

East and Horn of Africa, and the Great Lakes Region

1 – 30 June 2021

 **4.78** MILLION

REFUGEES & ASYLUM-SEEKERS

 **9.99** MILLION

INTERNALLY DISPLACED PERSONS

 **59,574**

REFUGEE RETURNEES

691,864

 CONFIRMED COVID-19
CASES IN HOSTING COUNTRIES

5,175,244

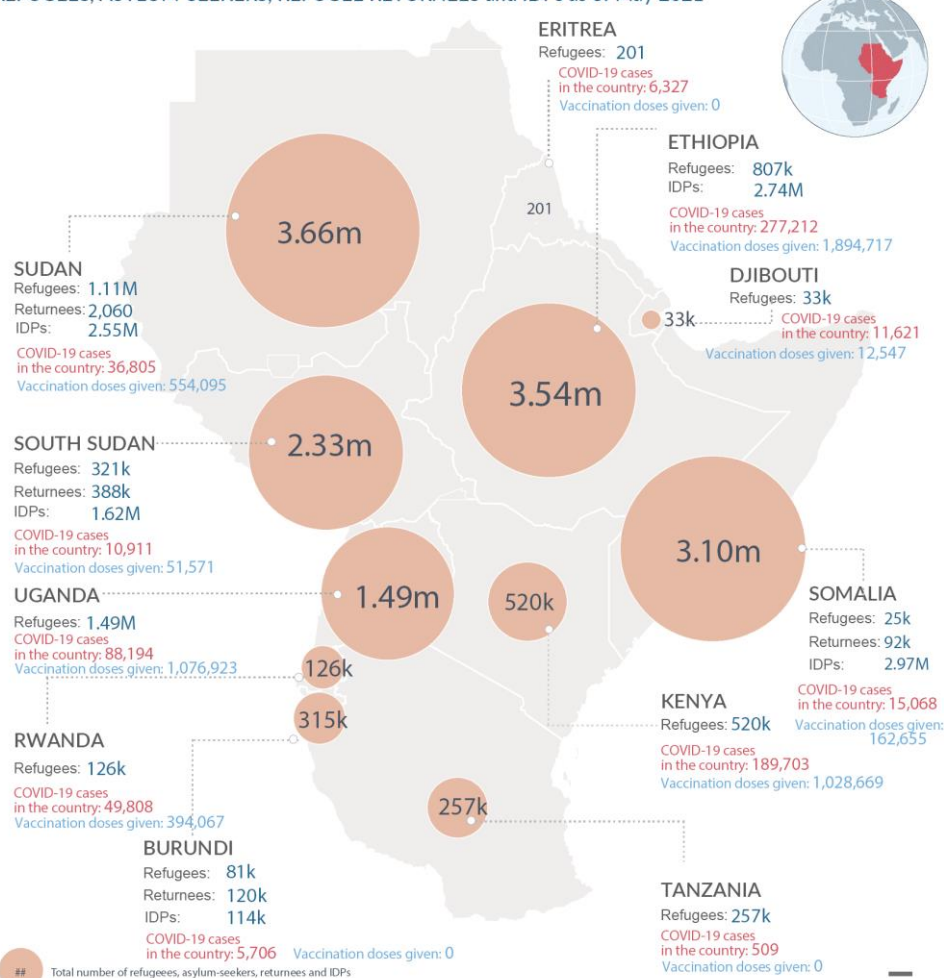
 VACCINATION DOSES GIVEN
IN HOSTING COUNTRIES

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 Kalobeyi, 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.



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