



SITREP #7
INTERNAL DOCUMENT

14 MAY 2020



26,309 cases

328 deaths

+21,000
stranded migrants

3,000
migrants waiting
in transit centers

Returnees in Bamako, Mali are producing 4,000 masks for migrants in transit, IDPs and border agents. IOM/Hamed Diallo.

FOCUS

Stopping the Virus, Not the People: IOM's Health Response in West and Central Africa

EPIDEMIOLOGIC UPDATE

In the West and Central African region, there have been 26,309 confirmed cases of COVID-19 and 562 deaths to date (WHO, 13 May) with a steady increase in cases throughout the region including confirmed cases of local transmission in many countries.

The number of confirmed cases however depends heavily on the number of tests performed and testing capacity remains weak in many countries.

With a median age of just over 19, the population of the 23 West and Central African countries covered is among the youngest in the world. While youth has been shown to decrease substantially the severity of the disease, it is positively correlated to the number of asymptomatic cases which could make the disease harder to keep under control. Furthermore, other illnesses such as tuberculosis, malaria, yellow fever, meningitis, HIV, and



outbursts of cholera are endemic and the impact that COVID-19 could have on segments of the population weakened by these diseases is unclear.

HEALTH & BORDERS

In coordination with the World Health Organization (WHO), IOM is responsible for the health response at Points of Entry (POE) across West and Central Africa. While most of the borders in the region remain closed to travelers, IOM is supporting 10 countries in disease surveillance & screening by providing training and equipment to border agents.

Mobility tracking, contact tracing, and Standard Operation Procedures (SOPs) are also crucial to allow countries to reopen borders safely and rapidly. IOM has recently updated 14 existing SOPs to detect and manage possible cases of COVID-19 that were previously used at POEs to control other diseases. In cooperation with UEMOA (West Africa Economic Monetary Union) and WHO, IOM developed a training manual on surveillance and response to border health risks in West Africa, currently in use for the current pandemic.

Furthermore, IOM is supporting the use of the WHO developed “Go Data” software, in an effort to promote contact tracing. IOM is helping select POEs in Côte d'Ivoire and Guinea Bissau use the software by providing them with tablets to capture relevant health data required by national authorities. The “Go Data” software then connects directly with each country's health system

REGIONAL INTEGRATION & HEALTH

In West and Central Africa, ECOWAS and ECCAS promote socioeconomic integration, free movement, and growth which are essential to the development of the region and the livelihoods of

large segments of the population. Therefore, while border closures have been an immediate short-term response, in the medium and long-term they are not sustainable and the focus should be put on increased surveillance to allow for goods and people to move safely. IOM contributes to enhanced surveillance at POEs and health monitoring of travelers.

The region is also characterized by traditional pastoralist nomadic communities that have also been severely affected by border closures. An estimated 20 per cent of the total population in the region is composed of herders (and their households). IOM could support safe mobility for these populations by collecting data along the central transhumance corridor and supporting ECOWAS with the review and update of the 1998 transhumance protocol and the 2003 regulations on transhumance.

MIGRANTS & HEALTH

IOM is attempting to reach and cater to the needs – including basic healthcare – of over 20,000 migrants left stranded throughout the region. For example, 1,368 Nigerien migrants have received a health evaluation before being assisted in their return from Burkina Faso. In Niger, IOM health staff and community mobilizers have upscaled prevention measures in IOM's six transit centers, currently at full capacity, and other types of accommodation, including the strengthening of Infection, Prevention and Control (IPC).

In Nigeria, IOM identified elderly persons in camp and camp-like settings to protect them from risks of infection by providing individual shelters. So far, 3,722 elderly persons (above the age of 54) across 49 sites in 10 locations have been identified. 128 handwashing stations were



installed, and IOM is supporting the construction of 90 quarantine shelters. In Nigeria, camp decongestion is indeed a major challenge and IOM is rehabilitating buildings to accommodate residents of overcrowded camp sites.

HEALTH ASSESSMENT & MEDICAL PERSONNEL

There are over 50 IOM staff members currently working on Health Assessment Programs (HAP) in The Gambia, Senegal, Guinea, Sierra Leone, Liberia, Côte d'Ivoire, Ghana, Nigeria, Niger, Chad, and Cameroon. Some are based in Migration Health Assessment Centres (MHACs) while others work with external physicians and service providers.

MHACs that are currently open for service, such as Cameroon, Ghana, Guinea and Nigeria are involved in COVID-19 triage of all IOM beneficiaries visiting the center. These HAP staff are also contributing to the COVID-19 response by promoting behaviors such as hand washing, correct use of masks and physical distancing. HAP staff are currently undergoing specific training for COVID-19 – IPC and are able to contribute to activities such as: testing, triage, managing mild cases, supporting evacuations, monitoring quarantines, support contact tracing, providing health education and training as well as telemedicine services and psychosocial support.

In Nigeria, IOM has provided eight MHAC staff (doctors and nurses) to the UN treatment and isolation center. Furthermore, IOM will manage the new UN isolation center in Abuja and is in the process of establishing a new treatment center in Maiduguri as well as repurposing two of its laboratories for testing, and case management, once tests become available.

LEARNING FROM EBOLA

West and Central Africa was severely hit by the 2014-2016 outbreak. While Ebola had a very different epidemiological profile with a much higher fatality rate and a lower level of contagion, many structures that had been put in place and lessons learned at the time are helping the country in its fight against COVID-19.

In response to the Ebola epidemic, IOM and the U.S Centers for Disease Control and Prevention entered into a cooperative agreement, aimed at building the capacities of West African states to better prevent, detect and respond to complex communicable disease outbreaks and health threats (see [here](#).)

During the Ebola outbreak, IOM conducted a nationwide program on IPC training for frontline workers, officials at border points, established water, sanitation and hygiene (WASH) surveillance systems at key POEs and community engagement on hygiene practices to break the chain of transmission.

Many of the procedures developed and know-how gathered at the time is being currently updated to respond to COVID-19: 49 border crossings, 89 health facilities and 28 provincial Emergency Operation Centres (EOC) have been equipped and now activated for the COVID-19 response. Furthermore, emergency response plans that IOM developed for the Ebola response are being updated and modified to serve as Public Health Emergency Plans for COVID-19 in Senegal, Ghana, Bissau Guinea, and Sierra Leone.

With more than 14,000 Ebola cases and nearly 4,000 deaths, Sierra Leone was one of the hardest hit countries by the 2014 – 2016 outbreak. However, thanks to the lessons learned from Ebola, Sierra Leone developed and introduced a COVID-19 preparedness plan three



weeks before its first case was formally confirmed. IOM conducted a rapid vulnerability assessment of the 16 districts of Sierra Leone in collaboration with the MOH. At the Ministry's request, IOM trained and deployed 60 community health workers equipped with IPC materials to conduct health screening and communication

activities at prioritized locations such as ports and ground crossing points in five of the country's districts.

HEALTH & PREVENTION

Large segments of the population in West and Central Africa do not have access to reliable sources of information and to the internet. Therefore, risk communication and community engagement (RCCE) is essential to promote accurate and timely information to all, including those living in remote areas. Promoting accurate information is also crucial to limit the circulation of myths that could have dangerous repercussions. Given its longstanding expertise in public information campaigns in the region, IOM is well-placed to engage in awareness-raising on COVID-19.

Across Côte D'Ivoire, The Gambia, Guinea, Liberia, Nigeria, Senegal, and Sierra Leone migrant returnees trained in peer-to-peer communication provided critical support in spreading accurate information about COVID-19 in remote areas. Since April, they have produced

[over 70 COVID-19 awareness-raising products](#) that have been disseminated on various multimedia platforms using local languages or dialects. These products include [music, videos and art](#). Additionally, in Guinea, returned migrant volunteers participated in a [training to combat misinformation on COVID-19](#), and subsequently conducted [outreach with mothers in Conakry](#).

Furthermore, IOM has been organizing outreach sessions in Niger, Burkina Faso, and Mali to inform displaced persons and migrants in transit about the virus and prevention methods. In Guinea-Bissau, IOM trained 125 community leaders on COVID-19 prevention and risk communication. At 80 IOM-managed sites in Nigeria, hygiene promoters, including camp residents, have been raising awareness on COVID-19 and the importance physical distancing.

They conduct door-to-door household visits, air mobile speaker, radio announcements and host small group discussions. IOM in Chad recently partnered with local traditional troubadours to ensure that the most rural communities across the country are informed about COVID-19 transmission and preventive measures. Lastly, at regional level, IOM supported the launch of the information platform www.CoronaWestAfrica.info, promoting community engagement tools specific for the COVID-19 response in the region.

IOM RESPONSE - HIGHLIGHTS FOR WEST AND CENTRAL AFRICA

IOM is working to ensure that a well-coordinated, comprehensive, equitable and timely response to the crisis is underway to halt further transmission of the disease, limit the humanitarian and socio-economic effects of the pandemic, and support affected communities to prepare for longer term-recovery. IOM's approach to preparing for and responding to disease outbreaks is anchored in IOM's Health, Border and Mobility Management framework.



The framework links an understanding of population mobility with disease surveillance and provides a platform to develop country-specific and multi-country interventions, emphasizing health system strengthening along mobility corridors in line with the 2005 International Health Regulations (IHR).

IOM's approach is aligned with the World Health Organization (WHO) Strategic Preparedness and Response Plan and its upcoming revision, the [UN Framework](#) for the Immediate Socio-economic Response to COVID-19, and country-level Preparedness and Response Plans (PRP). The proposed IOM response aims to tackle the pandemic as an organization that can respond to the acute health and multi-sectoral needs of affected populations and communities of concern, while also implementing programmes to mitigate and address the longer term socio-economic impact of COVID-19.

In addition to the ongoing activities mentioned in the internal [SitRep 1](#), [SitRep 2](#), [SitRep 3](#), [SitRep 4](#), [SitRep 5](#), and [SitRep 6](#), IOM is currently running the following activities:

STRATEGIC PRIORITY I - Ensure a well-coordinated, informed and timely response through mobility tracking systems and strengthening partnership and coordination structures established at the community, national and regional levels.

- **COORDINATION AND PARTNERSHIPS**

IOM **The Gambia** has supported the establishment of inter-agency border coordination committees. It is now helping The Gambia's Immigration Department develop contingency plans and identify immediate gaps in surveillance efforts.

IOM **Liberia** is a member of the Incident Management System (IMS) team on COVID-19 with the Liberian National Public Health Institute (NPHIL) and participates in all COVID-19 coordination and partnership meetings with NPHIL and WHO.

IOM **Guinea** supported the first technical group meeting of the Response Monitoring Commission on Ports of Entry (POEs) and cross-border collaboration last week. It is also offering the Ministry of Security and Civil Protection logistical support by providing 14 pickup vehicles that will be dispatched to regional and prefectural authorities to support the COVID-19 response.

- **TRACKING MOBILITY IMPACTS**

To better understand the ways and the extent to which the COVID-19 crisis is impacting mobility in the region, IOM has analyzed the Flow Monitoring Point (FMP) data collected at 35 key transit points in West and Central Africa from January to April 2020 (using 2018 and 2019 data as benchmarks for comparison). Flow Monitoring Point Report for West and Central Africa covering January to April 2020 is now [available](#) and includes key information on the magnitude and types of changes to mobility observed in the context of the COVID-19 crisis

IOM **Cameroon** produced the first [dashboard](#) in WCA focusing on POEs. The next set of dashboards will cover the G5 Sahel and Lake Chad Basin countries.



STRATEGIC PRIORITY II – Contribute to global, regional, national and community preparedness and response efforts for COVID-19 to reduce associated morbidity and mortality.

- RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

IOM **Guinea** has carried out awareness raising activities reaching 24,714 people - 27% of whom were women at priority POEs. IOM **Liberia** is working with the Liberian National Public Health Institute (NPHIL) on community messaging and awareness raising. It is also distributing handwashing equipment, including hand sanitizers, to local communities.

IOM **Nigeria** has worked on community sensitization to COVID-19 by mainstreaming the 'Health Belief Model' into its awareness raising initiatives. This model focuses on people's perceptions of the risks and benefits of various measures to prevent COVID-19, including the use of facemasks and self-quarantine. A dedicated team was also trained and deployed to Bakasi camp to implement this model, where after reporting a COVID-19 case, some family members were stigmatized by camp residents.

- POINTS OF ENTRY (POE) ● DISEASE SURVEILLANCE ● INFECTION PREVENTION AND CONTROL (IPC)

IOM **Guinea** continues to support health assessment activities at Conakry Gbessia International Airport and at 11 priority POEs through temperature checks and screening for 3,000 travelers. It has provided support in developing an action plan to strengthen health assessments at POEs.

IOM **Nigeria** is working with the Ministry of Health and borders authorities and other partners to enhance the preparedness of prioritized POEs. IOM is also planning for the construction of quarantine facilities at POEs that are currently being selected in coordination with health partners and government counterparts.

IOM **Côte d'Ivoire** is supporting border authorities at ten POEs by distributing 7,500 pairs of gloves, 10,000 masks, 2,000 bottles of liquid hand soap, 3,000 rolls of paper towels, 1,500 bottles of hand sanitizer, 50 infrared thermometers and 100 handwashing stations. It has also provided 40 electronic tablets for the ten POEs that will be used to register and refer travelers arriving in Côte d'Ivoire.

IOM **Guinea** donated an ambulance to the Civil Protection Unit in Donka (neighborhood in Conakry) to transport COVID-19 patient at a health center; introduced Standard Operating Procedures (SOPs) at the entrance of the Hospital in Donka (COVID-19 treatment center); and is strengthening surveillance at the Donka facility in collaboration with governmental and non-governmental partners. In addition, IOM Guinea set up isolation rooms in four priority POEs in the region bordering Liberia and Côte d'Ivoire. IOM **Mauritania** is providing medical equipment to a regional hospital in the city Sélibaby, located near the border with Senegal. Hydroalcoholic gels and masks were also included in the distribution.



STRATEGIC PRIORITY III – Ensure access of affected people to basic services and commodities including health care, and protection and social services.

- **CAMP COORDINATION AND CAMP MANAGEMENT**

IOM **Nigeria** started the construction of 20 additional units of Self-Quarantine Shelters (SQS) with plans for the construction of further 56 SQSs, including WASH facilities, in North-East Nigeria. To minimize the risk of disease transmission in congested locations, IOM Nigeria has rehabilitated ten buildings in Ngala and will rehabilitate two structures in Gwoza. So far, 882 shelters constructed by IOM have been allocated to IDPs (1,517 in total). The remaining shelters, upon request from the community members themselves, will be allocated after the Ramadan period.

IOM **Nigeria** also facilitated the relocation of a person with COVID-19 from Bakassi camp to the isolation center in Maiduguri in coordination with WHO and the Ministry of Health.

Coordination efforts enabled contact tracing and monitoring of the health status of the family members.

- **CASE MANAGEMENT AND CONTINUITY OF ESSENTIAL SERVICES**

IOM **Niger** and **Burkina Faso** organized the repatriation of 1,400 Nigerien migrants from Burkina Faso to Niger who are now currently in quarantine on the isolation site, equipped with 50 shelters, 40 latrines and 30 handwashing stations that IOM set up in cooperation with the Ministry of Humanitarian Action.

IOM **Chad** is supporting regional health authorities in Ounianga Kebir with health status monitoring for 329 migrants returning from Libya. The IOM health clinic in Farcha is also being considered as a potential isolation site.

STRATEGIC PRIORITY IV – Support international, national and local partners to respond to the socio-economic impacts of COVID-19.

- **SOCIO-ECONOMIC IMPACTS**

IOM **Guinea** provided training to returnees that wished to design protective masks, in line with Guinea's Agence Nationale de Sécurité Sanitaire standards. This activity helped them generate an income in the midst of economic slowdown.

IOM **The Gambia** is mainstreaming COVID-related activities into existing initiatives to enhance the availability of basic medical supplies in the country. As part of its reintegration assistance, 20 migrant returnees are producing up to 2,000 protective suits and shoe coverings to be donated to the Ministry of Health to be used by frontline immigration and border officials.

IOM Regional Office conducted a rapid needs assessment in five countries covered by the EU-IOM Joint Initiative. Initial results reveal that the majority of IOM reintegration beneficiaries are reeling from a triple-punch of dwindling income, rising food prices and increased psychological pressure from the COVID-19 crisis.

A total of 518 people were surveyed via phone across the region, with at least 100 responses collected in each of the following countries over the past fortnight: Senegal, Burkina Faso, Cameroon, Guinea Bissau and Nigeria.

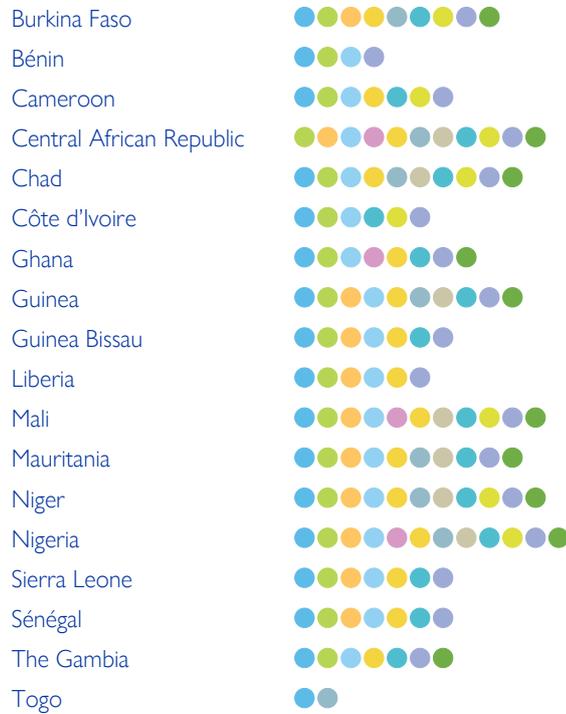


Data shows that 89 % of those surveyed report that they are financially worse-off than before the outbreak, as government restrictions force returnees to close their microbusinesses or nervous customers stay home. Movement restrictions are another factor hindering beneficiaries' access to employment. Making matters worse, 88 % of beneficiaries report that prices for food and other basic items have increased.

While no noticeable trend of increased discrimination towards returnees during the COVID 19 pandemic has emerged to date, the crisis has had a substantial psychosocial impact, with beneficiaries fearing that their efforts to succeed financially back home will be lost. 63% reported that their emotional wellbeing has deteriorated since the outbreak began.

AREAS OF INTERVENTION

- coordination and partnerships
- risk communication and community engagement (RCCE)
- disease surveillance
- points of entry (POE)
- national laboratory system
- infection prevention and control (IPC)
- case management and continuity of essential services
- logistics, procurement and supply management
- protection
- camp coordination and camp management (CCCM)
- tracking mobility impacts
- addressing socio-economic impacts of the crisis





COMMUNICATIONS



IOM Appeals for Funding to Continue Lifesaving Assistance to Stranded Migrants

Together with the ministries of Interior, Humanitarian Action, Health and Foreign Affairs in Niger, IOM assisted 1,400 stranded Nigerian migrants after returning from Burkina Faso last weekend through the EU-IOM Joint Initiative for Migrant Protection and Reintegration. They were mainly miners who fled violence in Burkina Faso's southern district last month.

Alsafou de Magic System, ambassadeur de bonne volonté de l'OIM participe à la lutte contre la COVID-19

- 😊 Protégeons-nous.
- ❤ Protégeons les autres.
- 🛡 Respectons les gestes barrières.



Learning from the Ebola Outbreak to Fight COVID-19 in IOM Sierra Leone

With more than 14,000 Ebola cases and nearly 4,000 deaths, Sierra Leone was one of the hardest hit countries by the 2014 – 2016 outbreak.

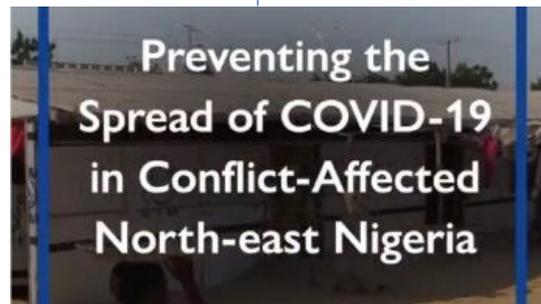
Now Sierra Leone faces COVID-19. As of 7 May, there were 225 confirmed cases and 14 deaths related to COVID-19 in the country.



Aïcha, Stranded in Burkina Faso, Returns Home Thanks to IOM's Assistance



IOM Nigeria Builds Shelters to Prevent the Spread of the Disease





Returnees Produce Protective Equipment for COVID-19 Frontline Border Officials



20 Mothers, One Training, One Fight: Against COVID-19



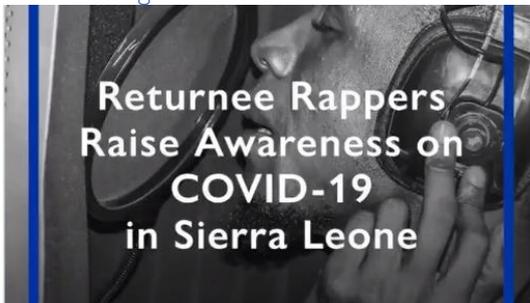
Returned Migrants in Guinea Help Prevent Misinformation On COVID-19



Ehoumou s'arme d'espoir en attendant son retour



Sierra Leonean Returnees, Rappers Record a Song to Raise Awareness on COVID-19



IOM Supports Migrants Stranded on Cote d'Ivoire – Ghana Border



Franz Celestin
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Nigerian returnees are helping keep their communities healthy and safe. Happiness and Brown are sharing messages in their local languages via radio and social media to tell their peers about #COVID19 and prevent the spread of the disease and discrimination.
[#AfricaTrustFund](#)