



While practising physical distancing, women collect water at water points in Maiduguri © IOM 2020

# IOM NIGERIA COVID-19 Strategic Preparedness and Response Plan Feb-Dec 2020

## OVERVIEW

With a population of about 200 million people, Nigeria remains one of the ten countries most affected by COVID-19 on the African continent to date. After recording its index case in February 2020 and with still many uncertainties about the disease, including its severity and transmissibility, Nigeria is currently faced with large-scale community transmission.

Given the multi-dimensional impact of the disease, the pandemic will not only disrupt the large-scale humanitarian response but set back already stressed human development efforts. The pandemic represents serious concerns and challenges for an already overwhelmed health system faced with endemic diseases like cholera, measles, lassa fever and malaria. With the onset of the rainy season, concerns regarding the capacity of authorities to respond to the simultaneous needs driven by climate, security, and health emergencies, increase. Nigeria is faced with a massive ongoing challenge to protect individuals' health, especially the most vulnerable while at the same time guaranteeing sustainable recovery of Federal and State economies, livelihoods, and well-being post-pandemic.

In the north-east, Nigeria is confronted by a humanitarian emergency characterised by armed conflict, forced displacement and grave violations of human rights. An increase in COVID-19 cases is likely to increase the current projections of people in need. At the start of 2020, out of an estimated population of 13.4 million people living across

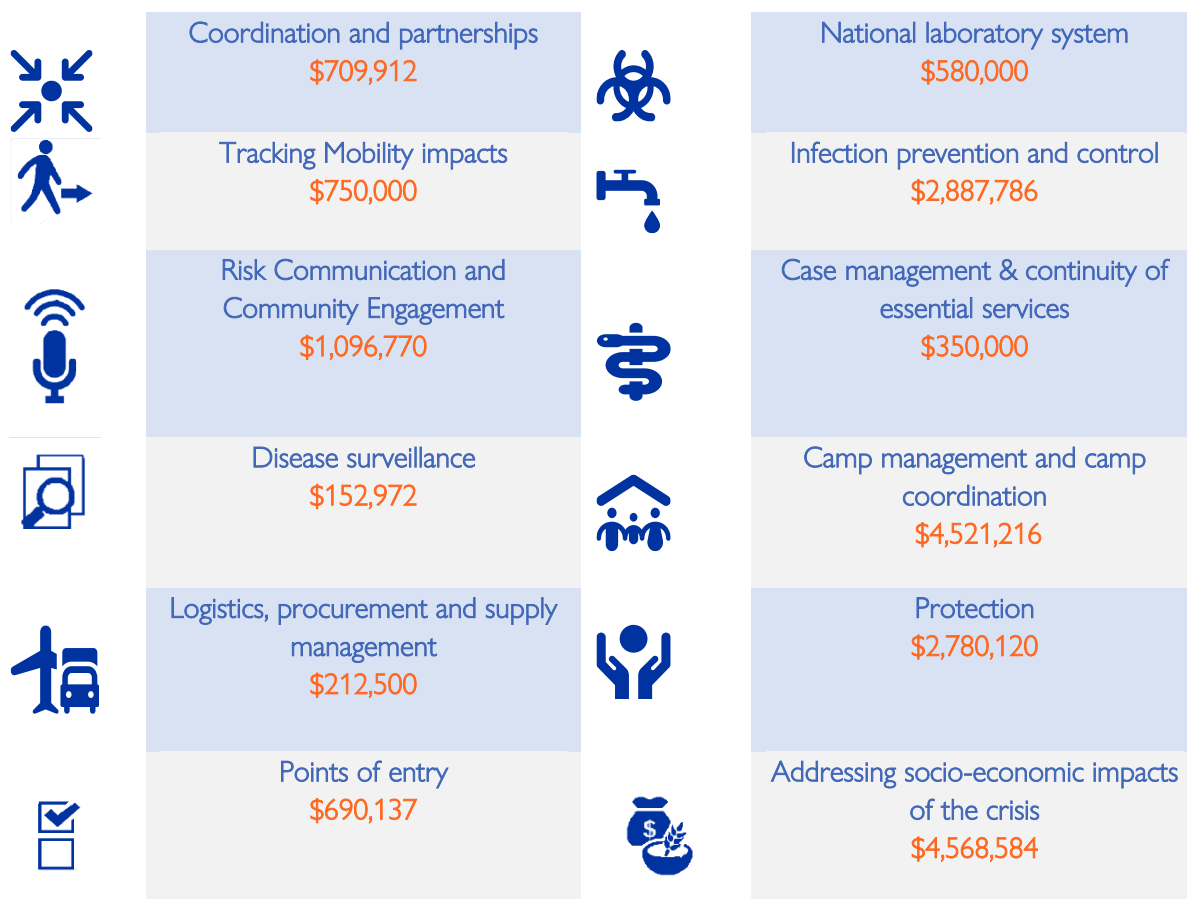
Borno, Adamawa and Yobe states, 7.7 million people are estimated to require humanitarian assistance ([Global Humanitarian Overview, 2020](#)). COVID-19 has only served to aggravate the situation for populations in the conflict-affected North-East.

Socio-economic factors also play a key role in the mobility of persons. Given the direct implications of COVID-19 on Nigeria's economic situation, it is anticipated that there will be an impact on mobility trajectories in migration prone communities. In the Southern States, where approximately 20,500 Nigerian migrants had returned from Libya and European countries, the pandemic has heightened vulnerabilities associated with return and reintegration into their communities of origin.

The IOM Nigeria COVID-19 Strategic Preparedness and Response Plan outlines the main areas of intervention across pillars of COVID-19 response to continue to support the Government of Nigeria as well as humanitarian and development partners. The below total budget is an indicative requirement for IOM Nigeria's planned interventions and is bound to evolve, given the evolving nature of the pandemic and the national priorities.

### FUNDING REQUIRED

**\$19.3 MILLION**



## IOM NIGERIA'S CAPACITY TO RESPOND

IOM has been working with Government counterparts and relevant partners to respond to the triple imperatives of the pandemic which are i) stem the impact of the disease ii) support the Government of Nigeria to safeguard development gains made so far, mitigate the pandemic's socio-economic impacts and iii) continuity of life-saving assistance and services in emergency settings. To demonstrate this, IOM is actively engaged in different fora, including working and technical groups coordinated through the United Nations (UN) System in Nigeria. These include the co-ordination of duty of care with UNFPA, co-leading with the World Food Programme on the UN Nigeria's humanitarian assistance pillar, collaboration on the socio-economic response pillar and support to the Presidential Taskforce on COVID-19 on the Points of Entry (POEs) and National Laboratory System pillars.

IOM's preparedness and response strategy is aligned with the National COVID-19 Multi-Sectoral Pandemic Response Plan, the response plan of the UN system in Nigeria, the Global Humanitarian Response Plan and feeds into IOM's regional and global strategies.

## STRATEGIC PRIORITY 1

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 (\$709,912)

IOM is committed to promoting strong and efficient coordination among relevant actors including the United Nations system, multi-lateral institutions, civil society organizations, and the private sector. Additionally, as the agency managing the humanitarian hubs, IOM seeks to help improve aid workers' access to the affected population by offering safe and secure accommodation, various facilities and office spaces to partner organizations for a coordinated response. Specific activities under this pillar include:

- Through the United Nations Country Team, strengthen coordination mechanism between the relevant Ministries, Departments, Government Agencies and the Presidential COVID-19 Taskforce.
- Support coordination within clusters and the HCT for a coordinated COVID-19 response for IDPs in the NE.
- Support the implementation of the Economic Community of West African States (ECOWAS) response plans to the COVID-19 crisis.
- Strengthen and facilitate the implementation of the National COVID-19 Multi-Sectoral Pandemic Response Plan at national, state and interstate levels with particular emphasis on border states.
- Support Federal and State-based actors to identify and coordinate service delivery and referral mechanisms for persons with specific needs, including children, the elderly and people living with disabilities.
- Support the establishment/strengthening of cross-border coordination mechanisms on health, integrated border management and protection.
- Strengthen existing Federal, State-level, community and migrant-led platforms to coordinate COVID-19 prevention and recovery efforts.
- Mitigate the impact of the disease across all humanitarian hubs in north-east Nigeria and improve the safety of humanitarian workers by adopting prevention measures.



### TRACKING MOBILITY IMPACTS (\$750 000,00)

Through the Displacement Tracking Matrix (DTM), IOM will support Federal and State level platforms with the provision of a comprehensive understanding of the effect of the pandemic on mobility. This will be achieved through monitoring and mapping of PoEs and status of flows, tracking the presence of stranded migrants and vulnerable populations in border areas and other locations, and strengthening networks of key informants for remote data collection among IDPs.

- Collect COVID-19 related data in IDP camps, host communities and POEs to conduct analyses and assessments, facilitating the identification of patterns and trends of the disease as well as its impact on the population. The data collected will also inform regional and national preparedness and response plans and will enable assessing the level of information and support provided in isolation centres.
- Establish or strengthen Flow Monitoring Points (FMPs) at selected border and transit points to quantify and qualify flows, trends, and routes.
- Conduct inflow and outflow mapping using IOM's DTM existing flow monitoring operations, with an emphasis on movements to and from countries and regions with higher prevalence of COVID-19.
- Track, monitor, and analyse the impact of COVID-19 on Internally Displaced Persons (IDPs) living in camps and camp-like settings, capitalizing on the global footprint of IOM's DTM and Camp Coordination and Camp Management programming.
- Assess socio-economic and stability impacts of COVID-19 on displaced populations, and migration prone communities.
- Provide timely information on all movements into and out of border areas in hard to reach areas to inform health practitioners and other service providers on the trends and flows.

## STRATEGIC PRIORITY 2

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) (\$1,096,770 )

IOM's RCCE approach enables IOM to support displaced populations, host communities, returnees, local partners and other stakeholders to have access to timely, gender-appropriate, and reliable information. Guided by the Health sector and other relevant partners, IOM produces various materials and conducts awareness-raising and sensitization sessions on COVID-19 as well as on the services available in displacement and non-displacement sites. These interventions also contribute to dispel myths and decrease stigmatization, including towards COVID-19 survivors, their families and the humanitarian community.

- Strengthen the capacity of key stakeholders and community members on Communication for Development (C4D) and human-centred design to aid in message development and distribution.
- Produce and disseminate Information, Education and Communication (IEC) materials, including materials linguistically and culturally tailored through the C4D approach and translated into local languages, on prevention and mitigation measures -including proper handwashing, identification of symptoms, and mental health and psychosocial well-being during COVID-19. IEC materials will be distributed in camps and camp-like settings, host communities, and at Points of Entry (POEs).
- Conduct awareness raising sessions in camps and camp-like settings, host communities and migration prone communities on prevention and mitigation measures on COVID-19. These sessions will contribute to maintaining communities' awareness and update on the protocols to

reporting cases and access to the nearest health facilities and isolation centres.

- Identify and train local authorities, community members and hygiene promotion community volunteers on health and hygiene promotion, as well as on community-based support systems for persons with special needs such as lactating mothers, the elderly and people living with disabilities to access essential services.
- Establish peer support systems to promote behavioural change on hygiene practices targeting specific populations including adolescents, women, elderly and persons with mental health conditions.
- Strengthen existing social cohesion community platforms to engage communities on COVID-19 response and prevention measures.
- Establish a repository with models of interventions, best practices and IEC materials.
- Ensure that all RCCE activities are gender sensitive, at points of entry/exit and cross-border areas (land and water) and stop-points for mobile populations in coordination with immigration and border officials.
- Implement complaints and feedback mechanisms to strengthen community-based engagement (through text messaging hotlines, feedback boxes and audio recorders) and inform response planning.



IOM WASH teams conduct hygiene promotion for conflict-affected populations in north-east Nigeria © IOM 2020

## DISEASE SURVEILLANCE (\$152,972)



In close collaboration with the relevant partners, IOM Nigeria will continue to enhance existing disease surveillance systems. This will be achieved by monitoring the movement of people and linking it to surveillance data, particularly relevant at POEs and migration prone areas to reinforce surveillance methods and public health measures in select locations. Specific interventions include:

- Promote community-event based surveillance systems in communities with a high risk of

transmission, particularly border communities.

- Build the capacity of relevant Government, stakeholders and actors on disease surveillance to support the national disease surveillance system to mitigate disease outbreaks and other public health events.



## LOGISTICS, PROCUREMENT AND SUPPLY MANAGEMENT (\$212,500)

In response to Government requests and in coordination with relevant stakeholders, IOM will:

- Procure for specific state level agencies, Personal Protective Equipment (PPE), medical equipment and consumables in coordination with the UNCT system.
- Ensure the sustained operation of the humanitarian hubs by prepositioning supplies needed to operate the hubs safely to avoid the COVID-19 infection including hygiene-related materials and PPEs for the humanitarian hubs staff.



## POINTS OF ENTRY (POE) (\$690,137)

In collaboration with WHO, the Federal Ministry of Health, and anchored to International Health Regulations, IOM supports the Government of Nigeria strengthen the preparedness of prioritized POEs including land, sea, and air borders. By identifying POEs, conducting health screenings, collecting travellers' essential information, and enhancing the capacity of officials at entry points, IOM contributes to detect, report and manage infectious diseases. This is achieved mainly through the following activities:

- Support the collection of detailed information at POEs, including on the public health measures in place, available transportation means, travellers' health status and emergency contact details, to facilitate contact tracing, especially of at-risk groups.
- Publish monthly dashboards and periodic maps with comprehensive mobility and health status information. Among others, the information published will cover cross-border movements, restrictions adopted across all states, travellers' demographic characteristics, temperature checks and arrival and destination details.
- Strengthen infrastructure at POEs, including through the construction of isolation facilities for individuals with travel or contact history, the reinforcement of WASH infrastructure, and the provision of necessary equipment and supplies for health screenings.
- In coordination with WHO, establish mobile isolation centres at POEs to be managed by the relevant Government actors, and support with the development of Standard Operating Procedure (SOPs) for detection, notification, isolation, management and referral.
- Build capacities of staff at POEs and other border officials on national guidelines and protocols to manage travellers showing COVID-19 symptoms.



## NATIONAL LABORATORY SYSTEM (\$580,000)

In coordination with the Presidential Taskforce, Federal Ministry of Health and its related departments, IOM will contribute to the expansion of testing capacities in Borno, FCT (Abuja) and Lagos. Main activities under this pillar include:

- Conduct mappings of organizations and partners providing assistance at POEs to identify response gaps, including locations covered and staff deployed. Provision of laboratory services to UN staff and their dependents, other humanitarian workers, front line healthcare workers, the diplomatic community and migrants using existing IOM facilities.



## INFECTION PREVENTION AND CONTROL (\$2,887,786)

Through integrated strategies, IOM supports national capacities and contributes to strengthening COVID-19 preparedness and response efforts by scaling-up existing Water, Sanitation and Hygiene (WASH) service provision, including hygiene promotion, provision of clean and safe water, distribution of essential hygiene kits, maintenance of sanitation facilities and construction of handwashing stations. Interventions will continue to be embedded into a coordinated multi-sectoral COVID-19 response to address the needs of populations in camps, camp-like settings, host communities, and POEs. Specific interventions include:

- Establish and train WASH committees, composed of 50 per cent women, and provide them with the necessary tools to comply with daily care and maintenance of WASH facilities.
- Following relevant standards and in consultation with the communities, construct sanitation facilities (latrines, showers and handwashing stations) and promote their proper maintenance, cleaning, disinfection, and usage at key locations such as entry points, distribution sites, water collection points and isolations centres.
- Provide safe and equitable access to water for affected populations through the drilling of new boreholes, rehabilitation and upgrading of existing ones and installation of hand pumps.
- Provide sustained environmental sanitation services (solid waste management).
- Distribute hygiene, cholera, menstrual hygiene management (MHM) and COVID-19-kits complemented by cash modalities where feasible, and by fit-for-purpose IEC materials on the correct use of items.
- Train immigration and border officials, community networks and other actors at POEs and other settings on IPC.



## STRATEGIC PRIORITY 3

Ensure access to affected people to basic services and commodities, including health care, protection and social services



### CASE MANAGEMENT & CONTINUITY OF ESSENTIAL SERVICES (\$350,000)

IOM will provide the Government of Nigeria with technical and operational support to ensure the continuity of essential and lifesaving services. Specific activities include:

- Identify, refurbish and equip selected facilities with materials and supplies, including primary health care centres (PHC), to contribute to the continued provision of lifesaving health services as well as the promotion of recreational activities.
- Identify mobile health teams to provide an integrated standard PHC service package, including referrals to secondary care.
- Provide medicines and medical supplies to rehabilitation and transit centres for low-risk former non-state armed groups associates.



### CAMP MANAGEMENT AND CAMP COORDINATION (CCCM) (\$4,521,216)

To reduce the vulnerability of displaced populations and contribute to the containment of the COVID-19 outbreak, IOM supports preparedness and response efforts by facilitating the immediate, adequate and equitable delivery of critical services to displaced populations in camps, camp-like settings and host communities. Specific interventions include:

- Establish information centres for IDPs and out-of-camps displaced populations to provide information on off-site referral mechanisms and available services specific to COVID-19 such as isolation centres and primary health care facilities.
- Monitor critical needs and gaps to ensure basic services are provided in camps and camp-like settings and conduct relevant advocacy efforts.
- Conduct mapping of most vulnerable persons, including the elderly, pregnant and breastfeeding women, people living with disabilities, and unaccompanied and separated children (UASC).
- Conduct site improvement to mitigate health risks and improve hygiene and protect risks during rainy season.
- Construct, manage and maintain Self-Quarantine Shelters (SQS) to quarantine IDPs and host community members with travel and contact history as well as new arrivals from other towns. Quarantine shelters are non-medical facilities, with living areas segregated by gender and with integrated WASH facilities.
- Establish SOPs, which also include referral pathways for non-COVID critical services (protection, GBV, PSS)
- Provide emergency shelter (ES) solutions to mitigate the risk of disease transmission, particularly in highly congested areas and locations with poor shelter solutions, through the prepositioning of ES kits in strategic locations, and the construction of emergency shelters.
- Rehabilitate, upgrade or re-purpose existing public buildings to be used as reception or quarantine

facilities in the case of a mass influx.

- Provide in-kind shelter repair materials and cash grants to returnee families or families in host communities to repair, refurbish or rehabilitate shelters. This will support camp decongestion efforts.
- Provide reinforcement kits and install partitions to repair, refurbish or rehabilitate shelters within camps as well as mass reception structures with family units not properly demarcated.



Nigerian returnees are part of IOM's response to COVID-19 in Benin City, Edo State, where they help spread accurate information about the disease © IOM 2020

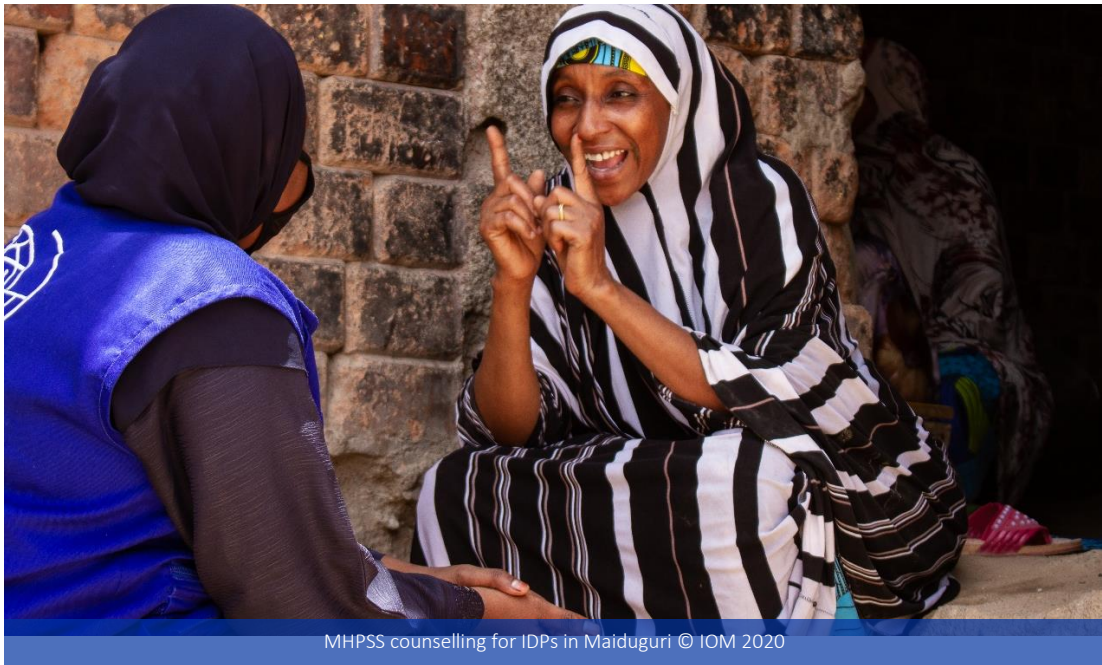


## PROTECTION (\$2,780,120)

IOM is committed to maintaining the protection of affected populations and host communities, including through direct assistance. In coordination with relevant Government actors, some of the protection issues IOM helps to tackle include gender-based violence, stigmatization, and the heightened risk of exposure to trafficking due to COVID-19. By mainstreaming these protection concerns, IOM will implement the following activities:

- Identify and train primary healthcare workers on remote Psychological First Aid, and its adaptation to COVID-19 context, and on remote counselling services.
- Provide direct assistance to Victims of Trafficking.
- Strengthen existing protection and referral mechanisms to identify and support persons with protection concerns, including survivors of Gender-Based Violence (GBV) and trafficking in persons.
- Improve GBV case Management and MHPSS services within Women and Girls Friendly Spaces (WGFS) and remote service provision to GBV Survivors in the context of COVID-19.
- Train psychosocial support mobile teams to conduct psychosocial activities for adults, teenagers and children, informal education for adults and youths, and provide focused psychosocial support through lay counselling and support groups.
- Develop protection monitoring tools to identify needs and concerns, including for referrals to other service providers, advocacy for inclusion of most vulnerable groups, and reducing stigmatisation.

- Train nurses in quarantine facilities to adopt integral approaches to prevent mental health issues while contributing to strengthening family and community support systems.
- Establish modalities for remote counselling sessions in quarantine facilities, camps, camp-like settings, and migration-prone and host communities, and psychoeducation for caregivers and selected community members.
- Assess access to mental health services in Primary Healthcare Centres and on the psychological impact of COVID-19 to the community, during and after the pandemic.
- Support MHPSS coordination mechanisms, including the MHPSS Sub Working Group and relevant government and humanitarian partners by providing technical advice, ensuring adherence to guidelines and strengthening referral pathways to enhance MHPSS service delivery.
- Provide immediate rehabilitation assistance and short-term in-kind support to vulnerable groups and persons with specific needs, including persons living with disabilities, the elderly, single parents, migrants with existing medical conditions and pregnant women.



## STRATEGIC PRIORITY 4

Support international, national, and local partners to respond to the socio-economic impacts of COVID-19



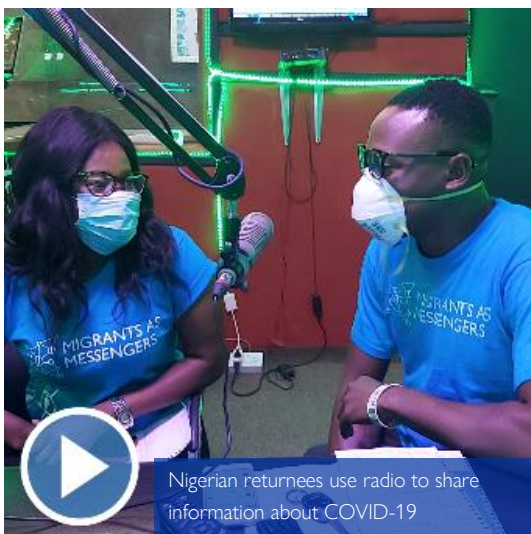
### ADDRESSING SOCIO-ECONOMIC IMPACTS OF THE CRISIS (\$4,568,584)

In coordination with other UN agencies, the private sector, CSOs and multi-lateral institutions, IOM seeks to initiate immediate, short and long-term interventions to respond to the socio-economic impact of the crisis, on IDPs, migrants, host communities and migration prone communities. This is achieved by providing livelihood support to strengthen social safety nets for vulnerable groups affected by the pandemic. Specific activities include:

- Assess the impact of COVID-19 on financial and socio-economic well-being among IDPs, migrants and host communities.
- Collaborate with multi-lateral institutions, national and humanitarian agencies, the private sector and civil society organisations in developing response mechanisms and interventions to tackle the impact of the pandemic.
- Support government-led initiatives to strengthen social safety net programmes, including through cash transfers and cash for work initiatives to mitigate economic shocks during and post-pandemic.
- Support the manufacturing and procurement of cost-effective medical equipment by conducting vocational training to manufacture beds and PPEs for nurses, doctors and first-line responders.
- Provide immediate livelihood support through cash transfers, agricultural supplies and tools to support social safety nets for households and vulnerable groups largely affected by COVID-19.
- Provide livelihood kits such as sewing machines and carpentry equipment for beneficiaries whose technical training programmes are disrupted to pursue localised livelihoods activities.
- Support displaced populations, rehabilitated low-risk former Non-State Armed Group associates, returnees, migrant and host communities to cope and recover from the economic impact of the pandemic.
- Prioritise livelihoods and job creation in targeted locations including migration prone areas, displaced populations and host communities.
- Provide cash for rent for IDPs to protect them from eviction and provide security of tenure while contributing to movement restriction across locations.

## SOCIAL MEDIA AND CONTACT DETAILS

### IOM NIGERIA'S ONGOING COVID-19 PREPAREDNESS AND RESPONSE ACTIVITIES



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