

PROGRESS REPORT

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Young girls in Western Niger, among the millions of persons forced to flee in the Sahel. ©UNHCR Niger/Marlies Cardoen

RESPONDING TO THE URGENT NEEDS OF REFUGEES, INTERNALLY DISPLACED, RETURNEES AND OTHERS OF CONCERN

Regional Overview

The **Sahel** region continues to face a severe humanitarian and protection crisis, exacerbated by the COVID-19 pandemic and major flooding across the region. To address the significant needs of displaced populations and their hosts, UNHCR scaled its emergency response, in coordination with the Governments of the region as well as key humanitarian and development actors.

Widespread and indiscriminate violence by armed groups have intensified since the beginning of 2020 whilst social and political tensions are rising, forcing more people to flee across the region. In **Burkina Faso**, the number of internally displaced persons has reached over 1,000,000 in August 2020 while internal displacement doubled in **Niger** since the beginning of the year. In **Mali**, internal displacement continues to increase while the deterioration of the security in neighbouring countries pushed over 6,000 Malian refugees return to their country of origin in 2020. As of 30 September 2020, a total of 3,530,175 persons have been displaced across the region, exacerbating pressure on the already limited natural resources and social services in the new hosting areas. This volatile context allowed armed groups to expand their range of operations southwards with a growing impact on coastal countries.

Along with this increase in violence, the **Sahel** has seen a growing number of fatal incidents due to landmines, unexploded ordnance and improvised explosive devices (IED) in 2020. Often living in the most conflict-affected areas, refugees and IDPs are particularly exposed to this risk. In a recent incident in a refugee camp in eastern **Chad**, on 24 June 2020, four refugee children from ages 9 -12 were killed and three others seriously injured when they picked up an unexploded device and tried to open it. In **Burkina Faso**, on 6 June 2020, a vehicle carrying two refugees hit an IED near Mentao refugee camp. Both were evacuated to Djibo, where they received treatment for their injuries. In **Niger**, five incidents have killed at least five refugees and displaced people while injuring many others since the start of the year. In **Mali**, the civilian population accounts for almost half of the victims of landmines and improvised device explosions in the entire country. At least 42 civilians were killed in 82 incidents between January and May this year, mainly in the Mopti, Gao and Kidal regions. In addition to the high death toll, injuries and their after-effects, including psychological damage, the presence of explosive devices hinders the delivery of humanitarian aid and development activities.

In addition to this dire security situation, the Sahel is seeing an increase in the frequency and intensity of floods, droughts, and other climate-related hazards. These extreme weather events represent an additional challenge for governments already grappling with endemic poverty, and chronic vulnerabilities, critically compounded by the COVID-19 pandemic which has weighed heavily on already weak and depleted national health systems across the region. Since August, the region has recently experienced torrential rains for the past two months, causing devastating floods across large swathes of Burkina Faso, Chad, Mali and Niger. This has impacted over 700,000 people, among them thousands of displaced persons, destroying homes, health centres and farmland and aggravates

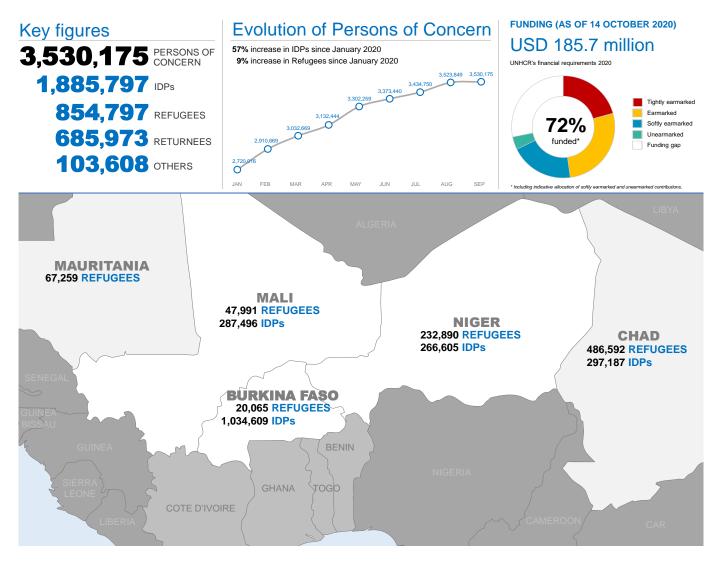


People carry their belongings in a street flooded by the Niger River in the Kirkissoye neighborhood in Niamey, Niger, on August 27, 2020. © AFP/Boureima Hama

the lack of access to clean and renewable energy sources to meet basic needs for light, water and cooking fuel. As living conditions further degrade and livelihoods opportunities disappear, this dramatic situation is likely to generate increasing displacement of populations within the region and possibly southward to some of the Coastal countries and northward to North Africa and Europe.

In this extremely difficult context, UNHCR has scaled up its emergency response in line with the strategy laid out in its Appeal issued in June 2020. Focusing on shelter interventions, distribution of core relief items, prevention of and response to sexual and gender-based violence, education and the environment, UNHCR has also increased its support to national health systems to respond to the COVID-19 pandemic and to mitigate the spread of the virus in highly vulnerable communities.

To mobilize financial and technical support from all relevant stakeholders and ensure the humanitarian response is complemented by more long-term development and peacebuilding interventions to address the deep-seated and intertwined root causes of the Sahel conflict, UNHCR is closely engaging and coordinating with the governments of **Burkina Faso**, **Chad**, **Mali**, **Mauritania** and **Niger** and all relevant actors in the region. To facilitate and structure this cooperation, the five governments have established -with UNHCR support- the Bamako Process, an intergovernmental process to implement the conclusions of the Bamako Declaration. Officially launched on 12 October 2020, the Bamako Process will focus on five areas of interventions including: 1) Humanitarian access and civil-military coordination 2) Protection in the context of the UN framework for the prevention of violent extremism 3) Access to asylum in the context of mass influx and mixed movements 4) Solutions for refugees, IDPs and other civilian population 5) Access to civil registration, identity document and nationality.



UNHCR's Operational Priorities

Based on its mandate, UNHCR is working to provide protection and seek solutions for the benefit of refugees, IDPs, returnees, persons at risk of statelessness and host communities, and in line with its responsibilities under the IASC, for civilians as a whole. Throughout its interventions, UNHCR is promoting inclusion as well as the meaningful participation of and accountability to affected people. In line with its Sahel Strategy and its Sahel Appeal launched in 2020, UNHCR is focusing the scale up of its activities on the following operational priorities.

COVID-19 Response

In the Sahel, the COVID-19 pandemic added a health emergency to one of the most severe humanitarian crises in the world creating an additional burden on a region grappling with fragile national health systems, limited access to water and sanitation facilities and precarious living conditions in overcrowded communities. Drawing from its extensive experience in emergency response and its unique field presence, UNHCR scaled up and adapted its interventions to ensure continuity of assistance despite the operational constraints created by the pandemic.

Throughout the **Sahel**, protection activities and processes were adjusted to allow for social distancing through remote case management via telephone, preventive measure in registration processes. UNHCR stepped up its engagement and advocacy with Governments to allow for voluntary returns and safeguard the principle of non-refoulement despite border closures.

KEY ACHIEVEMENTS*

- 114,695 people received essential healthcare services
- **13,786** people (including children, parents and primary caregivers) provided with mental health and psychosocial support services
- 34,746 women and girls have accessed sexual and reproductive health services
- 13,384 households most vulnerable to/affected by COVID-19 who received livelihoods support

*Including Burkina Faso, Mali, Mauritania and Niger.

HIGHLIGHT: Community engagement and risk communication

In West Africa the COVID 19 Regional Risk communication and community engagement digital platform launched by UNHCR and its partners is used by community mobilisers disseminating prevention messages and national platforms exploring innovative two-way communication venues to engage IDP, stateless and refugee communities throughout the region. This regional effort was complemented at country level through various initiatives. In Burkina Faso, UNHCR has partnered with a local NGO specialized in journalism and the provision of information to populations faced with crisis to produce a short daily COVID-19 news program for IDPs and host populations. As part of this partnership, news programs in French and local languages were broadcasted to refugees, IDPs and host populations through 37 partner radios across the country. Over 160,000 pandemic-related posters have also been distributed. Questionnaires to assess the knowledge of IDPs and host communities on the COVID-19 were completed by 850 families. The results of these surveys allowed to assess information needs and gaps and inform the development of radio programs on COVID-19 prevention as well as on issues of peaceful coexistence and material needs. In Mauritania, in the Mbera camp, a crisis committee, including UNHCR, partners, refugee leaders and community volunteers, was set up to jointly manage communication and mobilization. The training of 226 community facilitators has enabled a door-to-door awareness campaign and mobile messaging in the various languages spoken by refugees, as well as engagement of host communities.

UNHCR enhanced communication with communities to provide persons of concern and host communities with relevant, culturally appropriate and linguistically accessible information on COVID-19 and prevention measures to be adopted. Country operations have also increased their direct 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.

UNHCR scaled its WASH and shelter interventions and increased the distributions of core relief items to help decongest the most overcrowded sites to allow for social distancing, isolation of suspected or confirmed cases and to ensure that seemingly simple hygiene measures such as washing one's hands would be possible in most hosting areas. Country operations also increased their focus on strengthening community-based protection mechanism and enhancing the resilience and self-reliance of refugee and IDP communities including through the ramping up of cash assistance.

Already jeopardized by insecurity in the region, education was further disrupted by the pandemic. After the closure of schools throughout the Sahel, UNHCR worked with Governments and partners to ensure displaced children and youth have access to safe distance learning alternatives. As schools progressively reopened from July, UNHCR supported health training for teachers and community awareness-raising activities on COVID-19 and basic prevention measures while upgrading water and sanitation facilities in schools. UNHCR also coordinated with the UN country teams, Inter-Agency platforms and key donor countries to contribute to a coordinated response to the COVID-19 crisis and to ensure that persons of concern are included in all relevant response plans.

HIGHLIGHT: A new UNHCR-African Development Bank partnership in the Sahel

As part of its effort to promote a comprehensive and inclusive approach to addressing the needs of refugees and IDPs, UNHCR has entered into a tripartite agreement with the African Development Bank and the G5 Sahel to support the COVID-19 response across the five countries of the Sahel region. Funded through the framework of the African Development Bank's COVID-19 response facility, the USD 20 million project will allow the Governments of Burkina Faso, Chad, Mali, Mauritania and Niger to strengthen their national health response to prevent the spread of COVID-19 and limit its social and economic impact in a region already facing a dire humanitarian crisis. Implemented with the support of UNHCR, the project will prioritize activities in areas most impacted by conflict and violence, with high a concentration of forcibly displaced people and limited presence of government institutions.

Prevention and response to sexual and gender-based violence (SGBV)

In the Sahel, gender-based violence, already endemic in the region, further increased due to COVID-19 and the subsequent movement restrictions that have exacerbated existing vulnerabilities and hampered access to services for survivors. To address this situation, UNHCR is working with partners to implement strong referral mechanisms, strengthen health and support structures (including through the introduction of new mobile health services) in main hosting areas which have historically been underserved.

In **Burkina Faso**, **Mali** and **Niger**, this dramatic SGBV situation was further aggravated by the COVID-19 pandemic, which disproportionately impacted women and girls. Traditionally caring for sick family members, they are also exposed to negative family coping mechanisms like child marriage in times of crisis.

In the past months, the region has seen an increase in domestic violence and abuse, sexual exploitation, trafficking, forced and early marriage, unwanted pregnancy, and increasing instances of rape and other forms of sexual violence as the conflict exacerbates, etc.

KEY ACHIEVEMENTS*

- 303 community-based protection committees/groups working on SGBV prevention and response
- 1,456 reported incidents of SGBV through the new mobile clinics
- 373 of reported SGBV incidents for which survivors receive medical assistance
- **387** sensitization and capacitybuilding sessions on SGBV
- 16,792 persons received information on GBV and the services available
- Over 850,000 people have accessed protection services

*Including Burkina Faso, Mali, Mauritania and

In this extremely difficult context, UNHCR is stepping up its response to strengthen existing health structures, increase prevention activities, maintain effective referral mechanisms for survivors of SGBV to ensure that the GBV cases are identified and monitored, and that the most critical ones receive immediate support including in the most remote areas despite a shrinking humanitarian access. UNHCR also worked to maintain access to quality reproductive, child, and maternal health services to women and adolescent girls.

Various initiatives were introduced to that effect, including emergency cash assistance, remote individual case management and psycho-social counselling over the phone for women and girls as well as LGBTI individuals and other persons with specific needs during the pandemic.

Targeted campaigns on Instagram, Facebook, and rural radios in **Burkina Faso** and **Niger** helped disseminate information on GBV services and prevention of sexual exploitation and abuse (PSEA) complaints mechanisms within internally displaced, stateless and refugee communities. These messages also included strategies for maintaining psychosocial wellbeing, managing anxieties related to the pandemic.

HIGHLIGHT: Mobile health clinics launched throughout the Sahel

Mobile health clinics were set up in **Burkina Faso**, **Mali** and **Niger**. Composed of case and health workers locally recruited and trained, these mobile teams can reach the most inaccessible areas to UNHCR's teams to provide direct care, including basic health consultations and psychosocial support to SGBV survivors from IDP, refugee and host communities. They also contribute to strengthening prevention and community-based protection through awareness raising, sensitization of community

leaders on SGBV and provision of comprehensive information on how to survivors can seek support.

The launch mobile clinics have allowed the scale up of our SGBV response with the identification of over 1,400 SGBV cases to date, over 500 of whom received immediate medical service, psychosocial support and other services.

In addition, over 300 communitybased protection committees and working groups on SGBV prevention and response have been set up and over 16,000 persons received information on GBV and the services available.



The newly established mobile clinic in the Sahel provides much needed primary health care to IDPs, refugees and host community and a strengthened response to cases of SGBV in the Sahel. ©UNHCR/Burkina Faso

Shelter & Non-Food Items Camp Coordination and Camp Management (CCCM)

With displacement constantly on the rise across the Sahel, and many forced to flee multiple times, most of the displaced populations live in overcrowded or substandard shelters. Residing in congested sites, or among host communities in historically underserved areas, refugees and IDPs are often deprived of privacy and exposed to theft and violence.

With limited access to water and hygiene facilities, they are at 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.

KEY ACHIEVEMENTS*

- 106,282 persons of concern receiving shelter support
- 10,329 of households receiving core relief items and multi-purpose cash grants

*Including Burkina Faso, Mali, Mauritania and Niger.

As forced displaced increased in **Burkina Faso**, UNHCR scaled up its shelter response with the direct provision of 6,115 shelters (in-kind and Cash-Based Intervention) to since the most vulnerable families beginning of 2020. A total of 1,286 Refugee Housing Units (RHU) were constructed in different regions including 441 RHU in North Center, 502 in Sahel and 343 in the North.

Cash grants for construction materials for shelter were distributed to 394 households. These interventions implemented directly enabled UNHCR to shelter 5,222 IDP households and protect them from the extreme weather event of the past months. In addition to UNHCR's interventions, its partners contributed to the shelter response with the construction of 4,435 shelters in hosting areas throughout the country.

STORY: Improving living conditions of displaced persons in the Sahel

In the Youba internally displaced site near Ouahigouya in the North region of **Burkina Faso**, A. Tall, 38, lives with her husband and their six children. They arrived in the site in February 2020, after their community had been attacked in Tengsobare, in the commune of Barga. For several days, they slept

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