

COVID-19 Response

UNHCR West & Central Africa

20 April 2020

The **West and Central Africa region has seen close to a 40 percent increase in new confirmed COVID-19 cases** in the past two weeks with a total of 6,921 contaminations as of 20 April compared with 2,725 on 06 April.

Although only one case has been reported so far among the close to 10 million people of concern to UNHCR in the region, **the risks are high due to local transmissions** across the 21 countries covered which have weak healthcare systems.

UNHCR operations are **supporting governments** to address the crisis in displacement areas, in line with the national priorities. Particular attention is being given to women and girls who are increasingly at risk of gender-based violence in confinement.

KEY FIGURES

6921* total cases in West & Central Africa as of 20 April 2020 (source: WHO)

*Include active cases, recovered, deaths

21/21 countries reporting local transmission of COVID-19

1 reported COVID-19 case amongst persons of concern.

POPULATION OF CONCERN

9,950,000 total PoCs

5,600,000 IDPs

1,300,000 Refugees

1,400,000 Returnees

1,650,000 Stateless

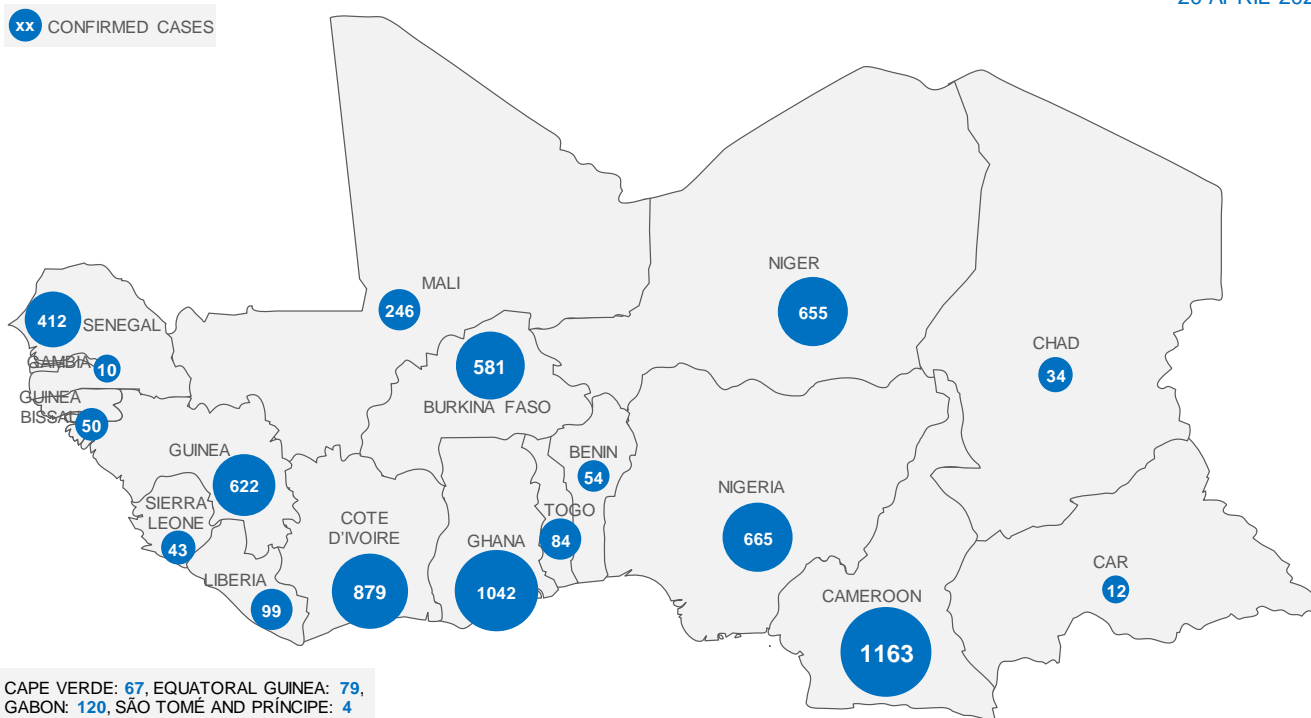
6,921
CONFIRMED CASES

1,879
RECOVERED

181
DEATHS

20 APRIL 2020

xx CONFIRMED CASES



Operational Context

Rapid increase of confirmed cases. Since the first case of COVID-19 was declared in Nigeria on 28 February 2020, the pandemic has progressed steadily throughout West and Central Africa where it has killed 181 people. As of 20 April 2020, WHO statistics show 6,921 confirmed cases in the 21 countries covered by the Regional Bureau for West and Central Africa with 4,861 still active and 1,879 who recovered. Most cases are reported in Cameroon (1,163) followed by Ghana (1,042), Côte d'Ivoire (879), Nigeria (665), Niger (655), Guinea (622) and Burkina Faso (581). A first case has been reported among UNHCR's persons of concern in Cameroon on 17 April 2020.

Movement restrictions. Countries in West and Central Africa have officially imposed various levels of restriction on international movements, from complete to partial border closures and mandatory self-quarantine on travelers arriving in-country. However, several countries are gradually beginning to ease the restrictions. On 20 April the Burkina Faso Government re-opened Rood-Woko, the largest market in Ouagadougou, as part of a pilot in the process of re-opening markets in the capital city in order to test the population's respect of the protective measures (i.e. wearing of masks, physical distancing, washing of hands etc). The Government also decided to shorten curfew time by 3 hours to 21:00 to 04:00 instead of 19:00 to 05:00. The rest of the temporary measures to prevent the spread of the COVID-19 outbreak, including the closure of land and air borders, the ban of large gatherings and markets, and the placement of 15 cities under quarantine, remain in place until further notice. From 27 April, the wearing of masks will be compulsory on the national territory, while schools will reopen on 28 April. Ghana also relaxed the lockdown in main cities on 19 April, citing improved case detection and case management measures. Nevertheless, schools remain closed in Ghana and public gatherings are still banned. Meanwhile Guinea, Niger and Senegal have also made it mandatory for people to wear masks in public places.

Poor public health system. In most countries in the region, persons of concern have access to national health services. However, major gaps exist, including limited numbers of trained health personnel in emergency response and in case detection and management as well as inadequate treatment units, particularly in remote areas hosting refugees and IDPs, in Burkina Faso, Cameroon, CAR, Chad, Mali or Niger. The already fragile health situation of the region, characterized by the persistence of diseases such as malaria, respiratory infections, measles and diarrhea, is exacerbated by a precarious security condition.

Risk of stigmatization of forcibly displaced populations and impact on vulnerable categories. Forcibly displaced populations are at heightened risk of stigmatization in situations of pandemic. Feelings of distrust and instances of discrimination exacerbated by fake news, misinformation and the politicization of the issue could emerge should refugee or IDP population be heavily affected. As with previous epidemics, it is feared that women will be disproportionately affected by the COVID-19. Women are the driving force of the agricultural sector and informal economy, both of which are likely to be severely affected by the crisis. Women and girls also face a heightened risk of gender-based violence in their homes during confinement. In forced displacement context, women, elderly, children, youth, persons with disabilities, and minorities also experience a higher degree of socio-economic marginalization with more limited access to effective surveillance, early-warning systems and health services.

Challenges linked to the socio-economic impact of the crisis. The restriction on movement, the slowdown or even the halt in economic activity will likely have a greater impact on refugees and IDPs. Most of them are involved in the informal sector which usually is the most affected during public health outbreaks due to increased government controls. This predictable loss of income which is already being felt in urban areas among refugees involved in the informal trade will increase their vulnerabilities, food insecurity and dependency on humanitarian support.

UNHCR's COVID-19 response



PROTECTION

UNHCR Operations are working to mitigate the impact of COVID-19 on persons of concern by increasing communication with communities to inform in an accessible manner on the virus and the preventive measures needed and by taking steps to ensure continuity of assistance and basic protection services despite movement restrictions introduced by the governments of the region.

Throughout the region, communication with communities continues to be enhanced to provide persons of concern and host communities with relevant, accessible, simplified, easy-to-understand information on COVID-19 and prevention measures to be adopted.

The Regional Bureau partnered with IOM in the framework of the Covid-19 Response Risk Communication and Community Engagement working group for West and Central Africa to launch a new website - <https://coronawestafrica.info/> - publicly released on 10 April which gathers tools (in English, French and local languages) for community engagement on the coronavirus. This “no logo” interagency website (validated by WHO, and involving 5 UN agencies, 12 NGOs) is searchable, interactive and provides compiled, categorized graphic, audio, video files adapted to very different audiences that will support community engagement activities around the Covid-19.

All UNHCR operations in West and Central Africa are adapting protection service delivery to adapt to the government-imposed movement restrictions. Here are some examples:

In Burkina Faso, UNHCR and partners have begun the production of 160,000 information leaflets, which will be distributed in the eight affected regions of the country. UNHCR is also supporting the Government in sensitization efforts on preventive hygiene measures in the IDP sites in Dori, Kaya, Djibo, Bobo Dioulasso and Ouahigouya. The office is also exploring the possibility to partner with a group of “Slam artists” to produce an adapted awareness-raising slam for the PoCs. The text will draw from the Government’s sensitization messages.

In Ghana, UNHCR is planning to procure some television sets to enable refugees to have access to distance learning in the camps with volunteer teachers acting as facilitators.

In Niger, the Government has suspended all counselling and Refugee Status Determination (RSD) activities except in the city of Agadez where a limited number of cases are still heard. Preventive measures such as handwashing practices and social distancing are being implemented in the interview areas. UNHCR is drawing plans with the government to resume counselling and RSD activities through video conferences for safer distancing.

In Nigeria, UNHCR has established a WhatsApp group to disseminate information to the National Commission for Refugees, Migrants and Internally Displaced (NCFRMI), Justice Development and Peace Commission (JDPC) and relevant community leaders to ensure that urban and protracted refugees and IDPs are provided with updated and reliable information, as well as easy and quick feedback from the Government and UNHCR on the COVID-19 pandemic.

In Southern Chad, UNHCR organized trainings in the sites and hosting areas of Began and Baiboukoum areas on COVID-19 prevention measures and government decisions relating to this pandemic. A total of 250 refugee leaders and community teachers took in these sessions and will help raise awareness in the region.

In Senegal, assistance committees and interviews are delivered online. Protection teams conduct interviews over the phone and counsel refugees digitally and virtually to avoid crowds. **In the Gambia and Senegal**, UNHCR has provided Refugee community leaders with communication tools (phone credits) to facilitate the monitoring situation and increase communication with communities.

Gender-Based Violence. To ensure that women, girls and other groups at heightened risk of SGBV are consulted to inform all our COVID response plans, consultation methods are adapted to include online, phone consultations to align with the recommended distancing measures to mitigate the contamination risks. Field teams are also adapting their intervention modalities for SGBV case management introducing remote assistance and integrating cash assistance interventions for women at risk and GBV survivors into assistance.



WATER AND SANITATION

UNHCR operations are reinforcing the WASH systems and services in the main refugee and IDP hosting areas, including by distributing soap and increasing access to water to allow for the implementation of basic preventive hygiene measures such as frequent handwashing.

In Burkina Faso, UNHCR and partners have also begun the planned distribution of some 2,587 handwashing stations and to soap in already four of the eight affected regions. Efforts are also ongoing to strengthen infrastructures and to facilitate access to drinkable water in Dori where there are over 34,000 IDPs.

In CAR, UNHCR has installed 25 water points with soap in Obo camp and distributed soap to 2,080 Southern Sudanese and DR-Congolese refugees. More soap distribution is planned in other refugee and IDP hosting areas.

In Southern Chad, UNHCR improved the water supply across all 21 refugee sites. 295 handwashing stations were distributed to health centres and refugee sites to benefit both refugee host communities. UNHCR is also building 600 family latrines in strategic locations to complement the 50,000 existing units.

In Niger, UNHCR has purchased protection, hygiene and disinfectant equipment for a total amount of 720,000 USD which has already been distributed in all refugee and IDP sites, in all public administrations and services in the 6 regions hosting refugees, and in all health facilities (regional hospitals, integrated health centers and emergency health centers).



HEALTH

UNHCR Operations are increasing their direct support to national health systems to strengthen their infection prevention and healthcare responses, including through the provision of medical equipment and supplies and training of health personnel.

In CAR, the public hospital of Obo, constructed by UNHCR, will host an isolation center for suspected cases, while UNHCR supplies national authorities with medicine for 10,000 people, including 2,500 South Sudanese refugees. UNHCR has also donated three family tents to the multi-sectoral coordination committee for the response to COVID-19 in Obo, which will serve as a temporary isolation area for suspicious or sick cases, including three family tents for the use of the local offices.

In Niger, UNHCR in cooperation with INTERSOS, has started to train government and humanitarian staff on psychological first aid. A first batch of 20 participants out of a total number of 269 emergency workers has been trained to help people manage their stress. Moreover, UNHCR provides staffing support to national health services in all refugee hosting areas for an initial period of three months. The following profiles will support and reinforce the existing health teams: 17 medical doctors, 44 nurses, 18 midwives, 15 referring nurses, 2 lab analysts, 11 hygienists, 11 WASH staff, 12 psychosocial support staff and 20 additional community sensitization agents. Moreover, UNHCR is training **health staff** in all six refugee hosting regions reaching up to 600 healthcare staff throughout the country.



UNHCR has donated 350 Refugee Housing Units to the government of Niger to serve as emergency medical facilities. 54 units have been set up in the national stadium in Niamey. ©UNHCR/Marlies Cardoen

In Nigeria, to help ensure refugees are included in the national response plan, UNHCR supported the authorities of the Ogoja Local Government Area (hosting over 20,000 refugees) to develop their COVID-19 contingency plan and is assisting with the information dissemination efforts among refugee, IDP and host communities. UNHCR is also rehabilitating the isolation room at the general hospital to serve as a holding and treatment center for eventual COVID19 patients.



SHELTER AND CORE RELIEF ITEMS

UNHCR Operations are increasing the distribution of shelter materials and core relief items to address the difficult living conditions in the most overcrowded camps and settlements across the region to allow for the implementation of the most basic prevention measures such as social distancing and handwashing.

In Mali, UNHCR donated 100 family-sized tents to be used to support the health structures hosting identified cases, in the regions of Gao, Mopti, Timbuktu, Menaka, Kayes and also Bamako, in agreement with the Ministry of Solidarity.

In Niger, to support authorities in setting up isolation cells, UNHCR has undertaken a needs analysis with the Regional Directorates of Health and will put at their disposal 350 Refugee Housing Units (RHU) with A/C with 2 beds each. If requested by the Government, UNHCR will examine the possibility to construct additional health infrastructure through the existing brick factories in several regions. In the capital of Niamey, 54 RHU have been set up in the national stadium to isolate and treat confirmed cases.



COMMUNITY EMPOWERMENT AND SELF RELIANCE

UNHCR Operations are increasing their focus on strengthening community-based protection mechanism and enhancing the capacity and self-reliance of refugee and IDP communities

should the COVID-19 crisis intensify and limit UNHCR's operational access for a prolonged period.

In all Operations, UNHCR is expanding the use of cash for protection, shelter and health intervention and is preparing to distribute “prepayments” to beneficiaries for 2-3 months instead of the usual monthly allowances.

In Burkina Faso, cash grants will be distributed to over 2500 IDP and refugee households to complement the distribution of NFI kits in the North, Centre and Sahel regions.

In Liberia, Saclepea weekly market, the main market for Bahn refugees (both for sales and for purchases) was closed, depriving refugees and host community sellers from Saclepea and Bahn areas (around 20% of the PoC in Liberia) of their main sources of income and supply. To ease the pressure on refugees, UNHCR started the procurement of agriculture inputs to be distributed in the different locations. This procurement is done as part of the Covid-19 response for mid-term. The operation already procured and distributed agriculture inputs at the beginning of the year to around 450 individuals under the regular 2020 planned activities. Due to the current situation, UNHCR and partners prioritized agriculture activities based on opportunities in short and mid-terms (new season starting, agriculture activities can be done during the Covid-19, food production). Through an additional rapid need assessment, around 300 new individuals were identified. Including seeds, fertilizer and tools for farming and animal husbandry, this procurement will target the Bahn, PTP, Little Wlebo Settlements and some urban refugees.

In Niger, UNHCR, in partnership with WFP and UNDP, is providing training on the production of soap, bleach and mouth masks to over 5,000 refugees and hosts, among whom over 90% women. These items will be distributed in all refugee hosting areas benefitting both refugees and local communities. Apart from improving health conditions and hygiene in the camp, this activity promotes women as economic agents, generates an income for refugee households and stimulates the local economy, mitigating the negative socio-economic impact of COVID.

In Nigeria, UNHCR will provide a one-off CBI for food and purchase of sanitation materials for 3,556 urban refugees and asylum seekers, as a form of assistance in areas affected by the lockdown. This intervention will help ensure that refugees receive a similar assistance as the all vulnerable Nigerians benefiting from the Government's social safety net program.



Zeinabou is a Malian refugee living in Niamey. She has been trained by UNHCR in sewing and dressmaking; skills she now uses to produce face masks. ©UNHCR/Marlies Cardoen



EDUCATION

UNHCR actively participates in the development of COVID-19 education response strategies under the aegis of Ministries of Education, alongside other education stakeholders such as Education Clusters and Local Education Groups. These strategies aim to adjust education service delivery in response to massive school closures decided by governments to combat the spread of COVID-19.

Nationwide closures are impacting 140 million children across the region, including displaced children who are integrated in national education systems in all the countries. The negative outcomes of prolonged school closures are likely to disproportionately impact displaced children, who not only see their education interrupted but also lose the safety offered by a school and get exposed to a higher risk of abuse, neglect, violence and exploitation.

To ensure the continuity of learning in a protective environment and to prepare for the reopening of schools, UNHCR is working with education partners to support Ministries of Education establishing safe distance learning alternatives, support health training for teachers and community awareness-raising activities on COVID-19 and basic prevention measures while upgrading water and sanitation facilities in schools. UNHCR and its partners are mapping connectivity needs and assessing more precisely the technical gaps and opportunities in terms of digital remote engagement. Connectivity is uneven in rural areas— for instance 11 percent of North East Nigeria IDPs have access to internet compared to 70 percent of host communities in Cote d'Ivoire.

In Chad, the Education Cluster, of which UNHCR is an active member, is supporting the ministry in the development of a comprehensive education response plan to COVID19 in collaboration with the local education authorities to consider the different level of access to connectivity between regions.

In Mali, UNHCR along with 5 other organizations (UNICEF, Save The Children, AMSODE, EDUCO, EU) is part of the strategic committee established by the Ministry of Education for the development and implementation of the response plan to the COVID-19 situation to ensure the continuity of learning in a protective and inclusive environment, and to prepare the reopening of schools.

In Niger, in Ouallam, UNHCR and its partner have launched the construction of 10 emergency classrooms on the urbanized site where Malian refugees live. Moreover, they have received furniture to equip the classrooms, amongst others 250 school banks, 29 desks with chairs and 10 chalkboards.

Working in partnership

UNHCR Operations are stepping up their engagement and advocacy with Governments, the UN country teams and other Inter-Agency platforms to contribute to a coordinated response to the COVID-19 crisis and to ensure that persons of concern are included in all relevant response plans.

In Liberia, as part of its response to COVID-19, UNHCR has joined IOM and UNDP to support the GoL (Min of Health, Internal Affairs and Justice) to strengthen border surveillance, gender responsive case management, information management and support for health facilities along busy borders and in border communities where many refugee families also reside. The concept note was presented to the government on 16 April 2020.

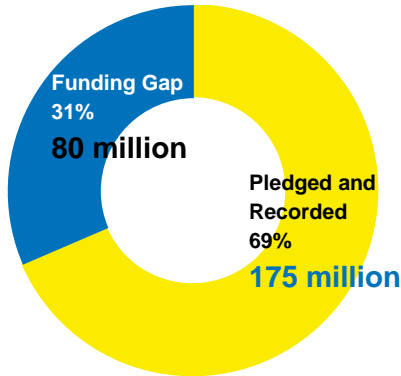
In Mali, the UNCT has developed a contingency plan with SRSG/DO as the Crisis Manager and DSRSG/RC/HC as the Crisis Coordinator. Meanwhile, the UNHCR-led Protection Cluster in Mali has put in place measures to continuously evaluate the crisis and its protection implications for displaced populations.

In Niger, UNHCR is working with the World Bank to reorient a part of an ongoing project with the Government benefiting refugees and host communities to mitigate the negative socio-economic effects of the crisis. Concretely, UNHCR would like to reorient funds foreseen under the component on economic opportunities and use cash transfers. The project has a target population of 62,500 persons of which 31,500 are refugees. UNHCR will carry out an analysis on the impact of COVID-19 on the formal and informal livelihoods of displaced populations to better guide its future interventions and those of partner organizations.

Financial Information

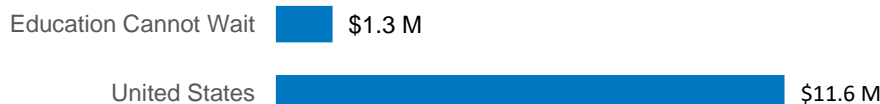
Global financial requirements - USD 255M

Requested for UNHCR's COVID-19 response globally over the next nine months



EARMARKED CONTRIBUTIONS AND PLEDGES TO THE COVID-19 APPEAL | USD

Earmarked contributions and pledges for the Coronavirus Emergency Situation in **West and Central Africa** amount to some **US\$ 12.9 million**.



SOFTLY EARMARKED CONTRIBUTIONS AND PLEDGES TO THE COVID-19 APPEAL | USD

Special thanks to the major donors of softly earmarked contributions (including for West and Central Africa) and pledges at the global level to the Coronavirus Emergency Situation giving UNHCR critical flexibility to rapidly respond to evolving needs.

Canada 6.4M | Denmark 14.6M | Ireland 3.3M | Sweden 3M | United Kingdom 25.0M | United States 8.0M | Sony Corporation 3M | Private donors 0.3M

UNEARMARKED CONTRIBUTIONS | USD

Special thanks to the major donors of unearmarked contributions.

Denmark 34.6M | Germany 25.9M | Netherlands 36.1M | Norway 41.4M | Sweden 76.4M | Switzerland 16.4M | United Kingdom 31.7M | Private donors in Republic of Korea 10.5M | Private donors in Spain 20M

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