West & Central Africa

21 Countries covered by the Regional Bureau: Benin, Burkina Faso, Cabo Verde, Cameroon, the Central African Republic, Chad, Côte d’Ivoire, Equatorial Guinea, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Niger, Nigeria, Sao Tome and Principe, Senegal, Sierra Leone and Togo.

29 October 2020

The downward trend in the number of new coronavirus cases continues across West and Central Africa and the number of active cases keeps declining to reach 15,293 as of 26 October 2020.

UNHCR has started the construction of a new blood bank in the Sahel region of Burkina Faso as part of its contribution to the strengthening of national health infrastructures and services.

As movement restrictions and preventive measures are being lifted and school reopen, UNHCR Operations are mainstreaming COVID-19 interventions into their general response.

### 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*

- **223,779** confirmed cases
- **15,293** still active
- **211,498** recovered
- **3,465** deaths

*source: WHO as of 26 October 2020.

### FUNDING REQUIREMENTS for COVID-19 Response Globally

- **US$745 MILLION**
- Funding gap: 32%
- Funding Received: 68%

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IDP Women in Stadium camps are preparing for return amidst the COVID-19 pandemic. ©UNHCR, D. Dieguen
Operational Context

- **Downward trend in number of new cases and decrease in active cases in West and Central Africa.** The number confirmed COVID-19 cases in West and Central Africa is at 230,256 as of 26 October 2020 which confirms the downward trend in the number of new cases in the region. The number of active cases in the region continues its steady decline which started at the end of July, going from 48,443 on 20 July 2020 to 15,293 as of 26 October 2020. **Nigeria** (61,992) remains with the highest number of confirmed cases, followed by **Ghana** (47,690), **Cameroon** (21,570), **Cote d’Ivoire** (20,470) and **Senegal** (15,551). In terms of active cases, **Nigeria** (3,973) has the highest number, followed by **CAR** (2,676), **Guinea** (1,180), **Cameroon** (1,028) and **Cape Verde** (1,017). Countries covered by the Regional Bureau for West and Central Africa represent 13 % of confirmed cases in Africa, 6 % of active cases and 8 % of COVID-19 deaths.

- **COVID-19 Cases in West and Central Africa by Country (as of 26 October 2020):**

![Map of West and Central Africa showing COVID-19 cases by country as of 26 October 2020.](https://www.unhcr.org)

Sources: WHO, worldometers.info, Governments and local media reports.
Confirmed cases among displaced populations. As of 30 September 2020, 30 PoCs were tested positive including 16 refugees in Cameroon, 2 in Togo, 2 in Niger, 1 in Gambia, 1 in Ghana, 1 in Guinea and 1 in Liberia and 3 IDPs in Central African Republic and 3 in Mali. So far, 2 refugees died in Cameroon and 1 in Gambia. (N.B. The exact number of COVID-19 cases in the region remains uncertain, considering the comparatively low testing in the region. According to the World Health Organization, (OMS) more than eight out of ten Covid-19 cases in Africa are asymptomatic or show few symptoms. Death tolls may exclude people who did not die in hospital, or before they could be tested.)

Government measures and restrictions to address the COVID-19 pandemic progressively lifted in the region. Most countries in the region are reopening their borders and relaxing cross border and internal restriction measures to mitigate the negative socio-economic impact of the pandemic. Domestic restrictions on movements and economic activities are also being relaxed and schools have reopened in most countries.

An additional burden on a region grappling with several challenges and vulnerabilities. In West and Central Africa, the COVID-19 pandemic represented an additional burden on a region grappling with climate shocks, the recent floods in the region being one manifestation, endemic poverty, and chronic vulnerabilities, including fragile national health systems, limited access to water and sanitation facilities and precarious living conditions in most of the areas hosting displaced populations. Basic measures such as handwashing are not effective when over one-third of West Africans have no handwashing facility at home. Social distancing is also complex on a continent experiencing the fastest urban growth in the world, where two to three generations often live under the same roof, and where poor sanitary conditions generally prevail. With humanitarian access already hindered by the ongoing violence and endemic insecurity in the Sahel or the Lake Chad Basin, UNHCR’s operations were further constrained by pandemic and the travel restrictions imposed by governments across the region. Similarly, lockdowns and market closures are difficult in a region where preventing people from going to work could jeopardize their survival.

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. The congestion in camps and reception centres remains a matter of high concern in the context of the COVID-19. 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 risk of food insecurity in the region, particularly in the Sahel. There are also great concerns regarding gender-based violence which is on the rise since the beginning of the COVID crisis as a direct result of the preventive measures enforced and the economic strain these restrictions have put on many households. The significant disruption in the livelihoods of many
forcibly displaced population is also increasing the risk of resorting to negative coping mechanisms, including child labour which UNHCR is monitoring closely.

UNHCR Response

- **Ensuring continuity of assistance.** In this extremely difficult regional context, UNHCR operations adapted their processes and approaches to ensure continuity of assistance and to mitigate the impact of the pandemic on forcibly displaced populations, in line with the “stay and deliver” principle. UNHCR continues to support governments in the implementation of their COVID-19 response plans while directly implementing activities to support forcibly displaced populations. These include advocating for preserving access to asylum and international protection, supporting inclusive national health responses, strengthening shelter interventions to improve living conditions in hosting areas, strengthening community-based protection mechanism, livelihoods interventions to mitigate the economic impact of the pandemic, and seeking durable solutions, including local integration, resettlement opportunities, complementary pathways and voluntary repatriation. Already jeopardized by insecurity in the region, education is further disrupted by the pandemic.
Strengthen risk communication and community engagement, and critical protection case management, including protection monitoring and registration

- UNHCR Operations continue to work 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 and remote case management.

**HIGHLIGHT: Facilitation of repatriations to Central African Republic**

Since the peace agreement signed in February 2019, the political and security situation in the Central African Republic continues to improve, albeit with pockets of instability. In this context, refugees and IDPs have been returning to their places of origins with the support of UNHCR.

Although the number of returns has decreased significantly in 2020, due to the COVID-19 and the restrictions to international and domestic movements, refugees from Central African Republic have been returning from neighboring Cameroon, Republic of Congo and DRC to their places of origins. Despite the operational challenges caused by the pandemic, UNHCR has facilitated over 1,500 of these returns and applied preventive measures to mitigate the risk of COVID-19 infection. These measures included enforcing social distancing in waiting areas and ensuring refugees would wash their hands before boarding the trucks and planes and wear masks throughout the travel. Upon arrival, health checks and temperature screening were done and the suspected cases isolated and referred to the Ministry of Health and WHO for adequate treatment. By the end of 2020, UNHCR plans to facilitate the repatriation of an additional 7,500 refugees from Cameroon (1,500), the Republic of Congo (2,000) and DRC (4,000).
UNHCR has also supported the reintegration of the repatriated refugees in their areas of return through a combination of shelter, NFI and cash interventions. UNHCR’s assistance also targeted host communities to ensure peaceful coexistence and was complemented by inter reinforcement of public infrastructure including water distribution and hygiene systems, health posts and schools. Since the beginning of 2020, over 14,000 households benefited from NFI distributions, 15,000 households received shelter support and 7,000 persons were targeted for cash-based interventions.

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

- UNHCR Operations are sustaining their 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. In camps or settlements this includes identification and training of outbreak response teams, referral systems for laboratory specimens and prepositioning laboratory supplies such as transport media, swabs, specimen containers, training of staff in early identification, notification, case management and contact tracing, data collection and analysis and interpretation. 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.

Key achievements:
- **445,233** persons received essential healthcare services
- **3 million** medical masks ordered
HIGHLIGHT: A new blood bank for the Sahel Region in Burkina Faso

In Burkina Faso, the UNHCR Representative inaugurated the start of the construction of a new blood bank to be donated by the organization to the regional health authorities of the Sahel as part of its contribution to the strengthening of national health infrastructures and services. The blood bank will enable a faster and more efficient response to blood transfusion needs for refugee, internally displaced and host populations referred to health centers in Dori. It will significantly reduce the mortality rate due to blood shortage in the town of Dori. Indeed, the nearest blood bank in Dori is currently located in Kaya and there is no possibility of on-site storage for blood collections.

The High Commissioner of the Seno, the Regional Director of Health and the Mayor of Dori were present for this event, this construction of this blood bank being a priority for both the Ministry of Health. It will play a key role in the Government’s COVID-19 response and in the national health system in the Sahel Region. The donation also included medication and masks. The construction work is to be completed in the next three months.

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

- **Shelter, NFI and Cash-Based Interventions remain a priority in UNHCR’s COVID-19 response in West and Central Africa.** Often residing in overcrowded sites, or among host communities in historically underserved areas, refugees and IDPs are deprived of privacy and exposed to heightened risks of contamination as COVID-19 continues to spread in the region. To address this issue, UNHCR operations are implementing targeted shelter interventions and the distributions of core relief items and exploring ways to decongest the most affected hosting areas in coordination with the national and local authorities. In Burkina Faso, UNHCR obtained from the regional authorities of the Centre North...
the allocation of a five-hectar land to contribute to the reduction of overcrowding in IDP sites in the city of Kaya and facilitate the relocation of families who were residing in flood-prone areas which will help reduce the risk of COVID-19 infection.

UNHCR is also working to mitigate the economic impact of COVID-19 on displaced populations and foster their economic inclusion through direct livelihoods support and targeted cash-interventions. In Côte d’Ivoire, 20 vulnerable households whose livelihood was particularly impacted by the pandemic received cash assistance in October. In Ghana, 90 refugee households benefited from cash intervention to improve their shelter situation to help improve their living and hygiene conditions and reduce the risk COVID-19 contamination. In Southeast Nigeria, UNHCR sustains its direct assistance to refugees and host communities to help prevent the spread of COVID-19 and address the economic impact of the pandemic. So far, UNHCR also concluded the distribution of cash assistance for food which benefited over 12,000 refugees and hosts in the region. In Senegal, UNHCR is working with the Government to facilitate the distribution of food to refugees living in Woudourou as part of the Government’s social resilience measures against COVID-19.

Support education systems

Supporting the progressive reopening of schools across West and Central Africa. Across the region, UNHCR is supporting the authorities and other UN agencies, such as UNICEF, in their efforts to progressively reopen schools including through the provision of personal protective equipment and by supporting the rehabilitation and cleaning of school environment. Despite these efforts, many children have not been able to go back to school yet and in the countries where students have returned to class, the statistics are already showing the negative effects of COVID-19 on the schooling of refugee children. In Burkina Faso, to allow for the reopening of the public school in the town of Zimtenga in the Centre Nord, UNHCR built 75 RHU to accommodate 60 displaced families who had self-settled in the school. The classrooms are now free to welcome students for the academic year. In Ghana, some five television sets with satellite dishes have been installed at the Egyeikrom camp to support distance learning as schools are still partially closed due to covid-19. This follows similar installations of television in Ampain and Krisan Camps where it proved effective to provide children access to the special channels created for distant learning. In Niger, UNHCR supported the return to school through the distribution of information material on hygiene and hand washing, masks, hydroalcoholic gel, soap in Tahoua, Tillabery and Agadez. In Nigeria, in Benue State, over 300 refugee children were enrolled in three primary and secondary schools in Ikyogen with the assistance of UNHCR during the month of October.
HIGHLIGHT: Production of soap and masks by refugees and IDPs resumes

Since the outbreak of COVID-19 in Niger, UNHCR has implemented special measures including strengthening communications with refugees on hygiene and sanitation and increasing distributions of hygiene supplies.

In Niger, despite the stressful and traumatic situation due to COVID-19 outbreak, many refugees and IDPs have contributed to COVID-19 prevention for the benefit of both displaced and host communities. From the beginning of the pandemic, UNHCR and its partners started a local production of hygiene products, including antiseptic soap, bleach and face masks, to respond to the urgent need of the population at a time when the local market could not match to the soaring demand. The project also aimed generating an income for refugee and IDP households and stimulates the local economy in line with UNHCR’s commitment to support resilience and economic inclusion of displaced populations.

From April to July, the project involved over 1,300 from refugee, IDP and host communities across the country, from Abalà, Ouallam and Agadez to Hamdallaye, Niamey and Maradi. After being trained, they produced within three months over 30,000 liters of laundry and liquid soap, 9,000 bars of soaps, 4,200 liters of bleach and 1,600 masks which were distributed to their communities.

After the success of this first phase, UNHCR decided to resume the production as of 1 November with 140 beneficiaries and a target production of 30,000 liters of bleach, 18,000 solid antiseptic soaps, 15,000 liters of liquid soap, 65,000 masks.

Beyond the positive results in terms of emergency response, this activity is an excellent temporary replacement for many psychosocial activities who have to be put in stand-by due to the forced social distancing required by the COVID-19 situation. The activity also help many vulnerable displaced persons to cope with the situation and to develop hope and resilience in their current situation.
Financial Requirements

**US$745 million** requested for UNHCR’s COVID-19 response globally.

**US$454.2 million:** received by UNHCR against its global COVID-19 appeal.

**USD US$34.2 million:** received for COVID-19 activities in West and Central Africa

Special thanks to the following donors for:

**EARMARKED CONTRIBUTIONS TO THE COVID-19 APPEAL | USD**

- United States of America 186.3 million
- Germany 62.7 million
- European Union 46.3 million
- United Kingdom 25.3 million
- African Development Bank Group 23.9 million
- Denmark 14.6 million
- UN Foundation 10 million
- CERF 6.9 million
- Canada 6.4 million
- Unilever (UK) 5.9 million
- Education Cannot Wait 4.7 million
- Qatar Charity 3.5 million
- Spain 3.5 million
- France 3.4 million
- Ireland 3.3 million
- Sweden 3 million
- Sony Corporation 2.9 million
- Austria 2.5 million
- Finland 2.3 million
- UNO – Fluechtlingshilfe 1.7 million
- Private donors UK 1.7 million
- Latter Day Saints Charities 1.6 million
- Norway 1.5 million
- Australia for UNHCR 1.4 million
- USA for UNHCR 1 million
- Espana con Acnur 0.9 million
- Australia 0.9 million
- Japan for UNHCR 0.9 million
- Sawiris Foundation for Social Development 0.9 million
- Switzerland 0.8 million
- Country Based Pooled Funds 0.5 million
- Badr Jafar 0.5 million
- Private donors Canada 0.5 million
- and other donors

**OTHER SOFTLY EARMARKED CONTRIBUTIONS | USD**

- United States of America 679.8 million
- Canada 47 million
- Norway 16.8 million
- Switzerland 12.8 million
- Sweden 8.1 million
- France 7.6 million
- Private donors Australia 7.1 million
- United Kingdom 6.9 million
- Denmark 5 million
- Netherlands 4.1 million
- Private donors Thailand 3.5 million
- Republic of Korea 3.2 million
- Luxembourg 2.6 million
- Finland 2.2 million

**UNEARMARKED CONTRIBUTIONS | USD**

- Sweden 76.4 million
- Private donors Spain 52.9 million
- Norway 41.4 million
- Netherlands 36.1 million
- Denmark 34.6 million
- United Kingdom 31.7 million
- Private donors Republic of Korea 27.2 million
- Germany 25.9 million
- Private donors Japan 21 million
- Switzerland 16.4 million
- France 14 million
- Private donors Italy 12.4 million
- Italy 10.6 million
- Private donors Sweden 10.5 million

Notwithstanding UNHCR’s COVID-19 appeal, the continuation of regular programmes in West and Central Africa remains critical. Many of these activities will also help people of concern to cope with COVID-19 and its subsequent protection and economic impact, even if not included in the prioritized appeal.

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