

UNHCR Niger

Staying and delivering for refugees amid the COVID-19 crisis

There are confirmed COVID-19 cases in Niger. **Refugees are at the same risk of contracting and transmitting the COVID-19 virus as local populations.** To date and based on available evidence, there have been no reports of COVID-19 infections among refugees and asylum-seekers in Niger. However, there is no reason to believe that this won't change.

UNHCR's top priority in the COVID-19 crisis is to ensure that **people we serve are included in the Government's response plan** and are properly informed, while we supplement Government's preparedness and capacities to tackle the crisis.

UNHCR has launched its global **Corona Virus Emergency Plan** an appeal for 255 million USD to urgently support preparedness and response in situations of forced displacement over the next nine months. **Niger is one of the priority countries** – additional funds are needed to continue and scale up measures in UNHCR's field operations to help respond to the COVID-19 public health emergency and prevent further spread.

I. Support to the national response plan

1. Coordination

Niger is well advanced in the implementation of an out of camp approach regarding forced displacement. All UNHCR field representations are actively taking place in regional and subregional committees set up by the Government. We coordinate and look for **operational synergies** with other humanitarian actors, divide intervention areas and share information on capacities. Our interventions benefit both refugees and the local population.

2. Prevention

Anticipating is paramount to get the virus under control.

IDP and refugee sites are often **overcrowded** which increases the risk of transmitting the virus. In cooperation with the authorities, UNHCR will identify the overcrowded sites and initiate an effective **site planning** which will respect the necessary distance between shelters. In Sayam Forage

camp, the only official refugee camp, an additional transit area will be set up.

In all regions where UNHCR is operating, 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).



Donation of prevention equipment to the Governor of Tahoua © UNHCR

The purchased and distributed equipment is the following: 3540 hydroalcolic gels of 500 ml, 605 hand washing basins, 1452 units of liquified chlorine, 19990 soap boxes with 30 tablets each, 3540 liquid soap units of 500 ml each, 3540 bleach units, 750 emergency kits for infections, 1400 boxes with 50 protection masks each, 50 megaphones, 140 laser thermometers, 1370 boxes with each 100 protective gloves, 120 pedal bins and 6200 plastic bags.

Refugees are actively engaged as actors of prevention. Based on existing practices in Sayam Forage camp (Diffa region) and the transit center for persons evacuated from Libya in Hamdallaye, persons under UNHCR's mandate scale up their production of antiseptic soap, liquid soap and bleach in refugee hosting areas in the whole country in order to contribute to the prevention of COVID-19. This is done in partnership with UNDP and WFP and will create 5000 additional jobs. This will contribute to mitigate the negative socio-economic impact of COVID-19.



Production of liquid soap by refugees evacuated from Libya © UNHCR

3. Communication

UNHCR offers **guidance and fact-based information on prevention measures**. Different communication channels are used: sensitization by a broad network of focal points and community liaison persons working on protection monitoring, trained community leaders, parents, secondary school students, video and radio spots realized by WHO and the Government, billboards, public criers, ...

4. Public health capacities

UNHCR will **support the government through the provision of medical equipment and supplies, as well as additional staffing**. Regarding staffing, the following profiles will support and reinforce the health teams for a period of 3 months: 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 will organize 2 **trainings of health staff** in all 6 refugee hosting regions, including on psychosocial wellbeing, with a total number of 50 persons per training. S

To support the existing health facilities, UNHCR has donated **11 ambulances**.

UNHCR will support the national authorities by donating additional **protection, hygiene and disinfectant equipment** next to what has already been distributed in a first phase. 10,000 protection masks, 50000 chirurgical masks, 10000 emergency kits for infections, 1000 saturometers, 2500 endotracheal tubes, 500 vacuum cleaners, 500 oxygen concentrators, 500 laryngoscopes, 20,000 oxygen glasses, large amounts of hydro chloroquine and azithromycin as well as covid-19 tests.



UNHCR has donated 59 refugee housing units to the Government. They have been set up at the Stadium where an emergency center is being built © UNHCR / Marlies Cardoen

To support authorities to **set up isolation cells** to separate potential COVID-19 cases and treat confirmed cases, UNHCR has undertaken a needs analysis with the Regional Directorates of Health and will put at their disposal 350 Refugee Housing Units with A/C with 2 beds each throughout the country. If requested by the Government, UNHCR will examine the possibility to construct additional health infrastructure through the existing brick factories in several regions.

II. Adapting its response to the new reality

With regard to protection, UNHCR continues to **enhance monitoring and interventions to ensure the rights of forcibly displaced people are respected**. UNHCR continues to plea for access of refugees and asylum seekers coming from conflict affected neighboring countries such as Mali, Nigeria, Chad and Burkina Faso and continues to give assistance to those expelled from Algeria and Libya, in close cooperation with IOM.

Standard Operating Procedures have been adapted to the new COVID-19 context, staff and partner staff have been informed and equipped, and community leaders mobilized as prevention actors. The “**Green Line**” which gives information to refugees, is available for all questions related to COVID-19. Distance **education** is being implemented in all refugee hosting areas;

Psycho-social well-being of humanitarian workers takes an important place and has been streamlined as a central element.

III. Upholding the humanitarian – development nexus

In order to tackle the potential devastating social and economic dimensions of the crisis, UNHCR works with the World Bank to support economic opportunities through cash transfers, will make an analysis of the impact and possible synergies to strengthen livelihoods and adapt mitigation measures in livelihood activities currently being implemented, such as the production of bricks.

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