

West & Central Africa

13 May 2020

The West and Central Africa region has seen a **40% percent increase in new confirmed COVID-19 cases in less than a week** going from 18,180 contaminations on 06 May to a total of 25,335 on 12 May 2020.

With weak healthcare systems and precarious living conditions in most hosting areas the **risks of transmission** among persons of concerns are high and **UNHCR supporting governments' response** in key hosting areas.

In a region grappling with armed **conflict, pervasive poverty and a food insecurity**, it is crucial that the focus on Covid-19 does not cause these pre-existing crises to be neglected.

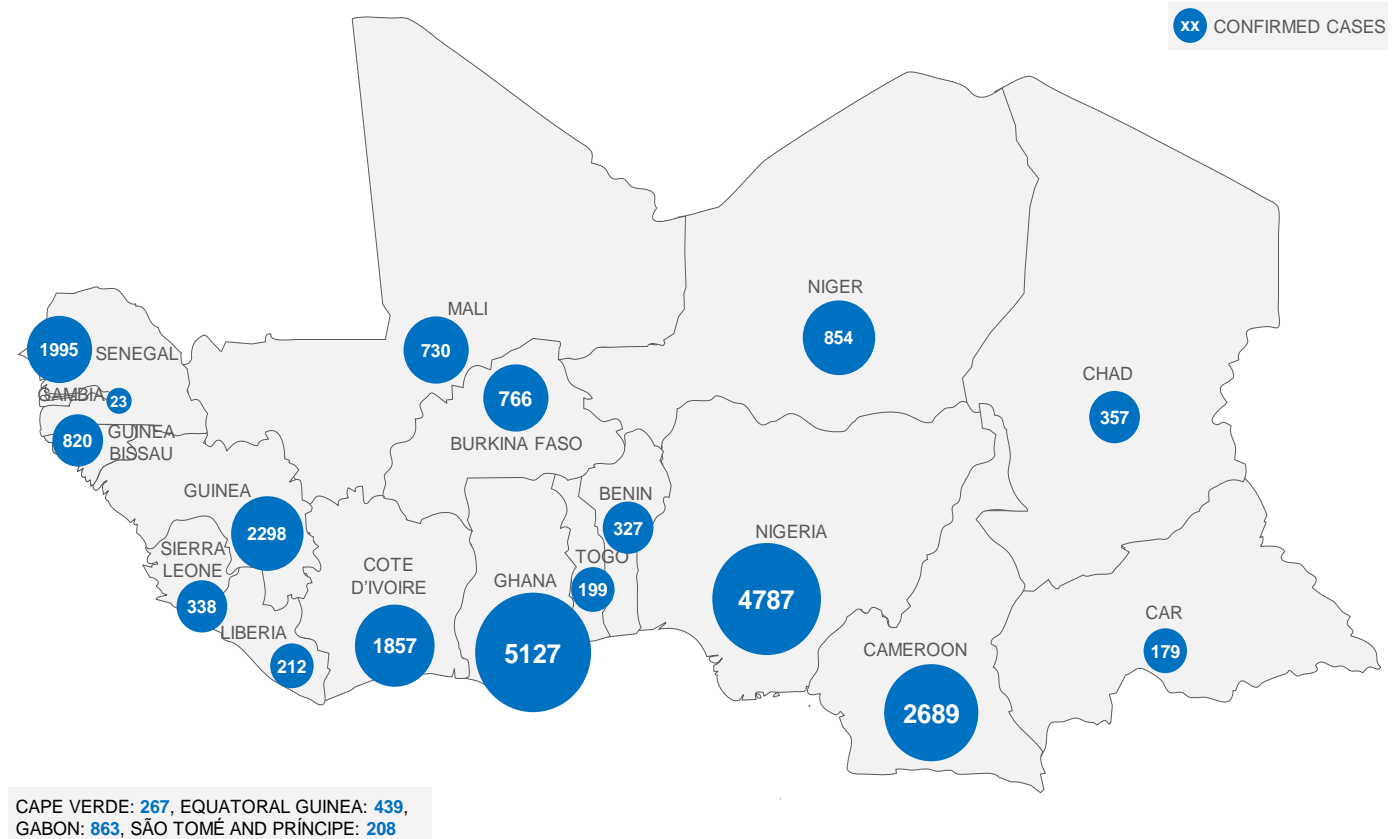
POPULATION OF CONCERN

10,000,000 total PoCs
5,600,000 IDPs
1,300,000 Refugees
1,400,000 Returnees
1,700,000 Stateless

COVID-19 CASES IN THE REGION*

25,335 total confirmed cases
17,068 still active
7,656 recovered
611 deaths

**source: WHO as of 12 May 2020.*



Operational Context

- **Continuous 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 611 people. As of 12 May 2020, WHO statistics show 25,335 confirmed cases in the 21 countries covered by the Regional Bureau for West and Central Africa with 17,068 still active and 7,656 recoveries. In terms of active cases, Ghana (4,611) has the highest number, followed by Nigeria (3,670), Guinea (1,471) and Senegal (1,234).
- **Preventive measures and restrictions on movement.** Governments have adopted sweeping measures to curb the spread of the virus including closing borders, imposing travel bans, prohibiting mass gatherings, shutting down schools, and closing markets. To mitigate the socio-economic impact of these measures, some countries are now relaxing or lifting some of the restrictions. In **Cameroon**, bars, restaurants and other leisure spots reopened on 30 April and limitations on number of passengers in all public transport including bus and taxi were lifted. However, the population must continue to wear masks in public places and respect the social distancing measures. In **Mali**, on 9 May, the curfew introduced on 25 March was lifted nationwide. However, restrictions that remain effective concern the mandatory wearing of face masks in public spaces. Schools will stay closed until at least Monday, June 1st and the country's borders remain shut, except for freight and cargo transportation. In **Senegal**, the President has announced on 11 May a relaxation or complete lifting of some of the preventive measures in place. The curfew has been brought from 19h to 21h, public services are reopening as well as markets and mosques. Over 10 million will be distributed while restrictions on public transportation are lifted. As far as schools are concerned, only classes with exams will reopen on 02 June, representing 500,000 students. The other over 3 million students will continue distance learning.
- **Specific protection risks and challenges for forcibly displaced populations.** Refugees and IDPs are often residing in overcrowded and precarious conditions rendering impossible social distancing or basic preventive measures such as hand washing which exposes them to heightened risks of contamination as COVID-19 cases. Although only two cases of infection were reported among UNHCR's persons of concern in Cameroon in Nigeria so far, forcibly displaced populations are also at heightened risk of stigmatization in situations of pandemic. In addition to these specific challenges, forcible displaced populations are also facing the increased risk of food insecurity in the region, particularly in the Sahel.

UNHCR Response

UNHCR Operations are taking steps to ensure continuity of assistance and basic protection services despite movement restrictions through teleworking and remote protection and assistance. UNHCR operations are also 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.



Strengthen and support primary and secondary health care and selected WASH services

- 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. Operations are also 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**, on 8 May, UNHCR has donated medicine and pharmaceutical products worth 9 million FCFA to the Regional Committee for the Management of Epidemic in Ouahigouya. This comes in addition to the 40 beds with mattress, 36,000 gloves, 48,000 solutes, 8,000 infusers, 16,000 intracules already provided by UNHCR to health authorities to strengthen their infection prevention and healthcare response, through the provision of medicines, medical equipment and supplies.
- In **Chad**, 75 healthcare providers from the 5 camps in the Ouaddai Province in the East, covered by the Farchana Sub-Office, were trained from 4-8 May on the prevention, treatment and epidemiological surveillance of COVID-19. Over 1000 reusable COVID-19 protective masks were produced by the Farchana professional training center, with the support of the UNHCR's partner Lutheran World Federation (LWF) and distributed to UNHCR staff at the rate of 02 masks per person. Production is still ongoing and distribution will extend to other partners and refugees. Finally, health workers from Kounoungou, Milé, Iridimi, Amnabak and Touloum camps have participated in the training on prevention, epidemiological surveillance and treatment of COVID-19, organized by the Ministry of Public Health in Guéréda, Iriba and Amdjarass.

- In **Mali**, UNHCR and its partner AMSS concluded on 5 May a series of awareness-raising sessions in 4 municipalities in Gao region, including the IDPs' sites in Gao, Bagoundjé and N'Chawadji and the returnees' site of N'tillit. A total of 236 beneficiaries, including 99 men, 78 women, 30 boys and 29 girls were sensitized on preventive measures and provided with kits including handwashing devices, boxes of soap, bottles of bleach, hydro alcoholic gel, liquid soaps, and thermometers to help prevent the spread of COVID-19. In the Timbuktu area, UNHCR's partner, AMSS, pursued the distribution of hygiene and sanitary kits to IDPs and returnees as well as to some community health centres (CSCOM). 4 awareness-raising sessions were carried-out on "Barrier gestures".



Strengthen risk communication and community engagement, and critical protection case management, including protection monitoring and registration

- UNHCR Operations are working to mitigate the impact of COVID-19 on persons of concern by increasing communication with communities and introducing innovative approaches to address access limitations including social distancing in protection activities, remote case management via telephone, preventive measure in registration processes, while continuing advocacy to maintain avenues for asylum seekers to access international protection and safeguarding the principle of non-refoulement. To ensure adequate assistance to survivors of Sexual and Gender-Based Violence (SGBV), consultation methods are being adapted to allow for remote assistance including through online/phone consultations and by integrating cash assistance interventions for women at risk and SGBV survivors into assistance.
- In **Burkina Faso**, 82 protection monitoring staff from UNHCR's partners ICAHD, MBDHP and Intersos continue their sensitization and awareness raising efforts on COVID-19 and prevention measures amongst IDPs, asylum seekers and host communities in 5 regions. In addition, 2 working groups on community engagement and accountability to affected populations were put in place by the UNCT (coordinated by the RC office) and the HCT (coordinated by UNOCHA). Both groups aim at showcasing and coordinating stakeholders' interventions on community engagement and accountability. Draft ToR and action plan for the HCT group have been drafted while the UNCT group was tasked to elaborate a note on the UN efforts on community engagement in the fight against COVID 19. UNHCR recommended coordination among the two groups to avoid duplications.



Ramp up cash assistance, reinforce shelters, and provide core relief items in congested urban and camps settings

- In many parts of the region, refugees and IDPs are residing in heavily overcrowded camps and sites exposing them to heightened risks of contamination as COVID-19 cases may soon affect most of the most of major hosting areas. To address this issue, UNHCR Operations are implementing targeted shelter interventions and distributing core relief items while decongesting the most overcrowded sites to allow for the implementation of the most basic prevention measures. UNHCR Operations is also increasing their focus on strengthening community-based protection mechanism and enhancing the capacity and self-reliance of refugee and IDP communities including through the ramping up of cash assistance.
- In **Nigeria**, UNHCR is supporting the decongestion of two camps, namely Banki of Bama Local Government Area (LGA) and Ngala of Gamboru/Ngala LGA on the border with Cameroon. Fencing of the two camps, a security prerequisite for the extension to accommodate additional shelters is being done by UNDP with their own funding, while UNHCR is constructing additional 500 shelters in Banki and 250 in Nagla. UNHCR is also supporting the decongestion of the reception centers by airlifting 300 Refugee Housing Units (RHUs) to Maiduguri, some of which will be used as isolation centers in the deep field and border areas, where there is very little capacity, to encourage the government to maintain access to territory, access to asylum and the right to return by the Nigerian refugees.



Support education systems

- **Impact of school closures.** Over 140 million children have been impact by school closures across the region, including displaced children who are integrated in national education systems in all the countries. To ensure the continuity of learning in a protective environment and to prepare for the reopening of schools, UNHCR works with education partners to support Ministries of education in the establishment distance education programs (radio, telephone, television, digital), distributing teaching materials adapted to distance education and aligned with national programs, and providing hygiene kits to students. Strategies also aim to adjust education service

delivery in response to massive school closures decided by governments to combat the spread of COVID-19.

- The Regional Bureau in Dakar in supporting operations in their engagement with the Global Partnership for Education which is considering accelerated funding to support national education systems respond to the COVID-19 situation in 13 countries (Burkina Faso, Cameroon, CAR, Chad, Cote d'Ivoire, Ghana, Guinea, Liberia, Mali, Niger, Nigeria, Senegal, Sierra Leone). This effort includes advocacy with the Ministries of Education and education partners at country level to support the inclusion of refugees in programme interventions.
- In **Cameroon**, UNICEF, UNHCR, local government officials and partners in the East and Adamawa regions, are working together to ensure school-going children are involved in catch-up classes organised at the national level and dispensed through the state radio and television by government. In this light, the regional delegation for education has requested support to boost the capacity of community radios which can ensure continuity.
- In **Chad**, TV, Radio and Internet classes have started for students of specific levels (last two grades of primary school and last grades of lower and upper secondary). However, only 20% of refugee-hosting areas can access a radio signal and alternative methods are in place to ensure the continuity of education. In each camp, teachers are continuing to support the community through the distribution of homework for secondary level students and visits to the most vulnerable pupils at home.

Country Highlights

CAMEROON

- In **Cameroon**, UNHCR and its partner the Lutheran World Federation have concluded an agreement with the Agency of Norms and Quality of Cameroon (ANOR) to allow for the production and distribution of 200,000 masks to be manufactured by 100 refugee artisans in 10 refugee sites across the North, Adamaoua and East regions. Fabricated out of certified



Production of masks by a refugee artisan living in Yokadouma in Eastern Cameroon near the border with CAR.

cotton fabric, these masks will follow the health standard to be used for preventive purpose by the local population and refugees. In the past week, the 10 sites produced approximately 37,000 masks out of 200,000 targetted.

NIGER

- In **Niger**, UNHCR is partnership with the NGO Forge Arts, continues to train refugee women and girls across the country in the production of hygiene products with PoCs. During the last week, 49 women and girls have been trained in Niamey while new 60 persons have participated to trainings in Hamdallaye near the capital. From these last activities, a total of 469 litres of bleach, 566 litres of liquid soap and 2052 antiseptic soap have been produced. The production will be soon distributed among refugees, IDPs, and to vulnerable households within host communities and local hospitals in areas affected by the virus. The effort of refugees and IDPs in Niger to be part of the response to COVID-19 continues stronger than ever.

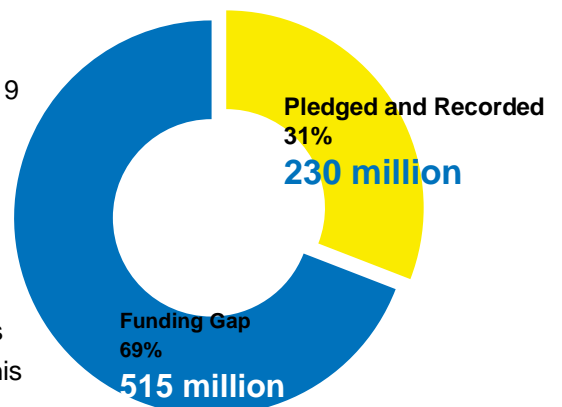


Soap production by refugee in Niger as part of UNHCR's COVID response.

Financial Requirements

US\$745 million requested for UNHCR's COVID-19 response globally through December 2020. Total contributed or pledged to the UNHCR COVID-19 revised Appeal: **US\$230 million**.

UNHCR is grateful to those donors that have provided flexible contributions to the COVID-19 appeal which allows UNHCR to respond rapidly where needs are greatest in this



fast-moving situation. The following **donors provided funding to the COVID appeal** (in USD):

United States of America 64.0M | Germany 38.0M | European Union 31.8M | United Kingdom 24.8M | Japan 23.9M | Denmark 14.6M | CERF 6.9M | Canada 6.4M | Ireland 3.3M | Sony Corporation 3.0M | Sweden 3.0M | Finland 2.4M | Education Cannot Wait 1.8M | Private Donors 1.7M | Norway 1.5M | Qatar Charity 1.5M | Australia 0.8M | Monaco 0.2M | Estonia 0.1M | Iceland 0.1M | Liechtenstein 0.1M | Portugal 0.1M | Slovakia 0.1M

UNHCR is grateful for **softly earmarked contributions** from the following donors:

United States of America 193.4M | Canada 45M | Japan 18.3M | Switzerland 12.3M | Sweden 7.3M | United Kingdom 7.1M | Denmark 5M | Netherlands 4.1M | Republic of Korea 3.2M | Private donors Australia 3M | Finland 2.2M

UNHCR is also grateful to the following donors that have provided **unearmarked contributions** to UNHCR (in USD):

Sweden 76.4M | Norway 41.4M | Netherlands 36.1M | Denmark 34.6M | United Kingdom 31.7M | Germany 25.9M | Private donors in Spain 26.6M | Switzerland 16.4M | Private donors in Republic of Korea 13.9.5M

Notwithstanding UNHCR's COVID-19 appeal, the continuation of regular programmes in West and Central Africa remains critical. Many of these activities – not least protection responses by remote and regular provision of cash assistance – will also help people of concern to cope with COVID-19 and the subsequent protection and poverty crisis, even if not included in the prioritized appeal.

Communication and Advocacy

RECOMMENDED RECENT LINKS:

- [UNHCR urges sustained support to protect world's forcibly displaced from "devastating" impact of coronavirus](#) (UNHCR Broadcast, 11 May 2020)

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