

Impact of COVID-19 on the protection of displaced and stateless populations

West and Central Africa

15 April 2020

The COVID-19 pandemic represents an extraordinary and unprecedented emergency for States in West and Central Africa. In response, Governments are taking necessary and legitimate measures to prevent the spread of the virus and to protect populations. These measures are not specific to refugees, internally displaced persons (IDPs), stateless or returnees and bear a general scope. However, some of these measures may have a disproportionate impact on displaced population due to their specific needs and vulnerabilities.

UNHCR is committed to working in close concert with national authorities and other relevant actors to ensure that all COVID-19 related prevention and response initiatives at the national level include persons of concern, while at the same time closely monitoring the application of these measures to ensure that people are not exposed to specific protection risks.

This note aims at identifying the direct and indirect impact of the COVID-19 pandemic on the protection of persons of concern to UNHCR in West and Central Africa. It also presents some key elements of UNHCR response.

Worthy of note, the National human rights institutions in Burkina Faso, Cameroon, Chad, Cote d'Ivoire, the Gambia, Ghana, Guinea, Mali, Niger, Nigeria, Togo, in a press release joined their voices to Governments in inviting the population to observe the preventive measures against COVID-19. They

also encouraged the medias to pursue informative talk shows and sensitization. In addition, they called upon the Governments to subsequently adopt particular measures to facilitate the enjoyment of the right to work and livelihoods, the right to education, and social safety nets, with a special attention to vulnerable persons, persons with a low income, persons living with chronic diseases, persons living with disability, IDPs and refugees.



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Children in Egyeikrom Refugee Camp in Ghana practicing handwashing as a way of fighting the corona virus.

Access to territory and asylum¹

Thirteen countries in West and Central Africa have officially announced the closure of all land borders², while others have adopted a less systematic approach. If Benin has decided to limit land entries and exits to the “*absolute necessity*” for “*essential*” crossings and “*cordons sanitaires*”, Chad has ordered the closure of land borders with the Central African Republic and Sudan only. Senegal closed its borders with The Gambia and Mauritania, while the Central African Republic has not adopted any measure relating to the closure of land borders.

No references are made in these measures to the situation of asylum-seekers and refugees. However, Côte d’Ivoire mentions the creation of “*humanitarian corridors*” as an exception to border closures with the aim to “*provide support to individuals or communities in urgent need of assistance*”, while the Central African Republic and Guinea refer to humanitarian flights as an exception of the suspension of air travels.

Practice in the Economic Community of West African States (ECOWAS) region shows that border crossings at informal points are common and borders are porous. On 22 March 2020, despite

the official closure of Malian borders, the Mali Minister for Public Health observed that cross-border movements were still taking place on the ground, including between Mali and Burkina Faso³.

No cases of refoulement of persons of concern to UNHCR in connection with the COVID-19 emergency has been reported by UNHCR or partners. However, border monitoring activities have been impacted by movement restrictions and some key border areas were already out of reach due to ongoing armed conflicts.

As of the end of March 2020, registration of asylum-seekers has been halted in Benin, Guinea Bissau and Nigeria and restricted to the urban area in Chad and to critical cases only in Burkina Faso, Cameroon, Gabon, Ghana, Senegal and Togo. Processes through which States determine whether a person seeking international protection is considered a refugee continue in Benin, Burkina Faso, Cameroon, Central African Republic, Côte d’Ivoire, Gabon, Liberia, Mali and Togo. Critical cases only are being examined in Chad and Ghana. Overall, access to asylum procedures is expected to be further indirectly hindered as a result of the growing impact of confinement measures.

Response

- Advocacy based on UNHCR *Key Legal Considerations on access to territory for persons in need of international protection in the context of the COVID-19 response*;
- Support to Governments to establish health prevention and response mechanisms/facilities in strategic border zones;
- Establishment of hotlines accessible to partners to raise any protection issue, including at border points, in the countries covered by UNHCR’s Multi-Country Office (MCO) in Senegal;
- Development with partners of a regional protection monitoring tool with a view to collect and analyze information in the context of a lockdown;
- Support to Governments in the establishment of remote interviewing in the context of refugee status determination.

¹ A specific focus is made on measures relating to land borders as the vast majority of refugees registered in West Africa originate from the region itself, showing the importance of land movements for asylum-seekers and refugees. At the end of 2018, over 78% of the refugees registered in West Africa were from within the ECOWAS region. For reasons linked to geography, Cabo Verde and São Tomé and Príncipe have not taken any measure related to land borders.

² Burkina Faso, Cameroon, Côte d’Ivoire, Equatorial Guinea, Gabon, Ghana, Guinea, Guinea Bissau, Liberia, Mali, The Gambia, Niger, Nigeria, Togo and Sierra Leone

³ RFI, « Coronavirus: au Mali, les autorités déplorent la perméabilité des frontières », 24/03/20, <http://www.rfi.fr/fr/afrique/20200324-coronavirus-mali-autorit%C3%A9s-d%C3%A9plorent-perm%C3%A9abilit%C3%A9-fronti%C3%A8res>

Community-based protection and participation

Forcibly displaced populations in West and Central Africa are expected to become even more marginalized and vulnerable in this unprecedented context in terms of scale and nature. Women, the elderly, adolescents, youth, children, persons with disabilities, and minorities already experience the highest degree of socio-economic marginalization, increasing their exposure to several additional protection risks, due to factors such as the lack of access to effective surveillance and early-warning systems, as well as to health services in displacement settings. The COVID-19 outbreak is predicted to have significant impacts on various sectors, especially persons of concern to UNHCR who are most at risk and: (i) depend heavily on the informal economy; (ii) occupy densely populated

areas prone to shocks; (iii) have inadequate access to social services or “political” influence; (iv) have limited capacities and opportunities to cope and adapt; and (v) have limited or no access to technologies, already rendering the UNHCR and partners awareness/prevention efforts problematic.

Legal status, discrimination, and language barriers may limit access to otherwise publicly available preventative materials, health care and social services for displaced persons in the region. Like other official information, health service information and key preventive self-care measures, and crucial Government announcements, may not reach them. Refugees and others on the move may not be included in national strategies/plan/interventions.

Response

- Establishment of an interagency website, in the framework of the Covid-19 Response Risk Communication and Community Engagement working group for West and Central Africa, gathering tools (in English, French and local languages) for community engagement on the coronavirus: <https://coronawestafrika.info/>
- Development and compilation of Communication with Communities (CWC) tools adapted to specific population groups (for example rap and reggae songs and street art for the youth);
- Translation of WHO and Ministry of Health advisories and public health information on COVID-19 and its prevention into preferred languages of refugees, stateless persons and IDPs;
- Dissemination of these messages through digital channels including social networks, youth groups, NGOs, refugee volunteers and respective communities, radio and other cultural platforms. These channels are also used for feedback by persons of concern.



©UNHCR/Jean Sebastien Josset *Refugees at a sensitization on handwashing techniques at the One-Stop-Shop for refugees and asylum seekers in Niamey, Niger.*

Sexual and gender-based violence (SGBV), child protection

In countries of the subregion, displaced women, girls, and LGBTI individuals have always been confronted with a number of challenges, notably when it comes to access to health services including reproductive and sexual health, financial resources and employment, information, decision-making, bodily autonomy, equal participation, and access to efficient aid. These disparities are often resulting from social norms and harmful sexist stereotypes driving gender-based discrimination, harming equally the host community members.

These longstanding vulnerabilities are exacerbated by the COVID-19 context. Increased

gender-based violence has already been reported by various grassroots women organizations and human rights defenders. The holistic support services for victims and coordination between concerned sectors – health, policy and justice, social services – are jeopardized, with priorities, coordination efforts and resources redirected to the COVID-19 response, while response to GBV victims is neglected.

Children, especially girls, are particularly exposed. As a result of schools' closure and restrained livelihood opportunities, children are exposed to forced labor and diverse forms of exploitation.

Response

- Advocacy for national contingency and response plans to integrate an age, gender and diversity (AGD) perspective, taking into account pre-existing dynamics. The participation of women and girls is critical given their role within the community in key areas such as hygiene, health, prevention and detection;
- Enhanced monitoring of gender-based violence cases, including intimate partner violence (IPV) and domestic violence, and of the impact on victims of the COVID-19 measures limiting freedom of movement to access support and health services;
- Training of medical personnel with an AGD focus on how to address and respond to sexual violence that might be associated with the pandemic and guarantee suitable referencing. Trainings and webinars on remote case management and assessments;
- Development of digital and hotline services to counsel SGBV survivors;
- Economic empowerment of women to alleviate the pandemic's impact and adoption of supportive measures, including targeted cash assistance;
- Launch of campaigns on prevention of sexual exploitation and abuse (PSEA) for women, partly due to their inability to pursue economic activities;
- Quick evaluations/surveys, including women living with or exposed to HIV and/or domestic violence, to evaluate needs in information, the availability of medicine, and the capacity for people to access support services by telephone or on the community level.



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Refugee women in Niger producing soap to support refugee and host community in prevention measures.

Healthcare

In most of the countries in the region, persons of concern have the right to access to national health services and are included in Governments' response plans. However, in West and Central Africa, and in particular in remote areas hosting refugees and IDPs, public health services are ill-equipped to deal with the COVID-19 as a result of limited number of trained health personnel, weak case detection management, inadequate

treatment units, etc. Ongoing armed conflicts have resulted in the closure of hundreds of health centers, and displaced populations are contributing to overstressing the capacity of those that remain open. In addition, the health situation is already fragile, characterized by the persistence of diseases such as malaria, respiratory infections, measles and diarrhea, exacerbated by a precarious security situation.

Response

- Advocacy at national and regional level for the non-discriminatory access of refugees to public health services and their inclusion in all national, provincial and local contingency, prevention and response plans;
- Direct support to national health systems to strengthen their infection prevention and healthcare responses, including through the provision of medical equipment and supplies (ambulances, prefabs, personal protective equipment, sanitation products, medicine, etc.) and training of health personnel;
- Scale-up of UNHCR response in water, sanitation and hygiene (WASH) and health sectors in areas with high concentration of displaced population.

Education

In West and Central African countries, all Governments have temporarily closed educational institutions in an attempt to contain the spread of the COVID19 pandemic. These nationwide closures are impacting over 120 million children across the region, including refugee children who are integrated in national education systems in all the countries, and is an unprecedented situation in the history of education.

Closure of schools due to COVID-19 has generalized the realities already faced by many displaced populations coming from areas where hundreds of schools had to close due to violence, especially in the Sahel and Lake Chad Basin

regions. While posing great challenges for education systems throughout the region, these closures are likely to exacerbate the pre-existent learning inequalities. The impact will fall disproportionately on the poorest countries and the most marginalized and vulnerable communities, including refugees and IDPs, especially those living in remote rural areas where the digital divide will worsen the education divide.

With regard to tertiary education, the COVID-19 pandemic has led to closure of academic institutions, student dormitories and disrupted learning.

Response

In this context, 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, to ensure that refugee and forcibly displaced children and youth affected by school closures will continue to have equitable access to education.

To ensure the continuity of learning in a protective environment and to prepare for the reopening of schools, UNHCR supports Ministries of Education's efforts to:

- Develop flexible and context-appropriate distance education programs (radio, telephone, television, digital) to ensure pedagogical continuity for all students;
- Develop and distribute pedagogical materials adapted to distance learning and aligned with national programs;
- Circulate prevention messages and provide hygiene kits to refugee students and their host communities;
- Develop national guidance to support all higher education students (including DAFI scholars) to access to health services and distant education opportunities.

Statelessness

As part of the set of measures enacted to fight the pandemic, several Governments of West and Central Africa have suspended civil registration activities linked to the issuance of national identity cards. These measures bear a general scope and do not specifically target persons of concern to UNHCR. However, they directly impact the implementation of National Action Plans against statelessness, and the timely delivery of pledges made at the High-Level Segment on statelessness in October 2019.

In Burkina Faso, the Government response plan to the pandemic is leading *inter alia* to the suspension of the delivery of national identity cards, an activity which was supported by UNHCR for the benefit of 20,000 individuals, including

12,000 IDPs and 8,000 members of host communities. The objectives of the project included access to essential services and reduction of risks of statelessness in displacement-affected areas of Burkina Faso.

In Côte d'Ivoire, measures to curb the spread of the pandemic have led to the suspension of meetings of local committees against statelessness and halted important counseling and sensitization meetings. This is negatively impacting UNHCR and partners capacity to identify and support persons at risk of statelessness, ensure birth registration, birth documentation and issuance of nationality certificates to stateless persons and persons at risk of statelessness.

Response

- Remote individual legal counselling by phone, on documentation and other protection issues;
- Use of pre-recorded messages broadcasted on local media for sensitization on civil registration and documentation;
- Phone meetings with *local committees against statelessness* allowing for exchange of information between UNHCR and affected communities on a regular basis, and continuous identification and referral of persons at risk of statelessness;
- Advocacy with and support to Governments for online access to civil documentation.

Voluntary repatriation

In line with widespread Government containment measures limiting movement to curb the spread of COVID-19, the facilitated voluntary repatriation of refugees has been suspended throughout the region. This suspension is affecting principally population refugees from Central African Republic, Cote d'Ivoire and Mali.

However, spontaneous returns are still occurring through the few remaining open borders or through informal border crossing points. These returns without assistance and appropriate protection and health control measures may put both the refugees and their communities at risk.

In addition, some return under non favorable circumstances are taking place as result of the deterioration of the security situation in the country of asylum. In Burkina Faso, attacks by irregular armed groups in April 2020 has obliged the 9,000 Malian refugee inhabitants of the Goudoubou refugee camp to flee and 3,000 of them have already returned to Mali. For similar reasons, some returns of Nigerian refugees from Chad may occur as a result of the recent outbreak of violence in the Lake Chad Region.

Response

- Engagement with refugee communities to inform them about the context, explain the suspension of the facilitation of voluntary repatriation, seek their patience and discourage spontaneous returns through informal border crossing points without adequate health prevention measures in place;
- Negotiations with Governments for the opening of humanitarian corridors with health prevention measures in place for the most pressing cases;
- Support to Governments to establish health prevention and response mechanisms/facilities in strategic border zones;
- Continue reintegration activities of returnees in Central African Republic, including those who have repatriated spontaneously, through provision of cash-based support, livelihood interventions, access to identity documentation, in addition to legal support for land, housing, and property;
- Coordination between Chad and Nigeria to monitor the possible large-scale spontaneous return of Nigerians. In Nigeria, UNHCR is engaging registration and protection staff to respond to the possible influx;
- Engagement with the authorities in Mali to register returnees and provide immediate relief in terms of shelter, cash-based support, as well as health and personal hygiene supplies.

Resettlement and complementary pathways

All resettlement departures have been suspended globally since 17 March 2020. The most significant impact of COVID-19 on resettlement and complementary pathways to third countries in the region is the loss of already allocated resettlement slots. Resettlement countries continue to request submissions and are assessing how they might adapt their programmes to the current context in

consultation with UNHCR. Australia confirmed on 30 March that they can no longer process cases against the current fiscal year ending on 30 June, meaning that 284 individual slots are effectively lost in the West and Central Africa region (134 Cameroon and 150 Chad). It has already been confirmed that these will not be compensated for in the 2020/2021 fiscal year. Some other

resettlement countries have indicated a willingness to carry over slots into 2021, but no final confirmation has been received so far.

Several countries have expressed a willingness to consider processing urgent and emergency cases during this period, including Australia, Sweden, Canada the Netherlands and Finland. However, access and travel constraints and in some cases

the imposition of conditions including mandatory testing for COVID-19, present significant challenges to any potential departures.

The impact of COVID-19 on complementary pathway activities in the West and Central Africa region has been considerable, with most Embassies having suspended their visa services and not accepting new applications.

Response

- Discussions with resettlement countries on the reprioritization and, where appropriate, renegotiation of submission deadlines for the region;
- Strategic review of resettlement identification methodologies in order to enhance and harmonize regional capacity to identify the most vulnerable refugees in need of resettlement, including where identification has been adversely affected by the COVID-19 pandemic;
- Advocacy for the resettlement of urgent cases with countries still able to process such cases at this point of time;
- Establishment of mitigating measures for complementary pathways, such as remote counselling to provide applicants with guidance to complete necessary forms. For the most vulnerable and at-risk individuals, the office is looking into providing them with cash assistance and shelter.



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POCs evacuated from Libya setting up a hand-washing station in the transit centre in Hamdallaye, Niger.

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