



SITREP #8

4 JUNE 2020

52,550 cases
(Nigeria, Ghana, Cameroon
= 50% cases)

1,129 deaths

+30,000
stranded migrants
(incl. herders, Koranic students)

1,900
migrants waiting
in transit centers
(incl. 1,700 in Niger)

Internally displaced women living in Maiduguri, north-east Nigeria receive mental health and psychosocial support despite COVID-19 crisis. IOM/Elijah Elaigwu

FOCUS

The Forgotten Ones: Displaced in West and Central Africa Amidst the COVID-19 Crisis

As States and individuals continue to cope with the direct impacts and ripple effects of the COVID-19 pandemic, the world's displaced populations find their vulnerabilities intensified by the **health and socio-economic risks** imposed by the virus and ensuing global restrictions.

In West and Central Africa, an estimated 6 million internally displaced persons (IDPs) face **disproportionate harm** as COVID-19 renders their

areas of displacement ever more precarious. With over 2.6 million IDPs in the Lake Chad Basin, over 1 million IDPs in the Central Sahel, and over 1.2 million IDPs in the Central African Republic residing in close quarters with host communities or in congested displacement camp or camp-like settings, IDP and host communities alike risk rapid COVID-19 propagation due to the impossibility of respecting preventive measures, such as physical distancing or handwashing.



Inadvertently compounding IDP vulnerability across the region, border closures and mobility restrictions have **reduced access of humanitarian actors** to deliver life-saving humanitarian assistance, and heightened apprehension over disruptions of services and scarce resources among communities hosting IDPs. As many IDPs depend on informal or occasional employment opportunities to supplement assistance received, mobility restrictions have also **weakened coping mechanisms** key to IDPs' resilience.

In countries already experiencing crisis and displacement, collective concern over **access to basic subsistence needs** risks fueling **stigmatization of IDP communities**, leading to **heightened tensions** and further limitations on IDPs' access to critical health and water and sanitation services, reliable information, and livelihoods, and accentuating IDP populations' sole dependence, in many areas, on humanitarian assistance.

INTEGRATING IDPS IN OPERATIONAL RESPONSE IN WEST AND CENTRAL AFRICA

The UN-OCHA COVID-19 risk index lists three West and Central African countries, namely Burkina Faso, Central African Republic, and Chad, among its 10 most at-risk countries considering both vulnerability and existing response capacity.

Additionally, Benin, Liberia, Sierra Leone and Togo, where no Humanitarian Response Plans existed prior to COVID-19, have been integrated into the UN's COVID-19 Global Humanitarian Response Plan (GHRP) in recognition of the concerted effort needed to ensure these countries receive the necessary humanitarian support amidst the pandemic.

In humanitarian contexts throughout West and Central Africa, IOM has rapidly integrated **water, sanitation, and hygiene (WASH), Risk Communication and Community Engagement**

(RCCE), and **Infection Prevention and Control (IPC)** responses across its humanitarian operations.

To ensure its humanitarian responses are adapted to the rapidly changing priorities in IDP settings, and to ensure reliable information is available to humanitarian partners, IOM has adapted its **data collection** with IDPs through the Displacement Tracking Matrix (DTM) in Cameroon, Chad, Mali and Nigeria to collect information on COVID-19 preparedness and needs in camp and non-camp settings, while respecting measures put in place by governments in the region.

INFECTION PREVENTION AND CONTROL IN DISPLACEMENT SITES

IOM is working in IDP settings across West and Central Africa in coordination with national and humanitarian partners to provide WASH facilities as well as shelter to minimize the risk of contagion in congested location, and to improve health and hygiene conditions in displacement sites. Burkina Faso, Cameroon, Mali and Nigeria have all reported positive COVID-19 cases among IDP populations, further stressing the urgency of humanitarian action to improve conditions in displacement sites.

In Bakassi camp in **Nigeria**, in coordination with the World Health Organization and the Ministry of Health, IOM facilitated the relocation of an IDP with COVID-19 to the **isolation center** in Maiduguri in early May 2020. Coordination efforts have also ensured **contact tracing** and monitoring of the health status of the family members to limit further exposure within the IDP camp. By end of May 2020, IOM had finalized **rehabilitation of ten buildings** in Ngala, and built 28 Self-Quarantine (SQ) Units in displacement camps in Gwoza and Pulka to support camp decongestion efforts in Nigeria. Rehabilitation of two additional buildings in Gwoza and construction of an additional 56 SQs is also underway for sites in Monguno, Damboa and Bama.



In **Chad**, IOM provided the WASH cluster with 30 handwashing stations dispatched to displacement sites, supporting host and IDP communities. Furthermore, IOM has distributed 400 hygiene kits and is constructing 220 new shelters for displaced populations to support decongestion efforts. In **Mali**, over 2,200 protective masks were produced by IOM beneficiaries. In Mopti, over 1,500 PPE were distributed on eight sites.

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT ON COVID-19 IN IDP SETTINGS

Leveraging its presence in many IDP camps and displacement sites, IOM has contributed to RCCE to ensure IDPs have reliable access to accurate information and guidance on COVID-19, its symptoms, prevention measures and hygiene. In **Chad**, results from survey research suggest that most displaced persons are aware of the existence of COVID-19 and in 64% of locations, displaced communities are aware of the recommended protective measures against the virus. Most IDPs reported being concerned by the pandemic but access to health was reported to be scarce to non-existent. Despite being conscious of the risk, only 25% reported taking preventative measures.

IOM has conducted outreach initiatives among both displaced and migrant communities in **Burkina Faso, Mali, Niger and Nigeria**, reaching over 400,000 individuals. In **Nigeria**, IOM has mainstreamed the 'Health Belief Model' into its community awareness initiatives in over 80 IOM-managed displacement sites. The model focuses on people's perceptions of the risks and benefits of taking cues to action, including the use of facemasks and self-quarantine. In **Mali**, close to 1,000 IDPs living 17 IDP sites in Mopti and Gao regions were sensitized.

RELOCATION AND RETURNS AMIDST COVID-19 FEARS

Despite mobility restrictions imposed to prevent the spread of COVID-19, IDPs continue to use mobility as an adaptation strategy, evaluating the risks of displacement and those of COVID-19 to make decisions for themselves and their families amidst displacement.

Starting in late March 2020, **Cameroon** has witnessed the return of over 11,000 internally displaced persons from the North-West, South-West, Littoral and Centre regions of the country to their locations of origin in the North-West and South-West regions, out of fear of contracting COVID-19 following confirmations of cases in the regions of displacement. In **Chad**, local authorities have organized the transfer of nearly 12,500 IDPs (4,706 households) from Diameron, a vast area declared a war zone by the government of Chad in March 2020, to Amma where the IDPs will be able to access humanitarian assistance. In order to ensure rapid and adapted support to the relocated IDPs, the humanitarian community conducted an inter-agency multisectoral assessment in early June 2020 to assess assistance needs in the new area of displacement.

Although some have been able to relocate to safer areas amidst the mobility restrictions, many IDPs find themselves unable to relocate to safer areas within their countries, or to return to their regions of origin where they may seek to avail themselves of local services. IOM in West and Central Africa joined other humanitarian agencies to call for a greater commitment of funds and support in order to keep staff on the ground, humanitarian corridors open and supply chains expanded. These measures are not only crucial for mitigating the health and economic impacts of the disease but also ensuring those who currently rely on humanitarian aid can still access food, health care and other services.



IOM RESPONSE - HIGHLIGHTS FOR WEST AND CENTRAL AFRICA

IOM in West and Central Africa 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 (HBMM) framework. The HBMM 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 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](#), [SitRep 6](#), and [SitRep 7](#) 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**

In **The Gambia**, IOM organized Inter-Agency Border Coordination Committee meetings in three border communities where representatives from immigration, health, police, agriculture, services reviewed operational plans for infection prevention and control, border surveillance, information-sharing, protecting vulnerable migrants, and enforcing emergency measures.

IOM referred returnees to the International Trade Centre in The Gambia to produce protective masks, to be donated to the Ministry of Health.

- **TRACKING MOBILITY IMPACTS**

COVID-19 related mobility impact in West and Central Africa is being tracked by 23 country offices at **620 points of entry (POEs) and points of transit** in the region, including 339 land borders, 41 sea

borders, 42 airports, 93 internal transit points, and 105 area/sub-national points.

Since early March 2020, IOM DTM teams, through the **Event Tracking Tool (ETT)**, identified more than 30,000 migrants stranded at various borders posts in West and Central Africa after movement restrictions decreed by governments. Countries with high IDP presence in the region have included **COVID-19 indicators** to monitor the situation in camp and camp-like setting and provide useful information for COVID-19 preparedness and response. A **transhumance tracking tool** is also in place to monitor changes in transhumance patterns and incidents at borders in Burkina Faso, CAR, Chad Mali, Mauritania as well as Niger.

In parallel to these efforts, the Regional office along with RO Brussels will be organizing next week a



joint **IOM-Mixed Migration Center Webinar** on “Evidence and Trends on Migrant Flows along the Central Mediterranean Route– Impact of COVID-19 on Mobility”. The webinar, facilitated by DFID,

will focus on the results of data collection activities conducted along the Central Mediterranean Route since the start of the COVID-19 pandemic to measure the impact of COVID-19 on mobility.

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)

The regional working group for Risk Communication and Community Engagement (RCCE) to fight coronavirus in West and Central Africa library is now online. **Readymade tools** are available on this website and designed to be culturally adapted and context specific. <https://coronawestafrica.info/>.

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

Support to health control continue to be led by IOM **Guinea** with the screening of passengers on seven special and humanitarian flights at Conakry Gbessia International Airport and more than 2,000 travelers screened at nine key land borders. IOM Mauritania continues to assess remaining points of entry to review border authorities’ preparedness to screen travelers. In North East **Nigeria**, IOM is collecting travelers’ data at all POEs while sensitizing passengers on preventive measures. So far, over 13,000 individuals were tracked and sensitized

across Borno and Adamawa states, covering 342 POEs.

IOM in **Mali**, in coordination with UNICEF, WHO, the Directorate of Border Police and the COVID-19 Surveillance Commission, assessed the three main border crossing points of Sikasso region – a major trade route for the entire country. In parallel, police, customs and gendarmerie agents received training on health border management as well as personal protection equipment and hygiene items for handwashing. In **The Gambia**, at Ministry of Health’s request, IOM has begun procuring hygiene materials to support the disinfection of all border posts in preparation for the eventual opening of borders.

In **The Gambia**, at the Ministry of Health’s request, IOM delivered trainings in IPC and use of personal protective equipment for 30 frontline border and health officials in the North Bank Region and Upper River Region. IOM also handed over to MoH the first 500 protective suits produced by returnees as part of their reintegration assistance.

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

● PROTECTION

In **The Gambia**, IOM has designed a series of trainings to strengthen the capacity of health workers to deliver Mental Health and Psychosocial Support services during COVID-19 in all regions of the country. IOM also conducted psychosocial and socioeconomic assessment of returnees

impacted by recent market fire in Brikama, West Coast Region, with the aim of addressing vulnerabilities heightened due to COVID-19 restrictions. IOM supported the deployment of 36 trained law enforcement agents from the **Nigeria** Police Force and the Nigeria Security and Civil Defense Corps to tackle gender-based violence

COMMUNICATIONS

[IOM, EU Bolster Response to Economic Impact of COVID-19 on Returning Migrants Across West and Central Africa](#)

To measure the effects of the COVID-19 pandemic on returning migrants assisted by IOM in West and Central Africa, the Regional Office launched a needs assessment survey in five countries. Eighty-nine per cent of beneficiaries reported their financial situation has worsened since the COVID-19 outbreak.

[ENGLISH](#)



[The Gambia: Bustling Border Towns in the Time of COVID-19](#)

Towns along The Gambia and Senegal border, once bustling with trade and market activity, join the rest of the world in grappling with a 'new normal' — as migration and mobility take on new meanings in the time of COVID-19.

[ENGLISH](#)

[IOM supports shelters for Victims of Trafficking to continue their protection services in Ghana amidst COVID-19 Pandemic](#)



[Fourteen Days in Limbo: What Happens to Returning Migrant Workers During The COVID-19 Crisis](#)

Earlier this month, IOM and its partners assisted a group of goldminers stranded in Burkina Faso to return to Niger. Follow them on their journey back home.

[ENGLISH](#) - [FRENCH](#)



[L'OIM mise sur l'engagement communautaire pour lutter contre la propagation de la pandémie au Burkina Faso](#)



[Nigerian Returnees Join Together to Protect their Communities from the Spread of the COVID-19](#)



[L'OIM et la Mission catholique soutiennent les migrants laissés vulnérables par la crise COVID-19 en Mauritanie](#)



[Responding to the Pandemic Amid Multi-layered Crises in the Sahel: "Stop the Virus, Not the People."](#)



[Fake News : les réflexes à adopter face à la COVID-19](#)



[Mohamed, de menuisier exploité à menuisier heureux](#)



[Être Assistant social auprès des enfants migrants en Guinée, le quotidien de Mohamed Zie Kaba](#)

