

Refugees from Western Sahara Tindouf, Algeria

Comprehensive Needs for COVID-19: Prevention and Response



SUMMARY

The COVID-19 submission for refugees from Western Sahara in camps in Algeria presents the strategy to respond to the public health needs and immediate humanitarian consequences of the epidemic in other sectors including education, food security, protection, and water, sanitation and hygiene (WASH). This strategy aligns the collective efforts of the humanitarian community, including UN humanitarian agencies and I/NGOs to support the refugee community in managing the impact of COVID-19.

This submission seeks to mobilize support to implement the most urgent and critical activities over the next three months, and sometimes beyond, in exceptional cases.

The primary focus continues to be prevention, preparedness and treatment of the COVID-19 outbreak. Central to the strategy are the following overall objectives:

1. To prevent transmission of COVID-19 amongst Sahrawi refugees in the camps;
2. To provide adequate care for patients affected by COVID-19 and to support their families and close contacts; and
3. To mitigate the worst effects of the pandemic and adapt programmes in the different sectors to address the needs and challenges emerging from this pandemic.

Education

- Supporting access to alternative education via production of education lessons to be broadcast and learning materials
- Establishing a distance learning project for students with no access to classes

Food Security

- Distributing basic food rations and fresh food to refugees who are food insecure and vulnerable to food insecurity and affected by the COVID-19 crisis while monitoring the market to ensure availability of basic nutritious food and stability of prices

Health and WASH

- Risk communication and community engagement:
 - ✓ Sensitization campaigns on preventive measures against COVID-19 and public health promotion activities;
 - ✓ Providing equipment to support Communication for Development (C4D) campaigns
- Infection Prevention and Control through:
 - ✓ Procurement of sufficient quantities of Personal Protective Equipment and delivery of medicines
 - ✓ Provision of hygiene materials and supplies, including distribution of soap and bleach and improving personal hygiene
 - ✓ Installing handwashing facilities in the camps
 - ✓ Disinfection campaigns
 - ✓ Distributing sanitary pads to girls and women and diapers to persons with specific needs
 - ✓ Supporting the creation of isolation centres in each camp
 - ✓ Capacity building for decision-makers and for staff (health and WASH)
 - ✓ Preparation of sanitary facilities and materials
 - ✓ Reinforcement regarding logistics and transport for the supply and distribution of medicines
 - ✓ Strengthening sanitary solid waste management
 - ✓ Equipping the hygiene department with the necessary tools, hygiene products, and chemical hygiene solutions
 - ✓ Supply of 'disinfection tunnels' for regional hospitals
 - ✓ Support to the central production laboratory for the production of hydroalcoholic gel

COMPREHENSIVE NEEDS FOR COVID-19: PREVENTION AND RESPONSE

- Prevent and address the secondary impact of the outbreak
- Awareness-raising campaign for parents on the importance of immunization, and on individual basic hygiene measures
- Training of vaccination professionals on the management of the expanded vaccination program
 - ✓ Training of matrons/midwives on the management of reproductive health and neonatal care
- Financial incentives and capacity building for health staff and staff from other sectors
- Building and equipping a referral hospital in the camps
- Strengthening the Sahrawi Information System for epidemiology control
- Triage preparation in health centres
- Strengthening of the transport for health personnel

Protection

- Supporting the Sahrawi leaders in providing psycho-social support to children and their families
- Awareness-raising activities on child protection
- Provision of goats for livelihoods and milk production for vulnerable families

The overall requirement are USD 14,910,740 million.

Sector	Grand Total (USD)
Education	307,170 \$
Food Security	6,660,000 \$
Health	5,642,500 \$
Protection	210,000 \$
WASH	2,091,070 \$
Grand Total	14,910,740 \$

COVID-19 CRISIS

In the Middle East and North Africa (MENA) region, all 20 country operations have reported COVID-19 cases among their population. Across the MENA region, countries continue to tighten restrictions related to COVID-19. Strict curfew measures are in place in a number of countries, including Algeria.

As of 15 April, the total number of confirmed cases since the start of the epidemic in Algeria is currently 2,160 including 336 deaths (WHO Sitrep, 16 April). With the technical support of the WHO, the National Institute of Public Health is supporting and reinforcing of the capacities of coordination, epidemiological surveillance, prevention and control of infections for the response to the epidemic in some wilayas. An executive decree is in effect for partial containment measures to all the wilayas in the country (excluding the wilaya of Blida, the current epicenter of the epidemic, which remains subject to a total containment). The national multi-sectoral response to the epidemic is coordinated from the office of the Prime Minister, and the President has announced a large array of measures to protect the health of Algerian people, including closing land borders; suspending air transport; closing schools; universities and training establishments; suspending group prayers and closing mosques; reinforcing the equipment of hospitals; and strengthening sensitization campaigns to “stay home”, among others. To date, there have been no reports of COVID-19 infection among humanitarian staff, refugees, or asylum-seekers living in Algeria. On 12 March, a day after the WHO declaration of a pandemic, humanitarian agencies and organizations began making their business continuity plans with the first priority of protecting staff and the persons of concern – refugees and asylum-seekers. Activities were re-prioritized, to ensure preventive measures and to maintain lifesaving activities. This has included teleworking for staff, with reduced presence

in the office, and the latter only for critical staff.

Health, nutrition, water, sanitation, hygiene, and food activities are ongoing, without any disruption. All basic and essential services are being provided by Sahrawi staff of the partner organizations. Other activities, mainly related to construction, installation, trainings, and technical design, education and socio-cultural, are suspended.

For Sahrawi refugees, content (at help.unhcr.org) is available in English, French and Arabic. The website contains practical information on services available to refugees as well as contact details during the COVID-19 situation. It has been shared with all persons of concern, partners and stakeholders to ensure access to information.

Coordination

Organizations of the United Nations system have established coordination under the authority of the Resident Coordinator's Office and with technical leadership from WHO to support response operations to COVID-19 in Algeria.

In Tindouf, UNHCR is the lead humanitarian agency, supported by WFP and UNICEF; and MINURSO is the lead agency responsible for security. UNHCR with the Sahrawi leader in charge of health launched a COVID-19 working group under the public health platform of coordination. A clear referral pathway has been established to refer potential suspected cases to Tindouf hospital, and UNHCR is leading the coordination of preparedness and response. A list of needed medical supplies and equipment was elaborated and shared with all stakeholders, and UNHCR is coordinating the response to the needs. UNHCR has compiled a list of needs, consisting of medical supplies and more (soap, washing machines, etc.), and is updating and sharing it regularly with all stakeholders. Forty-seven percent of expressed needs – for one month only – are so far covered. Efforts are engaged to get more support from donors and host country in order to reduce the gap of needed items.

The Sahrawi leadership has been very active in taking serious preventive measures, including the creation of a COVID-19 taskforce which is working in close coordination with Tindouf health authorities, and restricting movement between the camps on 22 March. Sahrawi health leaders are very engaged in prevention. Sensitization spots and talk-shows are regularly broadcast in the main Sahrawi media (radio and TV), and a 13-day sensitization campaign was carried out in all camps on COVID-19 related topics, and focusing on prevention measures. The campaign was supported by the humanitarian community, which provided a quantity of personal protective equipment (PPE), cleaning equipment and solutions (water and bleach), and in engaging staff for this purpose.

Operational Constraints

A declaration has been issued regarding setting measures on border control, movement to Tindouf and the camps, and preventive measures to prevent the spread of the virus. UNHCR WFP, and UNICEF have access to the camps; however, movement to the camps is allowed only for life saving activities. Unnecessary movements are prevented, in line with Algerian authorities' prevention policies. With the current situation, there are issues in procurement of necessary items and materials, travel cargo restrictions, and shortages of personal protective equipment (PPE) due to market conditions. With partners, the UN humanitarian agencies are maintaining only lifesaving activities. All non-lifesaving activities are currently suspended as a precaution. The Danish Refugee Council (DRC) has an active livelihoods programme, but because of the current operational constraints which is expected to limit non-lifesaving activities over the next quarter, is not able to propose activities for this submission. The same is true of others. With DRC, they all stand ready to participate in the

comprehensive global response once the situation returns to near normal.

WHO WILL BE AFFECTED?

COVID-19 is a health crisis that risks evolving into a broader crisis with huge socio-economic impacts. People with pre-existing non-communicable diseases (NCD) appear to be more vulnerable to becoming severely ill with the virus. These include cardiovascular disease, chronic respiratory disease, diabetes, and cancer. The major public health issue in the camps is related to NCD, especially diabetes and hypertension. More than 160,000 medical consultations were performed last year in the camps, the majority of which were carried out by Sahrawi health personnel.

The socio-economic impact of the virus – and of the containment and mitigation measures around the world – is potentially catastrophic for many children and women. Social services are being directly disrupted by the pandemic, leading to reduced access to essential reproductive, maternal, newborn and child health interventions. In addition, the pandemic would lead to potential losses in learning for children and young people.

In Tindouf, the three UN humanitarian agencies, working together with partners, are providing humanitarian assistance to the most vulnerable refugees, and in some cases – such as for health and water, sanitation and hygiene – providing services to the whole camp population. WFP currently provides 133,672 monthly food rations to refugees who are food insecure and most vulnerable to food insecurity.

SECTOR NEEDS AND PLANNED RESPONSES

Education

Agencies/Organizations: UNICEF supported by Comitato Internazionale per lo Sviluppo dei Popoli (CISP) | UNHCR supported by Association des Femmes Algériennes pour le Développement (AFAD), CISP

Financial requirements (US\$): 307,170

Target: Approximately 40,000 refugee children and youth (enrolled in schools and kindergartens) and their families

SECTOR OBJECTIVES

1. All Sahrawi refugee students have access to quality education from preschool to higher secondary and tertiary

RESPONSE STRATEGY

Following the school closures in the camps in March 2020, without computers and access to internet and media, refugee children and youth are deprived of access to all online learning opportunities. UNICEF and UNHCR will support the Sahrawi education department with its distance learning strategy and develop a response to continue the education of Sahrawi refugee children. CISP will reinforce school and kindergartens to prepare for the next school year.

The following activities will be undertaken:

- Support the Sahrawi education department with the preparation, recording and dissemination of courses for primary and lower-secondary school.
- Start a distance learning project through broadcasting the curriculum through the Sahrawi TV channel, which will address the students at the fifth year of primary school and fourth year of lower intermediate schools to avoid losing the current academic year. (This will be a first step, after which lesson can be expanded to cover the remainder of the grades.) The subjects covered by the curriculum include Arabic

language, Spanish language, French language, mathematics, history, geography, science, physics, civics, Islamic studies, etc.

- Provide financial incentives to teachers and inspectors and others supporting the lessons
- Providing all needed education illustration materials to the TV classes and media equipment
- Provide capacity building for the teachers involved in the project
- School and kindergarten reinforcement activities implemented by Sahrawi academics to prepare for the next school year.

Food Security

Agencies/Organizations: WFP in partnership with Algerian Red Crescent (ARC) & Comitato Internazionale per lo Sviluppo dei Popoli (CISP) | Oxfam in partnership with Sahrawi Red Crescent (SRC)

Financial requirements (US\$): 6,660,000

Target: Food-insecure refugees and refugees at risk of food insecurity: General Food Assistance - rations: 152,768 (May-July) | 133,672 (Aug-Dec)

SECTOR OBJECTIVES

1.Reducing the Food Security impact on vulnerable households and most vulnerable refugees of the current COVID-19 pandemic in the Tindouf refugee camps.

RESPONSE STRATEGY

The COVID-19 outbreak is likely to exacerbate the already problematic food security situation in the camps. Limited economic opportunities and the harsh environment that curtails traditional agriculture have for a long time been contributing factors for food insecurity in the Tindouf refugee camps.

According to the 2018 Food Security Assessment (FSA), most Sahrawi refugees depend on external assistance: 30 percent of the population is food insecure and 58 percent is vulnerable to food insecurity (with different levels of vulnerability), leaving just 12 percent of the Sahrawi population food secure¹. WFP currently provides 133,672 monthly food rations to refugees who are food insecure and most vulnerable to food insecurity. However, many refugees who are vulnerable to food insecurity and are currently not covered by WFP assistance are likely to become food insecure in the event of a shock such as the COVID-19 pandemic. The few small businesses in the camps (e.g. shops, taxis) and jobs (e.g. day labor) are affected by new restrictions on movement. Livelihood activities by humanitarian actors are also suspended. In the absence of these small earnings, many refugee families are increasingly vulnerable and food insecurity levels will likely increase.

WFP expects that the number of refugees in need of food assistance will increase by 19,096 to 152,768 – representing the population that is food insecure or vulnerable to food security based on the 2018 FSA. WFP will scale-up the number of rations in its in-kind food distributions for the next three months (May, June, and July).

WFP plans to conduct an Emergency Food Security Assessment (EFSA) to assess the impact of the COVID-19 pandemic on households' food security and allow for more fine-tuned corrective measures.

Through its partners in the field, WFP is adopting a modified in-kind food distribution modality to ensure that vulnerable Sahrawi refugee households have direct access to food despite restrictions on movement. The new approach will also limit crowding at distribution points to ensure the safety of the served population. WFP is putting in place remote monitoring systems and a direct feedback system to stay in touch with the beneficiaries at a time of limited access to the camps.

¹¹ 2018 Food Security Assessment

In complementarity to WFP's dry food ration, Oxfam has been distributing fresh products over the peak summer months to contribute to the dietary diversity of refugees during the period where fresh products are scarce and costly. Oxfam currently has funding to cover the distribution of fresh food (1kg/person/month) for 133,672 rations for 3 months only (June-August). OXFAM aims to complement this funding to secure an additional 2 months (April-May) in order to address the economic impact of COVID-19 on refugees' purchasing power and the functionality of local markets.

Decreased availability of food and/or increased food prices are a risk during the COVID-19 pandemic. Algeria is largely depended on food imports and any increase in international food prices and potential trade restrictions could significantly affect food availability in Tindouf and the refugee camps in the coming months. To mitigate these risks, WFP plans to preposition food for five months of General Food Distribution (for 133,672 rations) and requests donors to accelerate their 2020 contributions to allow for food purchase and transport in time. Furthermore, WFP will closely monitor the market in the Algerian town of Tindouf and within the camps to allow for corrective measures and additional responses, if necessary.

In addition to these actions, WFP will continue its life-saving activities of nutrition support to pregnant and lactating women and children 06-59 month through the distribution of specialized nutritious food in health centres and the fresh food voucher project.

The sector will pursue the following strategy with the aim of addressing or ameliorating the challenges outlined above:

- Scale up number of in-kind rations of General Food Assistance for three months (May, June, July) by 19,096
- Preposition food for General Food Assistance (133,672 rations) for five months

The following activities will be undertaken:

- In-kind food distribution, that does not put staff or people receiving assistance at risk of contagion
- Distribution of fresh produce to vulnerable refugee population (133.672) for 2 months (1 kg / person / month)
- Conduct Emergency Food Security Assessment (EFSA) to assess impact of COVID-19 on food security
- Establish remote-monitoring system in coordination with partners
- Conduct Market survey to monitor impact on local market

Health

Agencies/Organizations: UNHCR supported by Triangle Génération Humanitaire (TGH) & Algerian Red Crescent (ARC) | UNICEF supported by Comitato Internazionale per lo Sviluppo dei Popoli (CISP) | CISP | Oxfam in partnership with Sahrawi Red Crescent (SRC) | Doctors of the World-Spain (MDM-Spain)

Financial requirements (US\$): 5,642,500

Target:

- The whole camp population
- Health personnel including vaccination personnel, midwives,
- Patients.
- Around 30,000 people ages 50 and older
- 28,000 households benefit from public health promotion activities

SECTOR OBJECTIVES

Contribute to prevent and decrease the COVID-19's negative impact on the Sahrawi population living in the Sahrawi Refugee Camps, through prevention, preparedness and response actions agreed and coordinated with local leaders and other humanitarian actors:

COMPREHENSIVE NEEDS FOR COVID-19: PREVENTION AND RESPONSE

1. Improve the health wellbeing of Sahrawi refugees with the aim of reducing general and specific mortality rates.
2. Strengthening the capacities of the Sahrawi department of public health in the prevention and control of COVID-19 infection by providing PPE for vaccination and reproductive health personnel.
3. Capacity building for vaccination and reproductive health professionals through thematic trainings targeting special measures aiming at ensuring continuity of health services in the COVID-19 context
4. Improve hygiene materials and practices at household level for COVID-19 preparedness, with the aim of raising public health awareness
5. Increased the raise awareness on the risks and prevention of COVID-19 in the target population

RESPONSE STRATEGY

The sector will support the health system in its efforts to prevent, to mitigate, and to respond to COVID-19 if there is an outbreak.

Vaccination of Sahrawi refugee children risks being impacted by the COVID-19 epidemic. Health personnel require special training on the measures to be taken for vaccination in an epidemic context. Parental awareness is also important to avoid reluctance and mistrust and thus avoid outbreaks of vaccine-preventable diseases, which can worsen the health situation. Reproductive and neonatal care services should continue, taken into consideration the COVID-19 context to avoid an increase in neonatal and maternal mortality, which are already high. To ensure health workers security and safety, personal protective equipment (PPE) should be available and used according to WHO recommendations.

The C4D component plans to work with the Sahrawi communication and awareness department by contributing to the financing of the necessary equipment (printers, photocopiers, computers and scanners) to enable the teams to locally design and produce all the materials used in the various campaigns.

For the prevention and control of infections, capacity building for decision-makers (of the Sahrawi health leaders) and for health staff (in general) on specific international health protocols are necessary. The training will be based on health international standards and the clinical guideline of the World Health Organization. It will include the following topics: 1) Information and recommendations for the community, caregivers (women and men), people in quarantine and people in isolation on COVID-19 virus. 2) Disinfection material for ambulances and transport of people; 3) Dead body management; 3) Cleaning and disinfection of Hospital Units; 4) Early detection and standards on IPC.

The following activities will be undertaken:

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