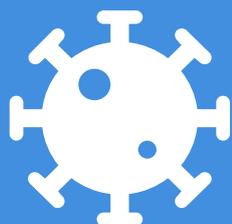# HUMANITARIAN IMPACTS OF COVID-19
IN WEST AND CENTRAL AFRICA

REGIONAL INTER-SECTOR COORDINATION GROUP (R-ISCG)
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Produced by the **Regional Inter Sector Coordination Group for Humanitarian Affairs in West and Central Africa (R-ISCG)**, this document summarizes the main impacts of COVID-19 on the population of the region and on ongoing humanitarian operations. The R-ISCG also wishes to put forward some key recommendations to ensure continuity and scaling up of humanitarian services in parallel with the health response, while considering the new reality imposed by the presence of the virus.

The COVID-19 pandemic represents a global threat for the least developed or most vulnerable countries and poses an additional level of risk to an already complex situation. The outbreak has the potential to wreak havoc on fragile states in West and Central Africa where conflict, violence, displacements of population, natural disasters, climatic or economic shocks have been deteriorating the resilience capacity of the population and where systems are on the verge of collapse. The COVID-19 pandemic is not just a health crisis and its impact risks devastating the region, putting millions at risk and requires an urgent scale-up of inter-sector support and resources.

In 2020, prior to considering the impact of the COVID-19 outbreak, a record high of 44 million people across the region – 6 million more than in 2019 – were requiring humanitarian assistance and protection. Where the global health crisis intersects with conflict, the effects of climate change and chronic vulnerabilities, including weak national health systems and limited populations' access to basic social services, it may lead to new crises and exacerbate existing needs. Humanitarian action is not an add-on, but an essential service and integral to the concurrent public health and socio-economic efforts in such low-resource settings.

Because they have less access to information, services and means to protect themselves, the most vulnerable populations are also the most at-risk of being impacted by the direct effects of COVID-19 (morbidity, mortality) as well as by the indirect effects of the containment and movement restriction measures. Although necessary to limit the spread of the pandemic, these measures may also reduce people's access to basic social services, food markets, and assistance. Additionally, in a region where more than 50 per cent of the economy is informal, travel bans and confinement may have a heavy economic impact on people's incomes, especially at border areas, thus reducing the possibility to access basic health services.

COVID-19'S OVERALL IMPACT ON POPULATIONS AND SOCIAL SERVICES IN WCA

As of 27 April, there are 10,678 confirmed cases of coronavirus in all 24 countries of West and Central Africa - close to a third of the total recorded caseload across the continent, with most countries imposing a range of prevention and containment measures against the spread of COVID-19. In some countries, the sharp increase in armed attacks recorded during the last year on communities, schools, health centers and other infrastructures has already been disrupting access to basic social services. In addition, access to basic social services is limited due to geographical coverage and lack of trust in state institutions.

The direct impact of the outbreak is already visible on the *health system*, which is stretched to prepare and respond to the effects of COVID-19. Health systems are being confronted with rapidly increasing demand generated by the COVID-19 outbreak. When health systems are overwhelmed, both direct mortality from an outbreak and indirect mortality from vaccine-preventable and treatable conditions increase dramatically. Inadequate number of health care facilities and workers, particularly in remote or conflict areas and lack of equipment to provide care (especially for patients in critical conditions) and protection may limit the capacities of most of WCA health structures to manage a sudden influx/peak of critical cases. In addition, the current focus on COVID-19 and the containment measures are affecting the effective delivery of other essential health services (case management for other pathologies, vaccinations, sexual and reproductive health care etc.) in countries where prevalence of measles, malaria and acute malnutrition remains very high.

Highlighted by the results of the Cadre Harmonisé, West African countries are facing unprecedented levels of *food insecurity*, with an estimated 19 million people facing food shortages from June to August 2020 (a 77 per cent increase from last year) without considering the COVID-19 impact. COVID-19 represents an impending additional threat to food security in the region. Mitigation and restrictive measures impact economic activities, food production, flows, markets and livelihoods. The humanitarian community anticipates that the West and Central African Region will simultaneously face reduced income sources, increased market prices, decline in remittances from developed and intermediary countries, and limited government financing capacity for social protection provoking use of severe coping strategies for numerous households. Vulnerable groups in the region such as refugees, internally displaced persons (IDP), migrants, transhumant herders, small producers, women-headed households, workers of the informal sectors and others will face strong difficulties to access food in the coming months, in a very large proportion. *If no action is taken now, with sufficient resources*, the *crisis will cost many more lives, devastate communities* and spill-over into new regions and West African coastal countries.

The effects of COVID-19 and co-related measures affecting access to both health services and food are likely to produce a *negative impact on nutrition security*. Deterioration of quality and diversity of food consumed at home, reduction in quality of children's care and increase of child morbidity are to fragilize nutritional status for both young children and mothers. In parallel, the COVID-19 situation may affect access to essential nutritional services and disrupt the availability of life-saving nutritional commodities such as ready-to-use therapeutic foods. With an expected caseload of more than four million children affected by Severe Acute Malnutrition (SAM) in the region in 2020 (as estimated before COVID-19), the risk of facing an unprecedented child mortality rate in the West and Central Africa region during the seasonal peak of acute malnutrition (July – October) is very high.

Clean drinking water, improved sanitation and good hygiene practices are life-sustaining and play an important role in maintaining public health. Access to *water and sanitation* will be essential to prevent and control the spread of the virus. WASH services may be disturbed and interrupted due to containment measures. Increase of prices for WASH-related commodities (soap, bleach, hand sanitizer, fuel for generator, construction costs, etc.) constitutes a limit to ensure continuity and quality of water and sanitation services. Handwashing and hygiene practices will be hindered, particularly in West African water-stressed contexts. Risks will increase for people who are quarantined, as they may be cut-off from essential WASH services, especially in highly populated areas.

As of 1 April 2020, all 24 governments in *West and Central Africa have closed their schools*, affecting over 128 million children and 4,4 million teachers from pre-primary to upper secondary education. These temporary closures occur in a context where 41 million children were already out of school, before COVID-19. The closure of schools also implies that many children no longer have access to school meals and remain at home. The COVID-19 situation may increase exposure of children to several child protection risks, especially for already vulnerable children (IDP / refugees, children without family) thereby affecting their mental health. Risk of child violence will increase, particularly gender-based or sexual violence.

While the response to COVID-19 requires governments to put containment measures in place, the epidemic carries serious *restriction of liberties* impacting the most vulnerable. Access to asylum has been hindered across the region due to border closures and specific vulnerable groups such as children living in the street or children from religious schools, who have been forcibly relocated with often little preparation, are being rendered even more vulnerable. Governments' response to the epidemic is also impacting civil registration and vital statistics systems, with civil registration constrained by social distancing measures. As a result, increased lack of identification documents makes access to services even more difficult among displaced communities and increases the vulnerability of stranded migrants. At-risk people may remain blocked in precarious situations due to unexpected border closures. Smugglers and traffickers may seize the opportunity to exploit, rob and abuse people who wish to return home or migrate. Additionally, the lack of resources and/or documentation of stranded migrants limits access to basic social services including health.

Women are the hidden victims of this pandemic. Women are often the primary caretakers, increasing their potential exposure to the virus. They largely work as informal vendors whose incomes are directly impacted by restrictive measures. Containment measures and socio-economic stress in vulnerable households may increase risks of violence and exploitation against women and girls, including gender-based violence.

Across the region, *more than 11 million people are uprooted from their homes*. Many of them find themselves under physical and emotional strain, lacking shelter, food and other necessities – all of which makes them more vulnerable to the pandemic. The consequences of a major outbreak in displaced communities would be devastating. In addition, in densely populated areas such as displacement sites or transit centers lacking adequate access to clean water, hygiene and basic sanitation, physical distancing is difficult to implement and transmission risks are heightened. Displaced populations and stranded migrants are at a heightened risk of stigmatization and discrimination linked to COVID-19 and therefore have restricted access to health services.

COVID-19'S OVERALL IMPACT ON HUMANITARIAN OPERATIONS IN WEST AND CENTRAL AFRICA

In countries where large scale humanitarian operations were already stretched – such as regions hosting hundreds of thousands of people displaced by conflict and disaster, the COVID-19 outbreak and co-related measures taken to prevent its further spread are challenging the capacity of the humanitarian community to respond in new ways that would keep people under their care safe.

As COVID-19 is spreading and reducing access to field operations, aid organizations in the region have conducted *assessments on the criticality of their programmes* with the view to reprioritizing essential interventions in terms of life saving. By doing so, some activities will not be maintained and might fragilize the resilience of some vulnerable categories.

With technical support from global clusters and regional technical groups, country teams are adapting their *operational protocols on the ground* to continue delivering humanitarian assistance safely to the most vulnerable. Indeed, operations are being modified to continue delivering assistance, including remotely, without increasing risks for the population or for themselves to further spread the virus. Even if these measures may curb the efficiency of the aid, the protection measures are one of the priorities to ensure the Do No Harm principle. *The region - under normal conditions - is a well-integrated region for supply chains*. However, the mitigation measures are putting at risk the flow of goods across international borders, as well as internally. Ports and airports remain open to essential goods; however, a slowdown has been noted in some areas due to restrictions of personnel movement. Internally, the restrictions on movement between regions and cities and the closure of markets is negatively impacting the flow of food from areas of production to sale with a potential impact on food security. The interruptions to the flow of goods due to COVID-19 are also likely to aggravate price increases. The supply chain pipelines for Personal Protection Equipment (PPE) and medical items remain a source of concern for countries in the region.

In an already *challenging situation for humanitarian access*, as is the case for most of West and Central Africa, the COVID-19 outbreak will come as an additional complicating factor. The ongoing efforts to facilitate physical access to maintain humanitarian operations, amongst which coordinated common services for passengers, cargo and medevac, are crucial in putting in place the necessary infrastructure to allow supplies and personnel to enter countries or areas of conflict and ensure the continuation of humanitarian operations.

Both foreign and national militaries played an important role in bringing the last 2014-2016 Ebola epidemic under control in West Africa. However, while at the time the affected countries were mostly at peace this is not the case in all the Sahelian or Central African countries today. Involving military or security forces in the COVID-19 response carries important risks of further fueling tensions in conflict-affected areas. In these countries, the *Civil-Military Coordination* platforms have been affected by the restriction of movements and have decreased the quality of necessary dialogue between security forces and humanitarian actors in some places.

The necessary scale up of humanitarian assistance remains largely undermined by *insufficient financial resources*. Four months into the year, there is no Humanitarian Response Plan in the region funded over 15% and most are less than 10% funded. The 2nd iteration of the Global Humanitarian Response Plan for COVID-19 (to be released early May) encompasses both health and non-health immediate needs. For the region, it includes the eight HRP countries (Burkina Faso, Cameroon, CAR, Chad, DR Congo, Mali, Niger and Nigeria) plus four non-HRP countries included due to their risk exposure and vulnerability (Benin, Liberia, Sierra Leone and Togo). Other countries in the region are also facing high vulnerabilities that will be exacerbated by COVID-19 and with limited capacities to cope. With COVID-19 affecting the main donor countries of the region, the risk is high to see funds diverted from international humanitarian assistance to the sole profit of health response or to support domestic economy in the main donor countries.

KEY MESSAGES TO STAKEHOLDERS IN THE WCA REGION

Specific messages to the humanitarian community

All humanitarian actors (Government agencies, UN agencies, Red Cross, International and national NGOs) and donors are requested to increase efforts to coordinate, adapt modalities of assistance with no delay, including remote monitoring and digital solutions, decentralize and localize responses, strengthening remote management, while finding ways to maintain accountability, community engagement and follow-up.

Do no Harm / Humanitarian principles

↘ *Humanitarian Principles* (humanity, impartiality, neutrality and independence) are indispensable and integral to the operating context of the COVID-19 response. Planning and response are informed by the "Do No Harm" principle, and robust analysis of the operating context. Given the nature of the pandemic, it is imperative to ensure that all staff deployed to a situation are properly equipped and trained for their protection and to prevent the further spread of the virus.

↘ A key lesson learned from the Ebola response was the importance of *community involvement as well as accountability to affected populations*. It is crucial to include vulnerable communities in contingency planning and communications. Tailored messages and effective communication channels are essential for populations' equitable access to information. Acceptance at local level is critical in mitigating risks and accessing populations in need.

↘ *Supporting the local economy* will prevent additional groups of people to fall into acute long-term poverty and will help them get through an inevitable recession. Acting now will help prevent longer and more costly recovery measures to restart national economies when the crisis is over. This should be done by strengthening supply chains and support demand by maintaining purchasing power, focusing on market systems, price monitoring and government decisions.

↘ *Cash and Voucher Assistance (CVA)* is an efficient way to facilitate access to basic goods and services and support the local economy as much as possible. It also offers a large range of delivery options, including mechanisms to avoid large gatherings of people and mitigate price volatility (like vouchers). Humanitarian actors urgently need to strengthen their capacities to quickly deliver CVA at scale through different mechanisms to better address immediate needs and prevent an even worse impact on livelihoods, and piggybacking on national safety nets systems where possible.

↘ The c*entrality of Protection* and role of humanitarian actors as protection actors is fundamental to all aspects of operational response. In addition to addressing GBV, there will be a specific focus on strengthening PSEA activities of all partners in the response. Specific attention will also be given to the most vulnerable groups (including elderly, women, children) and those exposed to discrimination (such as migrants, asylum seekers, refugees, etc.).

Coordination of COVID / Humanitarian response

To avoid parallel coordination structures, COVID-19 response should be integrated into the humanitarian response architecture and existing mechanisms and accountabilities (see IASC Protocols, April 2020) and be conceived as complementary and in support of existing government-led coordination mechanisms and actions.

Partners should increase their capacities for joint quantitative and qualitative assessments and analyses focused of the most vulnerable groups and to facilitate informed decisions by the humanitarian community - including donors.

HRPs and National Response Plans should be based on inclusive option response analysis to adjust interventions and to address additional needs resulting from the COVID-19 crisis. They should allow a broad range of modalities (including digital solutions) to adjust to the specificities of the crisis, and should be developed through a transparent and inclusive process (with all relevant stakeholders, especially national actors, INGOs, national NGOs and CSOs).

Specific messages to donors

While we must ensure resources are available to fight COVID-19 in the region, it is important that these are not diverted from existing humanitarian appeals in the region.

↘ *Donors must urgently ensure that aid agencies have the capacity to scale up their response*, in a region where the humanitarian community is an important pillar of the national health system. The response must go beyond the urgent response to the pandemic and ensure capacity to maintain routine immunization, as well as respond to other life-threatening diseases affecting the region.

↘ *Donors must be ready to provide the necessary flexibility and simplification of funding arrangements to allow the continuation of a holistic humanitarian response*. Considering the exceptional circumstances, remote programming and a commitment to existing programmes, that allow for staff and administrative costs to continue, even if or when projects are suspended should be supported.

↘ *Donors should view this as an opportunity to more fully implement and accelerate Grand Bargain commitments* and increase support to local actors, assuring funding to organisations and agencies with operational presence, as well as simplifying reporting requirements, for a more efficient response.

↘ *Donors should support states in providing social safety nets* in contexts where the necessary restrictions are likely to lead to increased vulnerability amongst the population, and consequently a worsened humanitarian situation.

Specific messages to host governments

Host governments in the region are playing a role of critical importance by taking timely measures to halt the spread of COVID-19 and to address socio-economic consequences. *The humanitarian community is actively offering its support to governments* across the region as they step-up their fight against this pandemic and to reduce the humanitarian impact on the population.

↘ In order to enable the continuation of life-saving and life-sustaining humanitarian activities across the region, *national governments should facilitate the principled delivery of humanitarian assistance*, including establishing *international humanitarian corridors* for seamless movement of humanitarian cargo and critical personnel wherever possible.

↘ In complement to the national health response to COVID-19, it is vital to maintain the delivery of essential humanitarian assistance, particularly in hard-to-reach areas, and the of affected and at-risk communities across the region. In cases of lockdown or significant restrictions of movement, national regulations should enable the continuation of humanitarian operations along with health operations (both essential) – including *facilitating internal movement of humanitarian cargo and personnel* to guarantee humanitarian assistance reaches the last mile while respecting public health arrangements put in place.

↘ *Ensuring access to health services and other social services such as education, social welfare and socio-economic responses should be guaranteed to all* regardless of their status. The inclusion of migrants, asylum seekers, and refugees in national preparedness and response plans is key to preventing the spread of the disease. Setting up digital or non-digital measures for civil documentation should facilitate access of the most vulnerable to essential social services.

↘ *Health and humanitarian activities should be civilian led and guided by the humanitarian principles*. It should not be used to advance security and/or political agendas. Even in settings where cooperation between militaries and humanitarians is possible, interactions with the military and the pursuance of common goals must not compromise the actual or perceived neutrality, impartiality and operational independence of humanitarian aid workers.

↘ *As governments are implementing lockdown or significant restrictions of movement to contain the propagation, there is an urgent need to provide economic support to households impacted by those restrictions – in particular to informal workers*. To do so, expansion of existing safety nets or designing new safety nets initiatives along with other social protection measures (suspension of charges, rent payments, free access to basic health care, etc.) are the most efficient way to mitigate impact and avoid large groups of populations to fall into long-term poverty.

↘ In a context of increasing social and economic vulnerability, a significant proportion of the population, especially children, women and girls, are exposed to increased risks of violence, exploitation and abuse. In order to ensure that they have access to appropriate services, the Government, particularly during lockdown measures, must ensure that social services, especially social and para-social workers, are part of the essential response mechanism and that they have the means and resources to carry out their tasks safely.

Specific messages to regional institutions

↘ This crisis is an opportunity to strengthen governments' leadership in setting up *social protection systems* that will help the most vulnerable to access basic goods and services to get through the crisis, as recommended by the African Union and the SPIAC-B. Protecting livelihoods of informal workers is critical to avoid a larger economic crisis, but ensuring that the most vulnerable people and marginalized groups are also covered by these programmes will be key. Peer-to-peer learning should be facilitated to ensure that good practices for social protection and safety nets are shared, that governments are investing in these programmes using appropriate targeting approaches, expanding social registries, coordinating with humanitarian interventions to maximize coverage.

↘ While public health measures are in place, regional institutions should support member States with adopting fundamental protection principles for populations that are on the move, including forcibly displaced populations, and people caught in mixed flows as well as promoting traditional community asylum space. Existing human rights monitoring and surveillance mechanisms provide advice to member States and should guide their policy to respond to COVID-19. On this note, the technical bodies of the regional institutions (AU, ECOWAS, ECCAS, CEEAC, CEMAC) are expected to be proactive.

↘ Regional integration bodies should advocate for enhanced disease surveillance at borders, instead of border closures, whose impact may be devastating on mobile populations and local economies.

REFERENCES & ADDITIONAL RESOURCES

Coordination

* *IASC System-Wide Scale-Up Protocols - Adapted to Respond to the COVID-19 Pandemic (link)*

Gender

* *The Lancet : COVID-19 the gendered impacts of the outbreak - Link*

* *Gender Alert for COVID Outbreak – IASC / UNWOMEN*

Migration

* *IOM Background brief on the Sahel and Lake Chad Basin Amid Covid-19 Crisis*

Food Security

* *Relevé de Conclusions du Cadre Harmonisé – Mars 2020 CILSS / RPCA - Link*

* *RPCA: Note aux décideurs*

Cash-based intervention

* *Center for Global Development (CGDev) COVID-19: How Countries Can Use Digital Payments for Better, Quicker Cash Transfers*

* *BCEAO Communiqué relatif aux mesures de promotion des paiements électroniques dans le contexte de la lutte contre la propagation du COVID-19*

* *ID Insight: Policy Brief, Cash Transfers in Sub-Saharan Africa*

* *SEEP Network : Markets in Crises (MiC) Statement on COVID-19*

Social protection/safety nets

* *World Bank blogs: What can low-income countries do to provide relief for the poor and the vulnerable during the COVID-19 pandemic?*

* *SPIAC-B A Joint Statement on the Role of Social Protection in Responding to the COVID19 Pandemic*

* *Collaborative Cash Delivery Network CCD Social Protection Working Group: Advocacy in Response to COVID-19*

Access

* *CaLP: Impossible Choices – questioning assumptions behind lock-down in low income and fragile contexts*

Health

* *"COVID-19: Operational guidance for maintaining essential health services during an outbreak":* https://www.who.int/publications-detail/covid-19-operational-guidance-for-maintaining-essential-health-services-during-an-outbreak

* *Guiding principles for immunization activities during the COVID-19 pandemic:* https://apps.who.int/iris/bitstream/handle/10665/331590/WHO-2019-nCoV-immunization_services-2020.1-eng.pdf

Protection

* *United Nations, COVID-19 and Human Rights We are all in this together - Link*

* *UNHCR, UNHCR Protection Note: Impact of COVID-19 on the protection of displaced and stateless populations West and Central Africa,* https://data2.unhcr.org/en/documents/details/75706

* *UNICEF Agenda for Action for more advocacy asks for children*

Other

* *IASC Interim Key Messages – Flexible Funding for Humanitarian Response and COVID-19*