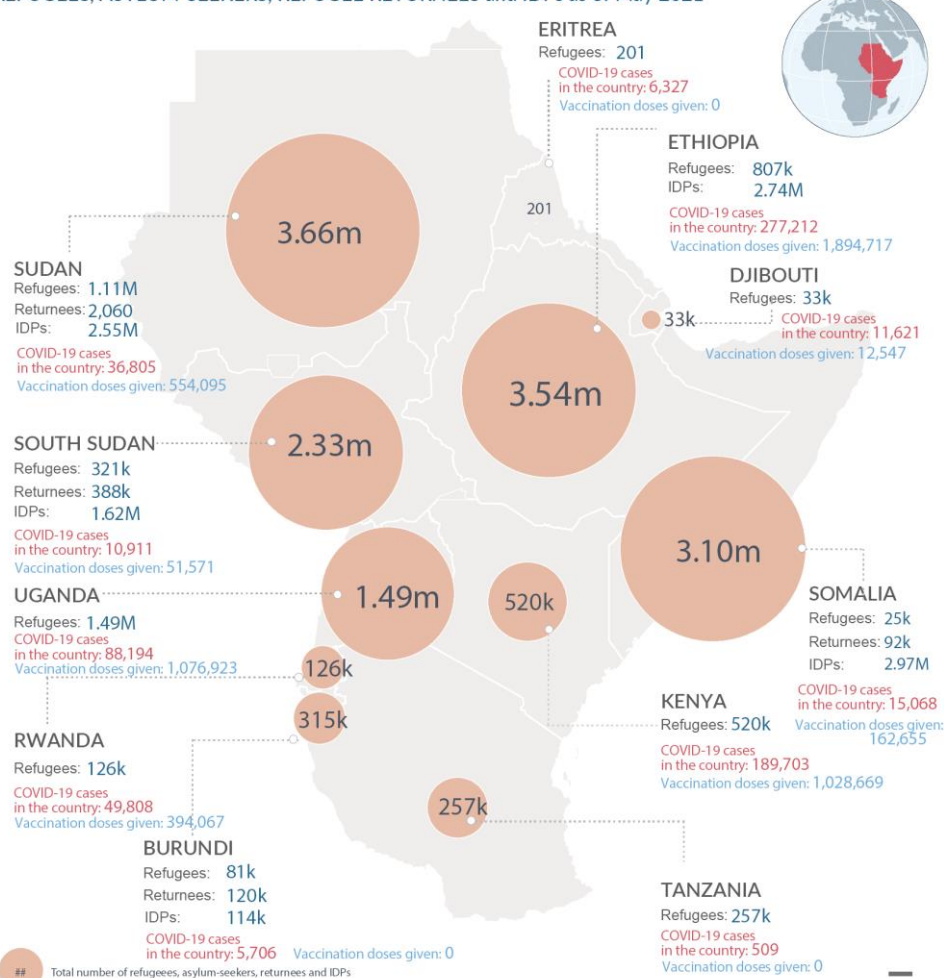
 VACCINATION DOSES GIVEN  
IN HOSTING COUNTRIES

### Operational Context

It has been sixteen 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 13 July 2021, there were **691,864** confirmed COVID-19 cases in the 11 countries and **5,175,244** total vaccination doses given in 8 of the 11 countries overseen by the EHAGL Bureau. The EHAGL region reported 11% 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 **14,713** deaths in the region, (equivalent to 10% of the death cases on the continent) majority in Ethiopia, Kenya, and Sudan.

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 May 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.*

A presidential decree was passed on June 2021 in **Djibouti**, making the COVID-19 vaccination compulsory for any adult over 25 years of age wishing to travel abroad including refugees.

Registration of new asylum-seekers in **Kenya** resumed and this resumption will ensure that asylum-seekers are properly documented, able to access government health facilities if required, and able to relocate to the camps where they will have access to available services covering basic needs. Refugees living in urban areas who are unable to sustain themselves will also be able to relocate to the camps, movements which had been suspended due to the overcrowding of reception facilities in the camp.

In urban areas, a total of 113 vulnerable children received financial assistance in June from UNHCR and Bureau of Population, Refugees, and Migration (PRM). Most of the assisted children were vulnerable and had parents/caregivers whose livelihood had stalled due to the pandemic.

The various reception/quarantine facilities are currently overcrowded, posing great risk of spreading both COVID-19 and/or other sanitation-related outbreaks such as cholera. The current number in various quarantine/reception facilities is 3,402 persons of concern as of 14 July, including 2,383 at the reception centre in Kakuma and 1,019 at the reception centre in Kalobeyei. Among these, 409 are still undergoing the mandatory 14 days of quarantining, while 2,993 individuals are in the process of registration.

A two-day BIP (Best Interest Procedures) training for Child Protection staff was held in Nairobi on 15-17 June. The training covered the newly launched [BIP 2021 Guidelines](#) and guidance on how to conduct BIP for vulnerable children during COVID-19.

The Government of **Rwanda** revised the prevention and response measures for the second time following the sharp increase of COVID-19 cases effective 23 June. Measures include moving the curfew two hours earlier to 19:00, prohibiting movements between Kigali and other provinces, and movement between districts, except for essential services.

**Uganda** is currently experiencing a second wave of COVID-19 and as one of the preventive measures, the government imposed a second lockdown on 16 June until the end of July. The Country Operation in response to the presidential directive and standard operating procedures (SOPs) took a difficult decision to scale down delivery of services to critical life savings activities only.

Inter-districts vehicle movements are currently restricted with clearance issued only for limited vehicles. In Kampala, where several organizations are headquartered, UNHCR is coordinating with the Office of the Prime Minister (OPM) to ensure that partners are granted waiver of movement.

In **Tanzania**, lengthy procedures of COVID-test processing cause delays for resettlement departures as not all refugees receive test results on time. Resettlement countries still have not resumed their interviews due to COVID-related restrictions.

UNHCR continues to manage logistics of the Voluntary Repatriation Convoys. The reporting period witnessed a sharp increase in COVID-19 cases being detected at the border entry points during voluntary repatriation activities. Some 58 cases among the returnees from Tanzania tested positive for COVID-19 (54 from Nyarugusu camp alone). 164 positive cases of COVID-19 have been reported since the beginning of 2021.



A refugee child in Kenya being assisted to wear a face mask. © UNHCR/Hanna Qassis

## 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.*

On 21 June, the UN vaccination rollout commenced in **Burundi** for all UN personnel and dependents with the vaccination campaign gaining momentum. Among UNHCR personnel, 8 have been fully vaccinated, 72 have received the first dose, and 36 are scheduled to receive the first dose.

UNHCR, alongside the health partner The International Rescue Committee (IRC), have been supporting the manufacturing of protective masks in the refugee camps. The main objective of this project was to provide washable and reusable fabric face masks to all refugees aged six and above in all camps. Over 30,000 masks have been produced since April 2021.



UNHCR supported the Ministry of Health with an additional 15,000 COVID-19 test kits for testing of returnees and UNHCR/partner staff in the different repatriation sites and the construction of COVID-19 screening centers in the Cishemere and Makombe transit centers are being finalized.

In **Djibouti**, President Ismail Omar Guelleh issued a decree on 20 June announcing that it was compulsory to vaccinate the country's adult population and its foreign residents against COVID-19. A total of 21,357 vaccine doses have been administered in the country so far. According to the national vaccine committee, 5% of the available vaccines are dedicated to refugees, asylum-seekers, and migrants in Djibouti, especially those above 50 years and with chronic diseases in the 3 refugee sites and in urban areas.

Since the launch of the national COVID-19 vaccination campaign in March 2021 in **Ethiopia**, 2 million people have been vaccinated to date, prioritizing frontline health workers, individuals with severe underlying medical conditions and elderly people. Refugees meeting the government's criteria continue to access the vaccines. The country is reportedly facing a shortage of the second dose of the vaccine. Refugees and asylum-seekers have been granted access to Government's testing and treatment centres while UNHCR continues to provide support, including equipping the Government's testing facilities and setting up temporary isolation centres in each of the refugee camps.



*Refugees and asylum-seekers receive their first dose of Covid-19 vaccine at the Emergency Transit Mechanism centre in Gashora, Rwanda. © UNHCR/Plaisir Muzogeye*

In **Kenya**, the positivity rate in Kakuma has gradually declined in the past two weeks and currently stands at less than one per cent among humanitarian workers and zero among persons of concern. A total of 357 humanitarian workers and 211 persons of concern have been tested in the last two weeks. In Dadaab, a significant spike in cases has been noted in the last two weeks of the reporting period, in addition to a rise in symptomatic cases and mortalities attributed to COVID-19. The positivity rate rose from 1.7 per cent to 9.5 per cent.

Among humanitarian workers and persons of concern aged 58 years and above, 1,774 individuals (567 humanitarian workers and 1,207 PoC) meeting the Ministry of Health (MoH) guidelines of the first phase of COVID-19 vaccination have been vaccinated in Kakuma and Kalobeyei, with support from the Ministry of Health. Out of these, 780 individuals, humanitarian workers and PoC, have received their second dose.

Vaccine stocks that were received from the Garissa County for phase 1 were depleted after 839 individuals (333 PoC and 506 aid workers) got the first dose and 208 (112 PoC) having been fully vaccinated. Currently, the delivery of vaccines is pending to fully vaccinate the outstanding 631 individuals across the Dadaab camps. Community sensitization activities are ongoing in the Dadaab camps to address the challenges of vaccine hesitancy experienced during the first phase.

In **Rwanda**, the vaccination campaign resumed countrywide mainly to provide the second dose to those who had received the first. Government reports indicate that 41,405 people have been vaccinated between 1 – 30 June, with 129 refugees in Gihembe and Kiziba (mainly the elderly) having received their first dose of the Pfizer vaccine. The cumulative number of refugees who have received the second dose is 369, while 201 are still awaiting their second dose. More doses are expected in the country in the coming months. Vaccine availability remains very limited countrywide with UNHCR and partners in the camps having not been vaccinated yet, despite that some are directly dealing with COVID-19 cases under home-based care.

In **Somalia**, at the sub-office (state) level, regular meetings take place between UN entities and government counterparts for purposes of information sharing and coordination related to COVID-19. These meetings inform UNHCR and other sister agencies of the gaps and required response, for example, related to PPEs. Following last month's coordination meeting, SO Galkayo procured 350 oxygen cylinders, 5,500 respiratory masks, 150,000 gloves, 2,200 goggles, 6,500 hand sanitizers, 2,300 gowns and aprons as well as other materials to address state-wide gaps in the COVID-19 response.

As of 11 July, WHO reports that 146,838 and 85,027 individuals have received their first and second doses, respectively, of the COVID-19 vaccine.

As part of the country-wide vaccination programme for the Somalia population, an additional shipment of 192,000 of J&J Janssen COVID-19 vaccines from the COVAX facility and 108,000 of AstraZeneca vaccines donated by France are enroute to Somalia. As part of the UN system-wide vaccination programme, as of 7 July, UNSOM reports that an estimated 2,500 vaccines have been administered, about 700 of which constitute second doses.

In Somaliland, the second phase of the COVAX vaccination programme is now underway with around 30,000 doses available in stock with Ministry of Health Development (MoHD) Somaliland. These vaccines are available at all health centres across Somaliland and refugees have full access to this service, based on the same eligibility criterion applicable to nationals.

In **Tanzania**, following a change in the government's position regarding COVID-19 by the country's new President, the United Nations and Diplomatic community has been allowed to import vaccines for its staff with many Embassies having already inoculated their staff. The UN has imported 1,500 vaccines and begun vaccinating staff, dependants, and retirees in late June. All UNHCR staff have been characterized as front-line workers, and those who have registered for the vaccine are expected to receive it soon.

Although the position of the Government has considerably shifted regarding COVID-19 vaccines, the country has not yet been able to acquire vaccines for its own population and/ or persons of concern within its territory. Nevertheless, a National Deployment and Vaccination Plan (NDVP) has been adopted, and refugees are integrated in the plan.

Despite the availability of vaccines for UN staff and their dependents in Tanzania, the vaccination rate remains low. UNHCR has only 134 staff, including dependents who have registered for the vaccination out of a total possible total number of over 800. While choosing whether to be vaccinated remains voluntary, there is a need to sensitize staff more on the vaccinations to counter misinformation.

**Uganda:** COVID-19 vaccinations resumed on 28 June across the entire country targeting health workers and other categories due for their second dose. Kampala district still reported the highest number of cases per day ranging between 200-600 cases since 20 June 2021; followed by Wakiso district reporting an average of 100 cases. Cumulative number of COVID-19 cases stands at 79,434.

## 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**, enhanced communication on personal and environmental hygiene, reducing overcrowding, and promoting handwashing with soap is ongoing. Supplies of water and soap continue to be provided, together with the installation of handwashing stations, enhancing health services and the provision of available personal protective equipment for health care workers, first responders and others.

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 the virus. 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.

A total of 36,451 handwashing stations have been installed in communal centers and households in the different refugee camps to promote regular handwashing with soap. More capacity is needed however, to ensure that all refugee camps have such facilities in place and that every refugee household is equipped with a handwashing facility. The host communities living next to the refugee camps are included in the response.



*A young student at Arid Zone Primary School, Kakuma Refugee Camp washes their hands with soap and water before accessing the school's facilities. © UNHCR/Samuel Otieno*

In **Rwanda**, refugees in camps continue to access water and sanitation, and health services, including supporting the affected individuals or families through a home-based isolation approach. General cloth mask distribution was conducted in Nyabiheke, Mahama, Kiziba and to persons of concern affected by the volcano emergency. A total of 4,000 COVID-19 test kits were dispatched for use in camps as well as for the screening of new arrivals fleeing the volcanic eruption.

In **Somalia**, dissemination of COVID-19 related messaging, using pamphlets and direct messaging to over 6,200 refugees and asylum-seekers, IDPs, returnees, migrants, and host communities across the entire Operation was conducted. As part of efforts to enhance communication with communities, UNHCR Hargeisa supported the airing of COVID-19 messaging on three TV stations and Radio Hargeisa with the aim of informing 70% of persons of concern in Somaliland about preventive measures and risks. A total of 19 COVID-19-related feedback mechanisms/hotlines and referral pathways are in use across the operation.



In **Tanzania**, installation, monitoring, and rehabilitation of handwashing stations continues across all camps. Currently, there is a cumulative total of 31,611 institutional and household handwashing points across the three refugee camps.

During the reporting period, UNHCR and partners distributed 1,864,964.40 kilograms of bar/powder soap and 14,812 litres of liquid soap. Hygiene promotion teams continue sensitization and awareness-raising 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.

## 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 UNHCR Regional Bureau for East, Horn of Africa, and the Great Lakes (RBEHAGL) organised a **virtual three-day event for NGO partners from 28-30 June**. The theme for the regional NGO consultations “**Localization of humanitarian action and engagement with communities in the COVID-19 context**” was the focus during the first day. The session assessed how localization has been operationalized in the EHAGL region, discussed good practices of local NGOs, including refugee-led organizations contributing to COVID-19 prevention measures and community-based protection initiatives, and identified steps to further empower local actors.

A stocktaking exercise was carried out on the implementation of the Global Refugee Forum (GRF) pledges made by NGOs, with a particular focus on forced displacement financing since the GRF using country case studies from Ethiopia, Kenya, and Somalia. An interactive session, co-chaired with the Regional Durable Solution Secretariat (ReDSS), presented an opportunity for NGOs to showcase their progress, challenges, and opportunities vis-à-vis GRF pledges. A side event was conducted on the Poverty Alleviation Coalition to discuss **the socio-economic inclusion of refugees** and other persons of concern using the graduation approach in refugee settings. The discussion highlighted the importance of the Graduation Approach in helping PoCs build resilience against the socio-economic shocks that resulted from the pandemic. The final day was dedicated to a session on UNHCR’s Strategic Framework for Climate Action and collaboration with NGOs in Sub-Saharan Africa to address related challenges, including climate-induced displacement.

## 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.

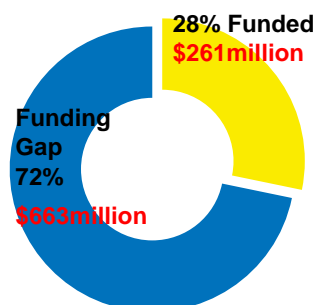
The total 2021 COVID-19 financial requirements for the East and Horn of Africa and Great Lakes region are **\$166 million**.

**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 2 July 2021

USD **924 Million** requested globally in 2021 for Coronavirus Emergency Total financial requirements:



### Total contributed or pledged to UNHCR's 2021 COVID-19 appeal USD 261M including:

United States of America \$210M | African Development Bank Group \$12M | Canada \$8M | Unilever (UK) \$4.3M | EU \$5.1M | Austria \$3.5M | China \$2M | Education Cannot Wait \$1.3M | France \$1M | USA for UNHCR \$881,259 | 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 \$141,353 | Private donors Republic of Korea \$107,054 | Private donors USA \$100,000 | UN Programme On HIV/AIDS \$16,300 | Spain \$3,632 | Other private donors \$294,486.

### Unearmarked contributions to UNHCR's regular global programmes:

Norway 80 million | Sweden 66.9 million | Private donors Spain 42.6 million | Netherlands 36.1 million | Denmark 34.6 million | Germany 26 million | France 20 million | Private donors Republic of Korea 17.9 million | Switzerland 16.4 million | Private donors Japan 14 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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