INTERNAL DOCUMENT
SITREP #4

KEY FIGURES

18 APRIL 2020

5,128 cases   **124** deaths   **5** IOM cases

54 Millions $
regional appeal

**5,000**
stranded migrants

EPIDEMIOLOGIC UPDATE

The **COVID-19 outbreak** has hit 52 African countries, among which 23 are in West and Central Africa. At least **5,100 positive cases** and over 120 deaths have been confirmed.

As of 15 April, Cameroon reported the highest number of cases in West and Central Africa Region with 855 confirmed cases. Over the past two weeks, there was a sharp increase (+ 300%) in Niger and Guinea. Burkina Faso still has the highest mortality rate (5.4%), which is above the average (4.6%) on the African continent.

Several countries in the region are now experiencing local transmission, suggesting that the number of positive cases is likely to increase dramatically in the coming weeks. It is crucial to prevent local transmission from evolving into a widespread community transmission.

Increased community awareness of the disease is needed to ensure that communities understand the disease as a concrete risk for them (as opposed to "imported" cases.)
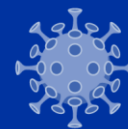
REGIONAL TRENDS: FOCUS ON THE SAHEL AND LAKE CHAD BASIN AMID COVID-19 CRISIS

Seven countries in the Sahel and Lake Chad Basin (LCB) are affected and at least **2,500 positive cases** and over 80 deaths have been confirmed.

Both regions present **specific fragilities** related to the **weakness of basic social services** including health care, **low-income economies** and **informal sector** which limits livelihoods options. These fragilities are compounded by growing security challenges such as frequent riots and violent extremism, in a context of climate change, land degradation and water scarcity.

Due to the upsurge of violence in parts of Burkina Faso, Chad, Mali, Niger, and Nigeria (over 800 security incidents recorded in Burkina Faso only in 2019), **health centres are either closed** or not fully functioning, leaving millions of people without access to adequate basic services.

Measures taken by governments to prevent the spread of COVID-19 in the regions have left more than **5,000 migrants stranded at borders** or waiting in transit centers across the region. The closure and/or tightening of borders further limits regular migration options. The situation can be exploited by smugglers, traffickers who may seize the opportunity to exploit, rob and abuse migrants.

Although no cases of COVID-19 have yet been reported among displaced communities or in transit facilities, **prevention and protection** remain essential to avoid possible spread of the virus in these locations.

However, in IDP sites, camp-like settings or transit centers, the **recommended preventive measures** such as social distancing and hygiene measures e.g. handwashing with soap are challenging in overpopulated areas with limited access to water.

Additionally, the **socio-economic side effects** of the measures taken by governments to prevent the spread of COVID-19 could become a major contributing **push factor** in the region, increasing the likelihood of **(re)migration**. The closure of border posts already has a heavy impact on **border communities' economies** which may lead to the crossings at non-official points of entry, especially small-scale border traders, who have potentially lost their income.

The direct impact of measures to slow down the spread of the disease such as the closure of markets, quarantines or curfews will further impact livelihoods and access to food, aggravating an already existing **food insecurity.**

Additionally, with the restrictions in place in several countries, travelers, traders or truck drivers face long waits to receive authorization to enter and crowded lines where they are unable to apply the recommended measures. These crossings may create sanitary risks if no additional measures such as testing, or isolation are put in place.
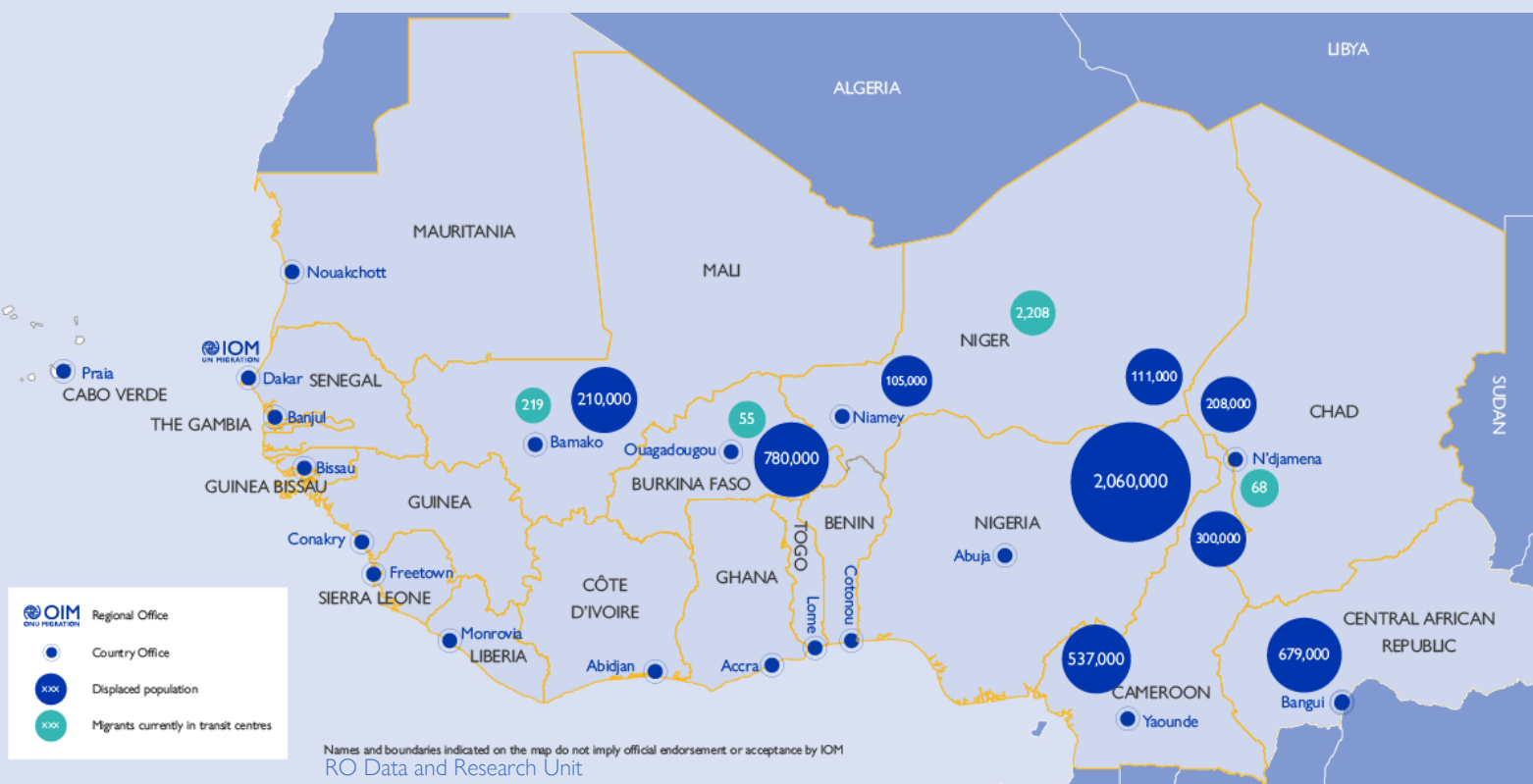
Indications of **growing animosity** among local populations, some of whom perceive foreigners or minorities as responsible for spreading the disease. **Xenophobic incidents** were reported in the region. The likelihood of such incidents will probably grow as Covid-19 continues to spread.

Finally, **violent extremist groups** may exploit the current chaos, taking advantage of the overall international attention being distracted by the COVID-19 crisis, reportedly perceived as a "window of opportunity" by criminal and extremist groups to target populations.

Read full background brief here.

PEOPLE OF CONCERN IN WEST AND CENTRAL AFRICA

Names and boundaries indicated on the map do not imply official endorsement or acceptance by IOM
RO Data and Research Unit

## 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 forthcoming 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.

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

Across the region, IOM is participating in country-level, cross-border, and regional coordination mechanisms, following the One UN approach. Within these mechanisms, IOM is providing technical expertise mainly on surveillance and POE (Burkina Faso, Mauritania, Guinea), and risk communication (Burkina Faso, Chad, Mauritania). WFP is working on solutions to facilitate passenger services, the movement of medical supplies and medivac services for
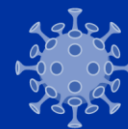
the UN and wider humanitarian community. WFP is developing a regional aviation service for West and Central Africa. Accra is foreseen to serve as the regional hub for WCA. These efforts are fully supported by IOM, UNICEF and other UN agencies. A UN Regional Group on Procurement has been set up. It is led by WHO and IOM RO participates in it.

In **Mauritania**, IOM coordinates with village committees (created by IOM) in border regions and with on-site security forces for the localization of people crossing borders.

● TRACKING MOBILITY IMPACTS

DTM is working along with colleagues from IBM and MHD to implement the global Mobility Restriction data collection. A webinar was organized last week by the Regional Data and Research unit to present the data collection and provide guidance on the online system set up for this activity to all Country Offices. To date, IOM missions have already entered geographic information for nearly 400 Points of entry and transit.

The second phase of this data collection started this week and is intended to provide more detailed information about health measures, mobility restriction measures, etc. for each POE and Transit. In **Guinea Bissau**, IOM launched a data collection and monitoring application to gather essential information and facilitate the screening and monitoring of travellers at all key POE, including at the Osvaldo Vieira International Airport.

In **Cameroon**, IOM's monitoring activities continue to be done via telephone calls. Event tracking tools, following key mobility events related to Covid-19 is now active in **Guinea, Mauritania, Chad, Cameroon, Nigeria, Burkina Faso, Senegal and Mali** and provide updated information on migrant stranded following border closure. In **Côte d'Ivoire**, data is being collected via phone. In **Mauritania**, data collection is happening at the most frequented border posts and is focusing on border communities and transhumant populations vulnerabilities and exposure to COVID-19. In **Nigeria**, IOM DTM is working along with WHO and the State Ministry of Health to collect travel history data at relevant border posts with Cameroon.

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 is advocating to ensure that the information communicated to migrants, mobile populations and communities on transmission and prevention is accurate. IOM at country and regional levels is working to strengthen access to information especially in remote communities where the use of digital channels is limited. IOM is helping to make region-specific community engagement materials on Covid-19 accessible to practitioners through the platform www.CoronaWestAfrica.info.

248 volunteers (returnees) from **Côte d'Ivoire, The Gambia, Guinea, Liberia, Nigeria, Senegal and Sierra Leone** are producing Covid-19 awareness raising multimedia products specific to individual cultural contexts and in local languages. In most of the countries, RCCE goes hand in hand with distribution of protective personal equipment (PPE) and hygiene material. In **Chad**, IOM continues to provide awareness raising on COVID-19 prevention measures for refugees and migrants in the transit centers. In 11 regions throughout the territory, awareness raising is ongoing and led by town troubadours.

In **Burkina Faso**, IOM has organized over 50 information sessions in conflict-affected areas, reaching hundreds of IDPs. In **Guinea**, IOM produced awareness raising material broadcast at the Conakry airport and supported the citizen initiative "Mou Corona Khaninma" to fight the stigmatization of those who are infected by the disease and the travelers. In **Sierra Leone**, IOM has trained 70 social mobilizers to sensitize communities on COVID-19 preventive measures in coordination with Ministry of Health.

In **Mali**, radio programmes are ongoing. In **Mauritania**, IOM supports the government with the translation of official COVID-19-related information documents, dissemination of information, mobilization of community leaders, village committees and migrants' associations. IOM is disseminating information in Koranic schools and distributing non-food and hygiene products to the students. IOM is mobilizing and training village committees' members at border regions. In **Niger**, IOM's 50 community mobilizers sensitize migrants each about the COVID-19 preventive measures, at the transit centres and in the local communities, along with traditional leaders. IOM works with local radios to ensure
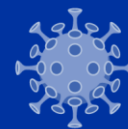
accurate information on COVID-19 is shared across Niger. Finally, in **Guinea-Bissau**, IOM recently trained 125 community leaders, in the regions of Gabu, Oio and Bafata on COVID-19 prevention to strengthen community health security.

● POINTS OF ENTRY (POE) ● DISEASE SURVEILLANCE

In **Chad**, upon the government's request, IOM will support POE management and equipment; IOM is currently considering the establishment of WASH facilities in AVR processing area together with the national security sector at the N'Djamena airport. IOM is assessing seven land borders and has mapped all POEs for all border crossings.

In **Côte d'Ivoire**, a rapid assessment at ten POE was undertaken via telephone to understand current difficulties/needs in border areas. In **Guinea**, IOM has put in a place surveillance system to ensure the respect of travel restrictions at five POE. It is currently developing five SOPs to detect, isolate and refer suspect cases at POE. Moreover, IOM initiated active screenings at six priority POE located at the borders with Mali, Côte d'Ivoire and Liberia and deployed 10 staff at ten high-risk POE. In **Sierra Leone** IOM is supporting a surge capacity deployment of port health officers to support screening and referrals at prioritized POE and wharfs.

In **The Gambia**, IOM conducted training on infection, prevention and control for frontline border officers and public health officers. In **Mauritania**, IOM is the POE pillar lead. IOM trained agents in active border posts on hygiene rules, screening and isolation of individuals crossing borders. Additional training for border officials on the procedures to be put in place in border regions, including 50 police members will be organized. IOM donated emergency equipment for patient control and isolation (tents, protective gear and thermal cameras) for the airport and most affected border posts.

In **Guinea Bissau**, more than 30 border agents were trained on the use of the new surveillance system which works on tablets and allows border agents to record essential information for monitoring purposes. IOM is updating the Standard Operating Procedures for Points of Entry, prevention and community surveillance to limit the spread of the virus developed during the Ebola crisis. MHD at **RO Dakar** made available the training modules on surveillance at POE developed jointly by IOM, WHO and UEMOA. The modules will contribute to a more streamlined response across IOM missions globally and between agencies involved in POE activities.

● INFECTION PREVENTION AND CONTROL (IPC)

In **Chad**, IOM donated twelve 30-person tents to the national health response team in Baga Sola and is currently assessing two medical centres in Northern Chad to support increase of capacities through infrastructure rehabilitation. In **Guinea**, IOM provided internet connection to the Public Health Emergency operations center in Conakry and it deployed five IOM technical assistants to support the national sanitary agency. IOM designed training modules for sanitary control agents.

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

● CASE MANAGEMENT AND CONTINUITY OF ESSENTIAL SERVICES

In **Burkina Faso**, IOM distributed shelters to decongest Youba IDPs site as a prevention measure against the spread of the virus and put in place 80 handwashing stations. IOM distributed to IDPs on temporary sites 50 hygienic kits. In **Chad**, IOM provided onward transportation to 250 stranded students once released from quarantine to reach their final destinations. In **Niger**, IOM provides shelter, food, water, core relief items, psychosocial and medical assistance to stranded migrants as they continue to arrive in Assamaka, a town located at the border with Algeria.

● PROTECTION

Across the region, besides Niger (2000+), at least 2,700 migrants are stranded mainly in Cameroon, Burkina Faso, Côte d'Ivoire, Mali and Nigeria. In **Chad**, IOM is currently managing two transit Centers for 400 persons for stranded migrants and obtained authorization to continue with life-saving operations in the North of the country. In **Mauritania,** IOM established a protection team dedicated to COVID-19 to ensure case management and direct assistance to vulnerable migrants, including orientation and advice to access the social protection measures announced by the government.
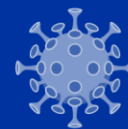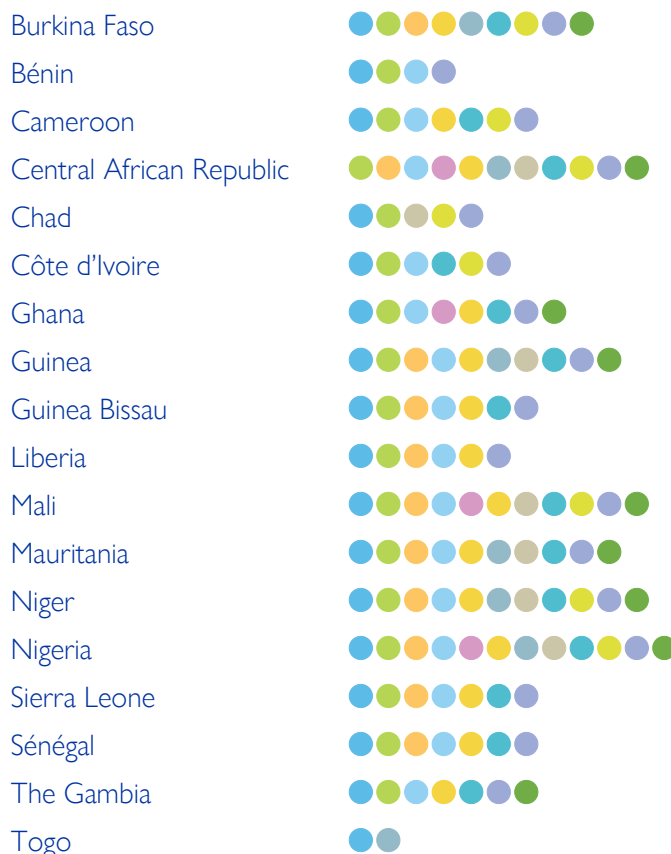
In **Burkina Faso**, IOM is providing direct assistance to 1,500 migrant workers mostly from Niger around gold mining areas. IOM is currently negotiating the issuance of laissez-passer for IOM staff to provide these stranded migrants with assistance, in coordination with partners such as the Red Cross.

● CAMP COORDINATION AND CAMP MANAGEMENT

In **Chad,** IOM established wash facilities in IDP sites in Lake Chad region, and organized sensitization campaign through town troubadours. IOM reprogrammed the NFI kits to include hygiene kits and is currently evaluating the possibility to relocate 20,000 IDPs from war area to safe space.

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

Burkina Faso
Bénin
Cameroon
Central African Republic
Chad
Côte d'Ivoire
Ghana
Guinea
Guinea Bissau
Liberia
Mali
Mauritania
Niger
Nigeria
Sierra Leone
Sénégal
The Gambia
Togo

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

● ADDRESSING SOCIO-ECONOMIC IMPACTS OF THE CRISIS

Across the region, IOM monitors and alleviates the socio-economic impact of the COVID-19. In **Mauritania**, IOM ensures the provision of supplementary assistance to vulnerable migrants directly or through implementing partners (e.g. food and NFIs assistance, rent assistance).

IOM is assisting vulnerable people including unaccompanied children, victims of violence and members of the LGBTQ community affected by the social impact of the COVID-19 crisis, as well as migrants unable to pay their monthly rent. In **Senegal**, IOM is working together with the government, the EU and the World Bank to provide additional cash assistance to the returnees who have already benefited from reintegration assistance under the EU-IOM Joint Initiative.

KEY IMPACT AND CHALLENGES

OCCUPATIONAL HEALTH STATUS - DUTY OF CARE

Common Services Hub to be set up in Accra for Cargo, Medevac and Transport of UN personnel. Accra will be the site of the UN field hospital for the region.

In Nigeria, IOM has been designated co-coordinator for the COVID 19 Response in the country and program manager of the **UN Isolation and Treatment Center** for UN Staff, Dependents, and frontline workers.

IOM Nigeria is **seconding six doctors and medical technicians** to the Isolation and treatment center. IOM's two labs have been designated as **UN labs**.

REPROGRAMMING OF FUNDS

COs continue to **mainstream COVID-19-related activities in existing projects**, including the EU-IOM Joint Initiative.

IOM missions are starting to receive formal confirmation from donors on the possibility to **reallocate existing funds** to respond to emerging needs related to COVID-19. To date, a total of **$ 1.6 M** was reprogrammed.

NEW FUNDING

With respect to new funding opportunities, donor interest in the region for now has focused essentially on **reinforcing existing humanitarian operations** (Nigeria principally). There is a crucial need to garner more interest and attention for **non-HRP countries for the region**. Several of the traditional IOM donors have indicated/confirmed funding to be coordinated via their respective HQ through the Global Appeal. These donors include Sweden, Netherlands and Canada. So far, the new funding amounts to $ 1.5 M (mainly for Nigeria). Additionally, the EUTF top-up for the region (64 million EUR) shall be signed in the upcoming weeks. The Regional Office is developing a regional appeal that will be launched next week.

PRIVATE SECTOR

In addition to leveraging the private sector engagement through existing UN mechanisms at country level, IOM country offices will reach out to national companies to support COVID-19 responses. At HQ level, due diligence process has been shortened to 24-48 hours, and a mailing list put in place to get information and funding opportunities. You can subscribe to this mailing list here.

ADVOCACY

- IOM is drawing on its experiences from previous emergencies – notably the most recent **Ebola outbreak** in West and Central Africa and is working closely with the World Health Organization and other UN Migration Network member agencies and partners to ensure the **integration of migration health concerns** across the UN system and national policies.
- Indeed, migrants, regardless of their status, may have **limited access to public health services**, or fear accessing such services. They may also be excluded from public health information programming or, when informed, lack the financial means to manage periods of self-isolation or quarantine.
- All migrants, in regular or irregular situations, and including those in exploitative situations, should have **access to health information, testing, treatment and care**, so that response teams can include them in **contact tracing and community interventions**.
- IOM is aware that the current pandemic will have broad-ranging, long-term humanitarian and socio-economic impact. While the economic and political implications of this crisis are impossible to fully assess at this moment, there is a need to **acknowledge the critical economic inflection** points ahead for societies, and the deeper impacts that may be looming for the diverse mobile populations that the Organization serves.

- Although no COVID-19 case has been reported in any displacement site so far, IOM stresses the need for increased prevention activities on IDPs camps. Displaced populations in camps or camp-like settings are already highly vulnerable to contracting infectious disease, in conditions where a virus can more easily spread.

- Population caught in conflicts may be some of the hardest populations to reach and monitor, yet most ill-equipped to protect themselves against infection.

- Efforts to support all vulnerable groups, including migrants, should be strongly considered to avoid harmful consequences, minimize hardship, as well as reduce public health risk.

- IOM reiterates the need for **migrant-inclusive approaches** in the overall COVID-19 response and calls on countries to address the particular needs and vulnerabilities of migrants, regardless of their legal status.

- We should remain vigilant against the **stigmatization** of any particular group during this crisis, including migrants, refugees and asylum-seekers.

- IOM remains concerned about the **spread of misinformation** and the use of stigmatizing narratives as they can keep people from coming forward with symptoms or for contact tracing, which in turn can hamper the provision of adequate care and derail efforts to reduce further transmission. Authorities have an important role to play in **fighting xenophobia** by communicating on the origin and spreading of the pandemic and by avoiding the stigmatization of COVID-19 positive cases.

- **The fight against COVID-19 cannot be won unless the response plans in all countries include migrants, especially those marginalized or in situations of vulnerability.**

COMMUNICATIONS

Mali: Safiatou's Hopes for a New Start Fade Due to the COVID-19

Burkina Faso : La COVID-19, un frein à la réintégration économique des migrants de retour

Over 1,500 Senegalese, Gambian Leaders in Border Communities Engaged in Fight Against COVID-19

Migrant Returnees Lead Community Outreach for COVID-19 in West Africa

IOM Supports Guinea-Bissau's Preparedness and Response to COVID-19

Download our COVID-19 inclusive posters