Our Response in the fight against COVID-19
Introduction

As COVID-19 continues to ravage the continent with cases now exceeding three and a half million and deaths almost at the 90,000 mark as of 30th January 2021, various actors came together to help the continent tackle the crisis. Across the continent, Governments, civil society organizations, private sector companies, communities and individuals played their own critical roles in aiding the continent to tackle this unprecedented crisis. The ramifications of COVID-19 went beyond the immediate impact of the virus on people’s health and our continent’s health systems, to all facets of society. As countries went into lockdown, majority of the continent’s people who survive on a daily wage, struggled to feed their families. Border closures saw not only cross-border trade come to a standstill, but also left individuals stuck in cities, countries and towns where they struggled to eke out a living as they waited to travel back home. Families were forced to stay in their homes without any opportunities to leave, and homes where tensions had already been high, saw a rise in Gender-based Violence as people were stuck home with their abusers.

While the situation was dire for most, the African spirit and resilience is what kept most communities running.

Across the continent, students played a critical role in volunteering to educate their communities on how to protect themselves from COVID-19. African businesses pivoted their operations to adapt to the “new normal” and in many cases even to manufacture much needed Personal Protective Equipment (PPE), especially masks and visors. Artists used their different talents to customize messages for their communities. Religious leaders and community elders came up with unique approaches to curb the spreading of the disease in their communities. Businesses innovated to adapt and stay afloat.

Open Society Initiative for West Africa (OSIWA) gave out more than 100 grants to partner organizations addressing a broad array of themes. This document focuses some of those themes to highlight the work being done in the fight against COVID-19 pandemic.

“I just wish to get back all that I have lost. I don’t want much. That’s it.”
COVID-19 Task Force member, Nigeria
“Our youth can contribute to putting the brakes on the spread of the virus.”

Medical Student, Côte d'Ivoire
The #CentMilleEtudiantscontreC19 program aims to involve youth more in the course of their country’s affairs, promote active citizenship and foster the spirit of commitment and giving back in the context of the response against COVID-19. In 2020, Senegal had about 200,000 students (145,000 in its eight public universities and the rest in private universities). Students played an important role in the Ebola vaccination campaign in the Democratic republic of Congo (DRC). In general, they can be excellent community relays, mobilizing many advantages: a presence throughout the country, in all villages, communes, departments and speaking local languages. Better yet, students are also an important source of innovation, creativity, a major reservoir of ideas that can be translated into action to curb the spread of COVID-19.

The enrolment in the initiative that kicked off on 6th April 2020 was on a voluntary basis and its access is subject to the signature by each student of an ethical charter empowering them and committing them to strict compliance with all of the health measures taken by the public authorities. An online platform was set up and the initiative will last the entire duration of the epidemic.

**Case:** One Hundred Thousand Students against COVID-19: #CentMilleEtudiantscontreC19

**Successes**

**Youth were eager to serve.** In many cases students even supported in ways that had not been asked of them, e.g. disinfecting schools when the government reopened them.

**Solutions were homegrown.** Having students work in their own communities ensured they are finding homegrown African solutions to challenges.

**The initiative was practical.** When COVID-19 reached Senegal, there were shortages of hand sanitizers and masks. Being able to produce hand sanitizers in university labs filled a real gap.

**Project revealed Senegal’s hidden strengths.** The 8 university labs in Senegal showed they had the capacity to produce enough gel not only for Senegal, but also to export to Gambia and Mali. The gel was proven to kill 99.9% of disease-causing germs.

“Most of the students, especially those in public universities, benefit from scholarships that come from the Senegalese taxpayers. This initiative is an important way of making sure that our university students are addressing the issues of the society they come from.”

Professor Mame-Penda BA, Project Lead #CentMilleEtudiantscontreC19 and Associate Lecturer in Political Science at Gaston Berger University of Saint-Louis
This project is co-executed by the Virtual University of Senegal (UVS) and University Gaston Berger (UGB) in close partnership with the coordination of the national COVID-19 response. All activities are included in those of the national response, which identified a focal point responsible for monitoring students’ activities.

According to Professor Mame-Penda Ba, the project lead and Associate Lecturer at the Gaston Berger University of Saint-Louis, the initiative is a way of making sure that students positively contribute to the communities that educate them.

“With enough funding, we realized that the public university in Ziguinchor could easily produce enough hand sanitizer for parts of Senegal, Gambia and Guinea Bissau. So why is Senegal importing sub-standard gel when we can make gel that can kill 99.9% of disease-causing germs in our own university labs?”

Professor Mame-Penda BA, Project Lead #CentMilleEtudiantscontreC19 and Associate Lecturer in Political Science at Gaston Berger University of Saint-Louis

Challenges

Financing constraints. The project has been able to achieve lots of success but could definitely do much more if they had access to more financing.

Uncharted territory and lots of work. This was a new initiative and it took lots of work to get it running, maintain momentum plus the team managing it was small.

“We need to move from a system where our universities are only known for training and research, to one where we are actively contributing to improving our communities.”

Professor Mame-Penda BA, Project Lead #CentMilleEtudiantscontreC19 and Associate Lecturer in Political Science at Gaston Berger University of Saint-Louis
The three main activities of the project focused on (i) Prevention and community engagement, (ii) Production and free distribution of hand sanitizers to the public – in markets, public transportation, on the streets etc. and (iii) Research on a diverse range of issues including how gender-based violence (GBV) increased during COVID-19, how COVID-19 and online-learning revealed inequalities in access to education for children, COVID-19 & migrants etc.

Lessons learnt

Youth are our main asset. They have to be empowered to be at the heart of the change we want in society.

Structuring youth engagement is vital. Youth engagement is great, but that’s not enough. They need to be organized, structured and have a framework to hear their feedback, give them voice. You have to train them, work with them and help them be organised.

Closing universities was a blessing in disguise. With students having to go back to their homes throughout the country, the project benefited from having this resource in their different communities who know them, trust them and speak the same language. They were the best ambassadors to their own communities.

“How we manage new cases will determine how well we will be able to manage the next phase of this pandemic.”

Hospital Intern, Senegal

“OSIWA’s support was critical, central and fundamental. We had the ideas, but if OSIWA hadn’t supported us so quickly, we wouldn’t even have started it. OSIWA approached us and gave us funding in 10-15 days. They came to us, helped us build something and after that, other donors came to us. Because of OSIWA, we also got support from UNICEF.”

Professor Mame-Penda BA, Project Lead #CentMilleEtudiantscontreC19 and Associate Lecturer in Political Science at Gaston Berger University of Saint-Louis
“The hunger was so intense that people could’ve died from it. We heard the government was going to send us money, but what did we get? It’s like they were playing with us..”

Security guard, Nigeria

The forgotten communities
Case: Ensuring that migrants, internally displaced persons and border populations are included in the Ivorian government response to address COVID-19

On Wednesday, 11 March 2020, Côte d’Ivoire registered the first case of coronavirus who was a 45-year-old Ivorian from Italy. On March 16, 2020, the National Security Council put in place a set of measures that were reinforced, with the evolution of the pandemic by the declaration of the President of the Republic to the Nation on Monday, March 23, 2020, and then by additional measures of the National Security Council. The government took steps to limit the spread of COVID-19 in the country. Borders were closed to stop imported cases, schools and universities, restaurants, marquis, bars, and all sites where people gather were also closed to protect citizens. A curfew was enforced. The lock down of Abidjan was introduced to prevent the disease from being transported across the country.

“The disease doesn’t move. It’s people who take the disease with them. People were still moving around even with containment measures. Most of the time they were moving undercover, not adhering to prevention measures and spreading COVID-19. We needed to understand why they were moving and if vital, make it possible for them to move safely.”

Dr. Coulibaly Mamadou Kounvolo, General secretary, Ivorian League for Human Rights (LIDHO)

Successes

Having baseline data on movement. The project was able to get a status on movement and determine which types of people and populations really needed to move. It helped determine that for some people, movement was vital and solutions needed to be found to ensure they could move while still adhering to prevention measures.
The COVID-19 pandemic spread in Africa at a time when the continent was facing a record number of displaced populations. Africa currently faces more than 25 million forcibly displaced people – internally displaced persons (IDPs) and refugees. The Government put in place a response program and a plan for economic, social and humanitarian support of 1,700 billion CFA francs to deal with the effects of COVID-19. The humanitarian program aimed to provide support to the vulnerable populations living in the capital city Abidjan, which was under containment, but did not take into account Ivorians abroad, internally and externally displaced persons. All this despite the Ivorian Government having been informed by diplomats of the difficult situation being experienced by the Ivorian diaspora stranded in various countries around the world as a result of the restrictive measures taken by several States to contain the pandemic. In addition, Ivorian students living in some African countries and in the West received no support. The lock down and containment measures forced a large part of the population to abandon their professional activities in Abidjan to move to the provinces. Cross-border populations were also severely hit by the border closure and restriction of movement. Some of them were trapped from the other side of the border which was closed without enough notice.

The Ivorian response plan highlighted a serious problem of equity and inclusion in the implementation of the national response program. This is the reason why the Ivorian League for Human Rights (LIDHO) sought a grant from OSIWA to advocate for these vulnerable and marginalized groups to be taken into account in government programs, in particular the COVID-19 Special Solidarity Fund, which aims to finance the Government’s solidarity actions towards these people made vulnerable by the effects of the pandemic.

“OSIWA is a trusted partner and we can always rely on them in times of need.”

Dr. Coulibaly Mamadou Kounvolo, General secretary, Ivorian League for Human Rights (LIDHO)

### Challenges

**Misinformation and denial of COVID-19.**
There were many people who felt as if COVID-19 was a myth or that even if it was real, the danger was already over. People didn’t quite understanding anything about the second wave or asymptomatic cases. They needed all these to be explained to them so that they could understand the importance of staying safe.

**Media reach was quite limited.**
The project focused most of its media advocacy on TV, but coverage of the five national TV stations is quite limited and content was sometimes too dense to be understood by everyone.

### Lessons learnt

**Need for people to understand directives.**
People need to understand the importance of the measures. Otherwise they just find them restrictive. This means explaining the pandemic and what it means in a way that can be well understood by all.
Successes

PWUD became community educators.
Those who were involved in the project spread the word to their communities about the disease and how it can be contained.

PWUD were able to adhere to treatment.
The project enabled PWUD to safely go to hospitals and get their methadone treatments thus preventing them from relapsing to drug use. Before they had PPEs, they were worried about contracting the virus when going to hospitals and had therefore avoided them.

Challenges

Misinformation and denial of COVID-19.
Many people didn't believe the disease was true. They thought it was a "white people" disease.

“I am utterly convinced that COVID-19 is real, but we have to recognize that people ignore the disease.”
14-year-old Shoe shiner and student, Côte d’Ivoire
The community-based organization Sauver Ma Santé (SMS) was created in 2017 in Mbour, Senegal. It is a social and health focused drug user group and aims to fight HIV and provide psychosocial support to People Who use Drugs (PWUD). SMS was a sub-grantee through OSIWA grantee Enda Santé from 2018–2019. Injectable drug use has increased over the years in Mbour, which is a tourist-central location, making PWUD more and more vulnerable, particularly during the high tourist season. PWUD who carry out activities related to tourism (sales of works of art, tourist guide) are more present in tourist areas and attract dealers there. The coronavirus epidemic has affected Senegal since March 2020. Activities were reduced and borders closed. There were no more tourist arrivals in the area while the major part of the association works in the tourism sector (tourist guide, seller of works of art etc). As a result, PWUD became very financially vulnerable and in need of social support.

This particular project supported PWUD to cope with the COVID-19 pandemic by distributing food and hygiene kits to communities of drug hot spots, in order to help them and their communities commit to overcoming this pandemic.

“People could not even afford food and yet they were being asked to spend 200 CFA ($0.36) for a mask and 1000 CFA ($1.81) for hand sanitizer. How were they going to adhere to the measures?”

Oumar Ba, President, Sauver Ma Santé

“OSIWA’s support came just in time when things were getting really desperate for People who use Drugs (PWUD)”

Oumar Ba, President, Sauver Ma Santé

The community was even more vulnerable than expected. In distributing food and other support, members of the team saw how thankful families were. Some had stayed a few days without food, not knowing when they would get their next meal given their breadwinners couldn’t get any money through tourism activities.
As of 23 March 2020, more than 353,000 cases of COVID-19 had been reported in over 190 countries and territories, resulting in more than 15,400 deaths and over 100,000 recoveries. As of April 1, 2020, there had been over 5,000 reported cases in Africa with every West African country affected. Stigma rose with lack of information, and access to protective measures. The elderly, those sick, people who use drugs, and those in prison have a higher rate of contracting this disease. People who use drugs are already a vulnerable population, but this virus put them further at risk, and further marginalized. People who use drugs commonly gather together and share the same consumption tools. Such practices allow for further spread of the virus towards, not only to people who use drugs, but the general population through community contact. Therefore, sensitising was needed to further curtail the spread, not just to those who use drugs, but to the larger population. The prison population also posed a further risk of infection and spreading of the virus. In light of this vulnerability and the risk of rapid contamination, Paroles Autour de la Santé, sought to contribute to the fight and prevention against the coronavirus by limiting the risks of contamination and spread of the virus amongst people who use drugs and the larger population they are in contact with daily. This project targeted people who use drugs, those incarcerated, the elderly, street children, via broad awareness campaigns on radio TV, advocacy for early release of those that pose low criminal risk to society and by providing preventive measure equipment.

Case: Contributing to the fight and prevention against the coronavirus by limiting the risks of contamination and spread of the virus amongst people who use drugs, those incarcerated, the elderly and street children in Côte d'Ivoire and Mali

Successes

Advocated for the release of those detained for petty offences.
The project was able to successfully advocate for the release of some detainees or prisoners who were being held for minor infractions.

Educated PWUD.
The project got PWUD to understand the virus and the importance of following prevention measures.

Challenges

Funding.
Without knowing when COVID-19 will no longer be a threat, it’s difficult to continue finding funding for the work.
“OSIWA is one of the very few organizations that funds the type of work we do – especially that of working with People who use Drugs (PWUD.)”

Moussa Konate, President of Mali office, Paroles Autour de la Santé (PAS)

Lessons learnt

Importance of continued education about the virus. Despite different information available, many people still don’t quite understand the virus and how it can affect them.

Challenges of working with marginalized communities. There are some marginalized groups that are completely forgotten by the Government and major NGOs. PWUD are generally a very isolated group that need targeted interventions.

“When you think about the virus, it demotivates you. Everything surrounding this pandemic is fallacious.”

Unemployed, Ghana
“The pandemic really dampened the spirit of pupils as well as teachers. The whole system was confused and it didn’t help us. It is really good that school closed when they did. Now we have reopened and we are better prepared.”

School Principal, Sierra Leone
The COVID-19 pandemic ravaged many countries across the globe in the first half of 2020. In Ghana, the number of cases continued to rise since the first cases were reported in early March 2020. In response, the government established measures aimed at containing the outbreak and to maintain public order during the crises. As part of these measures, a directive for all educational institutions to close down was effected on 23rd March 2020.

**Case:** Translating information on the coronavirus and the curriculum for the distance learning programs rolled out by the government into accessible formats for children with visual and hearing disabilities in Ghana

The COVID-19 pandemic ravaged many countries across the globe in the first half of 2020. In Ghana, the number of cases continued to rise since the first cases were reported in early March 2020. In response, the government established measures aimed at containing the outbreak and to maintain public order during the crises. As part of these measures, a directive for all educational institutions to close down was effected on 23rd March 2020.

“With the move to home-based learning, the only thing that the Government had catered for was an interpreter for TV, but the kids have a range of disabilities. OSIWA’s support enabled us to translate the curriculum the government was using for TV and radio learning. We created 240 pieces of Braille, 200 pieces of large print. Plus we did material on COVID-19 – 100 pieces in Braille, 100 in large print, 30 in audio and handed them over to the special education unit of Ministry of Education for distribution to children”

Veronica Dzeagu, National Coordinator, Ghana National Education Campaign Coalition (GNECC)
While the pandemic affected all students, teachers and education personnel, its adverse impacts were greatest for marginalized and vulnerable groups. Children with disabilities fall within this category. Even though the Ministry of Education through its agencies rolled out measures to ensure continuity of learning over the period when the schools and other educational institutions were closed down, the proposed measures did not adequately cater for the needs of children with various forms of disabilities such as children with visual impairments (i.e. blind, low-vision, deaf-blind), those who are deaf and hard of hearing etc. Currently, about 7,620 children with disabilities are enrolled at the primary, junior high (lower secondary) and senior high (upper secondary) levels.

“OSIWA gave us much more than we asked for, which allowed us to produce even more material for the children. Partnership with OSIWA has been very productive in ensuring every child has access to quality public education. Support has been timely, effective and received wide acclaim from government, CSOs etc. Beneficiaries are better for it.”

Veronica Dzeagu, National Coordinator, Ghana National Education Campaign Coalition (GNECC)

It is against this backdrop that the Ghana National Education Campaign Coalition (GNECC) sought to translate information on the coronavirus and the curriculum for the distance learning programs that were rolled out by the government into a diversity of accessible formats for children with visual and hearing disabilities to ensure they were not excluded from learning while schools were closed.

Challenges

Unexpected delays.
It took quite some time for printing material – much longer than expected, but it did not affect the project too adversely.
Lessons learnt

Children with disabilities would have been further marginalized without support. Had the intervention not come, there would have been a significant number of children with disabilities not able to learn from home during school closures.

More planning is needed for children with disabilities. These children need to be included in all national planning, not as an afterthought.

Pandemic allowed for strengthening of partnerships. The partnership with the Ghana Education Service (GES) was taken a notch higher during this national pandemic crisis. They got a lot of positive support and feedback from GES and look forward to working more together.

COVID-19 highlighted inequalities. The pandemic highlighted the disparity between what is provided and what is suitable for children with disabilities, e.g. large print isn't standard in the curriculum, thus many children are excluded.

“After the accident, I lost mobility in some of my limbs. Now, I'm a para-cyclist and wanted to participate in the 2020 Paralympics, which later had to be cancelled. I started getting stressed out when everything slowed down.”

Para-cyclist, Senegal
“At some point, it was devastating and started impacting me mentally to the extent that I couldn’t concentrate anymore.”

Social worker, Nigeria
As of May 5, 2020, there had been over 47,000 reported cases of COVID-19 in Africa. As of May 8, Sierra Leone has reported 257 cases with 17 deaths. The COVID-19 situation left many governments, like Sierra Leone responding rapidly to the evolving need for testing and therapeutics. Populations that are marginalized were at risk of being ‘left behind’ in efforts to scale up diagnostic and therapeutic interventions, and this included efforts aimed at reaching them with information specific to their needs. Those with lived experiences were also at risk of human rights violations of unethical research studies. Already, organizations promoting the rights of people with lived experience of mental health challenges had highlighted the need for information and support which catered specifically to their needs and which provides both information and support to access diagnostics and to manage the process of therapeutic intervention in a manner that does not further exacerbate mental health challenges.

**Case:** Supporting COVID-19 response in Sierra Leone for people with lived experiences

As of May 5, 2020, there had been over 47,000 reported cases of COVID-19 in Africa. As of May 8, Sierra Leone has reported 257 cases with 17 deaths. The COVID-19 situation left many governments, like Sierra Leone responding rapidly to the evolving need for testing and therapeutics. Populations that are marginalized were at risk of being ‘left behind’ in efforts to scale up diagnostic and therapeutic interventions, and this included efforts aimed at reaching them with information specific to their needs. Those with lived experiences were also at risk of human rights violations of unethical research studies. Already, organizations promoting the rights of people with lived experience of mental health challenges had highlighted the need for information and support which catered specifically to their needs and which provides both information and support to access diagnostics and to manage the process of therapeutic intervention in a manner that does not further exacerbate mental health challenges.

“There is a lot of stigma around mental health issues in our society. In addition, it is thought of a spiritual issue rather than a health one – this complicates the responses to it. People also think of it as a curse or a punishment for crimes committed during the civil war or a sign of spiritual weakness. People turn to faith and traditional healing centres. Some of these centres have very unethical ways of treating their patients – forced fasting, shackling, beating people etc.”

Joshua Duncan, Program Manager, Mental Health Coalition, Sierra Leone
“It’s been one thing after another in Sierra Leone. First the civil war, then Ebola in 2015, followed by the 2017 mud slides and now COVID-19. All these issues have increased number of people with mental health issues.”

Joshua Duncan, Program Manager, Mental Health Coalition, Sierra Leone

The outbreak of novel Coronavirus Disease 2019, and the related actions stemming from the pandemic clearly had mental health implications, in Sierra Leone and in the region. In addition to the constant fear, worries and stresses associated with the virus, this outbreak triggered huge individual and collective traumatic memories with the potential of reliving the traumas experienced during the past Ebola outbreak in Sierra Leone, and even the decade long civil war. Moreover, the situation posed difficulties and serious threats to the survival and well-being of people with lived experiences of mental health. Governmental bodies such as the Ministries of Social Welfare and that of Health and Sanitation were yet to fully take up their roles in ensuring that social and health criteria were in place to help enforce best standards of care for persons with lived experiences in the religious and traditional centres, which was exacerbated during times of crisis. As enormous resources from the Sierra Leonean health system were diverted towards tackling the COVID-19 outbreak, there was limited or no attention given to the rights of vulnerable people accessing mental health services in treatment institutions such as prayer centres, herbalist treatment centres as well as in recovery hospitals.

“OSIWA is the only organization that is funding such activities. This makes the support quite unique especially during COVID-19 times when most funders are focusing on immediate needs, not psychological ones.”

Joshua Duncan, Program Manager, Mental Health Coalition, Sierra Leone

Challenges

Governments has competing priorities.
With COVID-19, government ministries were very involved in fighting the pandemic. This meant that getting their attention on mental health issues was quite challenging. This led to a delay in activities.

Resistance to change from institutions.
The project required Mental Health Coalition to ensure they could follow up on institutions that provide services. They faced a lot of resistance especially from traditional institutions that do not want to change.

Social isolation affecting patients.
With the stay-at-home measures, the government said clients should go to their homes for day care not in-house services. This affected many who were used to more constant support.
Lessons learnt

Research should have been a larger component of their work. Mental health coalition underestimated how much research would have been needed for their work. In future, they would make it a larger component.

Pilot during pandemic has equipped them well for future work after the crisis. If such pilot activity leads to sustained work past the emergency stage, then they can get the change they require.
As of May 5, Ghana has reported 2,719 COVID-19 cases with 18 deaths. The outbreak of novel Coronavirus Disease 2019, and the related actions that stemmed from the pandemic clearly had mental health implications, in Ghana and in the region. This largely negatively impacted persons with pre-existing mental health conditions and the general population who did not yet have a diagnosis of mental illness. It was expected that there would be a spike in mental health conditions after the lock down, and long after the pandemic has been contained. Therefore, actions to control the outbreak clearly required concerted action to address the mental health implications.

**Case:** Promoting compliance and preventing further spread of the virus for vulnerable persons living with mental health conditions and their primary caregivers and families in Ghana

Successes

**PPEs allowed support groups to meet.**
BasicNeeds Ghana was able to get handwashing equipment and sanitizers to allow support groups to hold meetings when restrictions were eased.

**Provided communities with messages to support them during COVID-19.**
Through their work, BasicNeeds was able to reach out to families, traditional healers etc. with messages that were reassuring on how to live more positively during this time.

**Used volunteers and staff to support communities remotely.**
They had to adapt their model to use volunteers and staff to make regular calls to families to support and prevent relapse, as opposed to home visits.

**Media engagement elevated the topic mental health issues during COVID-19.**
Their work during this time helped get mental health issues in people’s minds.

“We have inherited a colonial legacy of psychiatry hospitals. When people in our society are suffering from mental health issues, we either take them to psychiatric hospitals or spiritual healers.”

Peter Yaro, Executive Director, BasicNeeds Ghana
“We saw people who had no prior mental health issues develop them during COVID-19. The lockdown, social distancing, lack of money etc. all contributed to pushing people over the edge.

WHO estimates that there are over 3 million people in Ghana with mental health needs who require treatment. This is ~10% of the country’s population. Of this 3 million, it is estimated that over 90% don’t get appropriate treatment for their issues.

OSIWA’s support was much needed. We had funding, but none of it was specifically around COVID-19. Having specific COVID-19 funding for mental health issues was very timely and much needed. It helped us move immediately, give practical support to those living with those issues and traditional healers to follow protocols of safety and to provide assurance to people that they will be fine.”

Peter Yaro, Executive Director, BasicNeeds Ghana

This proposed response was a combination of strategies and actions to promote compliance and prevent further spread of the virus, improve resilience and mental health of the general population and particularly ensure the mental health and well-being of poor and vulnerable persons living with mental health conditions and their primary caregivers and households.
Challenges

Weak mental health infrastructure. The mental health infrastructure in the country is very weak with limited number of facilities and capacity.

COVID-19 complicated mental health issues in the country. COVID-19 brought a lot of fear, apprehension, and misunderstanding. Measures introduced to contain it further exacerbated people's thresholds of resilience.

Support groups unable to meet. Before restrictions were eased, support groups couldn't meet and this adversely affected those already struggling to cope.

Fear of going to hospitals. Some patients were unable to get their medication as they feared going to health facilities and getting of COVID-19.

Financial struggles were prioritized over mental health issues. Families were struggling to feed themselves and having money for medication for mental health issues became a sort of luxury.

Restrictions affected their own ability to work. Restrictions on movement made it hard for staff and volunteers to carry out their work. In addition, many staff didn’t have conducive home environments to work from home - no internet, no quiet spaces etc.

Lessons learnt

Disaster preparedness is a huge priority. Emergency and disaster preparedness are issues that have to be taken into account even in normal times.

COVID-19 allowed them to advocate more for mental health issues. COVID-19 presented an opportunity to show why they have been advocating for government health systems to give more attention to mental health.
“I don’t understand how a healthy person will be told to stay indoors because of another person’s sickness.”

Fish seller, Nigeria
**Case:** Advocating for those undergoing gender based violence in Nigeria during COVID-19 lockdown with a major focus on those living with disabilities

Project Alert is a non-governmental women’s rights organization set up in January 1999, to promote and protect the rights of women in Nigeria. It does this by providing information on all forms of violence against women/young girls; advocating for zero tolerance to all forms of violence against women/young girls; and providing practical support services to female victims of violence.

“The impact of the lockdown wasn’t fully thought through when it was implemented. We simply copied what was going on in the West. 80% of Nigerians are daily income earners. Some families already had tension and violence, what about now when there was no money in the home? What was going to happen to those whose businesses were their one way of escaping violence at home?”

Josephine Chukwuma, Executive Director, Project Alert
Successes

Project alert was vital in the Government’s decision to declare a sexual violence state of emergency. Because of Project Alert, the Governors’ forum had a zoom meeting and discussed the issue of increased reported cases of gender-based violence (GBV). As a result, a state of emergency was declared on the issue.

Police became more proactive on the issue. Due to increased advocacy, police had to be proactive to give information to survivors – numbers to call, where to go etc.

Got NCDC to shorten COVID-19 test process. Due to follow up with the Nigerian Center for Disease Control (NCDC), Project Alert were able to get the Ministry of Health to decentralize sample collection of COVID-19 samples. Now, one can get an appointment within 48 hours and results in the same time.

Helped ease tension in a lot of families through material support. Through providing support to different homes, Project Alert was able to ease some of the tension in homes. Tension had been at three levels, (i) Fear and uncertainty because of the virus, (ii) Hunger because of not being able to work and (iii) Violence in the home.

“An adage says that a war that was preannounced does not swallow up a crippled person.”

Market woman, Nigeria
“On March 24th, Project Alert moved fully online. We didn’t know what we were getting into. Within 10 days of closing the office, we got 26 cases reported via Twitter, Facebook and email. Typically, we used to get 6-7 cases a week in office.”

Josephine Chukwuma, Executive Director, Project Alert

Challenges

Social workers not being able to move around.
When Lagos shut down and gave passes to essential workers, they didn't count social workers in this group. So, they couldn't even move to rescue survivors. Project Alert eventually did get 2 passes at the end of the second week of lockdown through reaching out to NCDC, Ministry of Women’s Affairs and Social Development etc.

Lack of PPEs.
When the country went into lockdown, there was a severe shortage of PPEs in shops. Sanitizers were sold out. Face masks sold out. The social workers needed to be protected before they could go into communities – so as not to risk getting infected.

Long delays in getting tests and results in the beginning.
In the beginning, it would take 2 weeks to get COVID-19 results from NCDC and at least another week to even book the appointment for the test.

Got a positive COVID-19 case in the shelter.
One of the young girls they rescued from an abusive situation during COVID-19 tested positive while she was already at the shelter. Her life had been at risk and they only got the results of the test 2 days after her admission. The shelter had to be locked down for 2 weeks for fumigation and staff had to be quarantined.

In April 2020, Project Alert sought a grant from OSIWA to implement an Urgent Response to COVID-19 and Women with Disability in Cross River, Akwa Ibom and Lagos states. This was achieved by creating awareness on COVID-19 and the challenges it poses for women with disabilities; Providing help to women with disability facing violence and threat to life at the hands of their care giver during this period of COVID-19 lock down, Monitoring and documenting reported cases of sexual and gender-based violence during the COVID-19 period nationwide; and providing some financial support for women with disabilities during this time to reduce their risk of violence due to economic hardship.

“OSIWA was very responsive and fast. They came in asking, “What do you need?” rather than saying, “This is what we will give you.”

Josephine Chukwuma, Executive Director, Project Alert
Lessons learnt

Social workers need to be seen as essential workers. The work they do is very important and not being able to move around early during the lockdown really affected the communities they serve.

Governments need to give more thought to lockdowns. How the lockdown was enacted in Lagos left a lot of sectors and people scrambling. Not much thought seems to have been given to the impact of such measures and how to mitigate risks.

“One day we were just at the ward and what we heard next was “Everybody run, everybody run!”

Caregiver, Nigeria
The Centre For Citizens’ Welfare and Civic Development (CWCD) in Nigeria sought a grant from OSIWA to create and launch UNSUB (Unknown Subject), a digital platform that connects victims of sexual and gender-based violence (SGBV) to stakeholders working in the SGBV space.

CWCD is a technology-centric development hub that supports companies, people, and governments by providing technical support that fosters social innovation and drives development. They provide solutions that leverage technology to improve value delivery and address social challenges. UNSUB creates a working synergy among the various initiatives, projects and programs being pushed and executed by multiple institutions and stakeholder organizations through mapping and systemic engagement. UNSUB also provides a system for activity & incidence tracking while housing a resource centre where connective activities will be spearheaded. As events around the COVID-19 pandemic alter programming interventions, the UNSUB is important in identifying stakeholders who are actively involved in providing support to SGBV survivors and victims during the pandemic. These may be legal, health, rehabilitative and institutional support.

The specific objectives were to: (i) Improve access to support structures and services such as mental health services, medical support, and legal aid; (ii) Improve information sharing and purpose-driven collaboration among actors working around SGBV issues through stakeholder mapping; and (iii) Improve data collection, analysis and reporting on SGBV related incidents within Nigeria.

Case: Creation of a digital tool for the optimization of gender-based violence (GBV) intervention, response and data management in Nigeria

Olajide Abiose, Managing Partner, The CANs, Centre For Citizens’ Welfare and Civic Development Nigeria

“1 in 4 Nigerian women are exposed to GBV in their lifetime. Less than 25% of cases are reported and of those, less than 15% get pursued to a logical conclusion.”

Project Assistant, Mali
“Digital penetration in Nigeria is at 80 million people, but mobile penetration is at 160m+ people.

For reported cases, there was an over 100% rise in places where CSOs were collecting data. What about the unreported cases given people are locked at home with their abusers? We have a shadow pandemic of GBV in the country.

We could not have come this far without OSIWA. OSIWA is the lifeblood of our intervention.”

Olajide Abiose, Managing Partner, The CANs, Centre For Citizens’ Welfare and Civic Development Nigeria

“The pandemic made families celebrate every little thing, so I was ordering small cakes for intimate family celebrations.”

Baker and Cake Artist, Nigeria

Successes

Media attention. Though the project only recently launched, it got lots of positive press coverage and interest.

Government buy-in. The gender desk at the Office of the Vice President came on board and the project is getting bigger than what was envisioned.

Influencer activity. CWCD are leveraging influencers to get more people to download the platform.

300 CSOs had signed up by launch date. By end of September, they had 300 civil society representatives as partners on board.
Challenges

**Significant effort needed to build interest.**
In the beginning a lot of work was needed to onboard partners, sign MOUs, mobilize and invite people to the platform etc.

**Technology overwhelming people.**
It was difficult to overcome technological limitations of partners. This involved a lot of zoom training sessions with CSOs and there were still lots of naysayers on technology’s ability to address the issue.

**Difficulties penetrating grassroots organizations with limited connectivity.**
With the platform being a digital one, challenges were faced in penetrating grassroots places with no internet or smartphones. Eventually a solution was found by creating 774 local government reporting units throughout the country in collaboration with the National Orientation Agency and the National Human Rights Commission.

Lessons learnt

**Social workers need to be seen as essential workers.**
The work they do is very important and not being able to move around early during the lockdown really affected the communities they serve.

**Governments need to give more thought to lockdowns.**
How the lockdown was enacted in Lagos left a lot of sectors and people scrambling. Not much thought seems to have been given to the impact of such measures and how to mitigate risks.
“We are proud to know that our work is essential for people and helps save lives in this time of health crisis.”

Fabrication Lab Manager, Côte d'Ivoire

West African scientists
The 15 countries in West Africa are among those in the world with the weakest health systems. Despite some pandemic preparedness inherited during the Ebola crisis, most health systems within the region are still dilapidated, without the resources, capacity and preparedness to deal with rapidly increasing rates in the region. Senegal and Nigeria have stronger systems and were amongst the first to report cases, this begs the question of low detection rates and slow reporting cases, as demonstrated in Sierra Leone, which was the last country in the region to register a case. Therefore, regional and sub regional approaches are needed in supporting all countries to develop strengthen and put in place preparedness and response plans against COVID-19.

During the Ebola epidemic in West Africa, OSIWA supported the establishment of the West African Taskforce for the Control of Emerging and Re-emerging Infectious Diseases (WATER). This network established within the Institut de Recherche en Santé de Surveillance Épidémiologique et de Formation (IRESSEF) has carried out several training sessions, research and advocacy activities with public health actors in West Africa. WATER gained international and regional recognition due to the support and incubation at IRESSEF and its founder, Professor Souleymane Mboup, whom is also leading WATER’s efforts. The arrival of coronavirus was an opportunity to relaunch the network and to take advantage of the lessons learned, the regional knowledge and support for national and regional preparedness, research ethics and preparedness put in place during the fight against Ebola.

“These epidemics are not national, they are regional. The whole region needs to be involved and strengthened. This calls for a West African response.”

El Hadji Mamadou Mbaye, Head of Social Sciences and Health, IRESSEF
“We need to prepare for war in the times of peace. OSIWA is one of our best partners in fighting against emerging infectious diseases in West Africa. They have been a very valuable partner since 2014.”

El Hadji Mamadou Mbaye, Head of Social Sciences and Health, IRESSEF

WATER is an interdisciplinary body of health professionals within the region ranging from medical professionals, government Ministry of Health Representatives, regional bodies biomedical researchers seeking to work on eight axes in responding to this pandemic. The eight axes are, regional coordination, community engagement and communication, surveillance and detection, capacity reinforcement for laboratories, prevention, case management and human rights and ethical considerations. The objective of the recent OSIWA funded project was to reinforce capacity of public and private actors’ in regional and national levels in the fight against COVID-19.

Challenges

Restricted movement.
This limited their ability to conduct on the ground research.

Pandemic is very political.
Countries don’t want to talk about their difficulties and challenges because they don’t want to look ill-equipped. Even when surveys are sent, governments are trying not to show any weakness or issues.

Capacity constraints at West African Health Organization (WAHO).
Management of health issues in West African level is beyond WAHO’s capacity to support.

Lessons learnt

Disaster preparedness is needed all the time.
Emergency preparedness should not only be thought about during a pandemic, but all the time.

Such networks should be funded to work all the time.
These types of networks need money, but people are only inspired to fund them during times of crisis. However, preparation needs to happen all the time.
“It's essential for us, as public figures, to convey messages, so we each know how to prevent the contamination and the spread of the disease.”

Rapper, Mali

Artistic activism
Case: Contributing to an African creative documentation of a momentous time in human history to track the emotional, and cultural sentiment of the times during COVID-19 in West Africa

Drama Queens is an OSIWA grantee, currently implementing a project that aims to use the popular art of comics and the philosophy of feminism to educate a populace on a wide range of African issues and how to contribute to make Africa a better place for all, irrespective of gender, ethnicity, religion, etc. The team has successfully launched a comic book that follows the adventures of African SuperSheroes with varying superpowers to save the world from a diverse range of forces, from Patriarchy, Gender-based violence to climate change. Already, the comic book is garnering attention and support, and was nominated for the 2020 Nommo Award for Speculative Fiction by Africans, alongside eminent authors including Akwaeke Emezi and Tomi Adeyemi.

With the COVID-19 crisis, there were deepening political and societal divisions and a seeming rise of hate, and scariest of all, weakening democracies. As old and weak systems fall apart, Drama Queens were challenged to reflect and imagine new, just and better societal systems and ways of being. A new world was being birthed, and Drama Queens hoped to capture the very moment when the sociocultural, emotional, spiritual, artistic, psychological engines of change started turning – by documenting communal thoughts and reflections, activities, and other socio-cultural indicators of an important time through African contemporary literature and art. This was done through the Cov-19 Journal, digital creative writing journal that featured a plethora of artistic and creative writing and imaging of the experiences of millennials [Gen Y], in English and French, in this defining period of the global COVID-19 pandemic.

“OSIWA’ funding was very important in keeping the organization running. It kept the wheels oiled and ensured artists earned something and could be productive.”

Nana Akosua Hanson, Founder, Drama Queens
Successes

Got a variety of exciting work. Drama Queens got great submissions including visuals, poetry etc.

Challenges

Minimal French content. Wanted to make it French and English, but their audience is mostly Anglophone West Africa – so even though the call was in French as well, francophone submissions were minimal.

Lessons learnt

Healing ability of art. Having an artistic memento that documents this time is important as it allows people to go back to read some healing words.

“What worries me the most is the future of our children, because social, traditional, religious and customary laws weigh too much on them and they lose their balance.”

Artist Comedian, Senegal
As COVID-19 spread across the globe, health systems struggled to keep pace with the rising number of infections. Measures were being taken in many countries to stem the spread of the virus: exit restrictions, gatherings of more than 2 people banned, containment, border closures, etc. Senegal, which recorded its first case on 2 March 2020 issued travel restrictions, quarantines, curfews, event postponements and cancellations, and facility closures. On 23 March, the President declared a state of emergency with a curfew from 8pm to 6am. It was everyone's responsibility to support the medical profession and, beyond that, the population at the grassroots level in the face of this health crisis which "makes no distinction and does not take into account any social status".

To help stop the Coronavirus transmission chain in Senegal, Green Art set up a project to emphasize the culture of cleanliness, hygiene, public health and sanitation in Dakar. Green Art is a company made up of artists engaged in the green response by ecological art in response to the problems of climate change, pollution, ecological disasters, waste management and global health safety.

"Even in regular times, I don’t have access to art materials, like brushes, paint, etc., that I need. There’s no art supply store or galleries.”
Artist, Sierra Leone

"Science is useful, but let’s not forget art. It’s great to treat the body, but what about the spirit, the heart, the soul?"
Ndeye Rokhaya Gueye, Organization Head/Project lead, Green Art Senegal
It planned to convene community and multidisciplinary expertise that considered cultural realities, to raise awareness among market populations, about the risk factors of this new epidemic through the Green Response. This project, in the context of the COVID-19 pandemic, involved the design of images to inform communities about the right things to do. A range of multidisciplinary and multifaceted activities were planned to contribute to: (i) Correcting people’s perceptions around the disease; (ii) Empowering people to act; iii) Informing, educating and raising awareness among people in the markets, especially women. The project used the resources of visual communication, with the participation of

“The main messaging for COVID-19 was really best suited for literate people, but we needed material and images that were customized. Most of what was being shared on WhatsApp was messaging from Europe where COVID-19 hit first. We wanted to have a localized artistic response. We created our own images so that we could see ourselves in it and understand how COVID-19 could affect us. The market–woman needs to see people like her, wearing clothes like hers, looking like her... maybe she will understand that this disease is now with us and can affect people like us. People need to see themselves represented in art and information. People who look like them wearing masks, keeping distance etc.”

Ndéye Rokhaya Gueye, Organization Head/Project lead, Green Art Senegal

Successes

Worked through those respected in the community. Their main ambassadors in the market project were the "Badienes of Ngor", a group of older women who have been working in the community from 2009 on different initiatives. OSIWA financing allowed them to get a small stipend to educate those in the markets.

Were able to give artists a small honorarium to compensate them. Through the project, they were able to give artists a tiny stipend to compensate them for the risky work they were undertaking. These also helped dancers who had stayed home a long time without any money and now were getting some paid work.

Renovated toilets in the market. This helped people adhere to the COVID-19 health and safety measures.
Challenges

Worries about being in public spaces.
Understandably there were many concerns about working in public spaces during the pandemic.

Lots of flux.
Everything was changing – even market days. No one was sure what new regulations would come in place in a few days.

Lessons learnt

Art is as important as science.
While science can address some of the COVID-19 issues, art is an important component that should not be overlooked.
“Since the pandemic, we cook rice twice a week, the other days we soak garri (cassava grains) and manage that with anything else that we have.”

Informal worker, Sierra Leone
Case: Prison Advocacy for early release in Ghana during COVID-19

As of April 2nd, 2020 Ghana, recorded 204 cases of COVID-19 with 5 deaths. Greater Accra had recorded 183 cases of persons testing positive for Coronavirus while the Northern Region has recorded 10 cases. The Ashanti Region recorded nine (9) cases with Upper West and Eastern Region recording single cases each. There was the need to critically look at the Ghana’s Prisons to mitigate the impact of any outbreak due to high prison overcrowding prevalent in Ghana. President Nana Addo Dankwa Akufo Addo granted amnesty to 808 prisoners on 26th March 2020 but this only reduced the overcrowding population of Ghana’s Prisons by a small margin. Owing to the fact that there are more than 15,000 prisoners in Ghana’s 44 prison facilities across the country of which at least 24% are persons who have committed relatively minor offences, the country was going to be in a precarious state if COVID-19 reached the prisons.

“In 2000, Ghana’s remand prison population was at 33%. By January 2019, it had reduced to 12% due to work funded by different organizations including OSIWA. By mid-September 2020 it was at 14% due to lack of sufficient funding and court sittings not taking place during COVID-19. Court sittings typically allow for 60% of people to get out of prison through bail or discharge. There are instances where some of them have spent 5 or 10 years in remand/pre-trial prisons.”

Jonathan Osei-Owusu, Executive Director, POS Foundation Ghana

Successes

PPEs were distributed to prisons. OSIWA’s funding made it possible for prison authorities to have PPEs for themselves and inmates thus protecting them against COVID-19.

No cases recorded in Ghana prisons. Ghana hadn’t recorded any COVID-19 case within the prisons as of end of January 2021. This is in part due to OSIWA’s funding that went a long way in making sure prisoners understood the virus well, conducted risk communication with inmates and put in place measures to manage risks e.g. prisons now have an isolation centre where inmates stay for 14 days before entering the main prison.

Ghana is on track to pass a community service bill. POS advocated for such a bill (work began long before COVID-19) and it is now at cabinet level. General elections delayed it, but it is up for consideration with the new government. This will go a long way in decongesting prisons in future for petty offences.
POS Foundation sought a grant from OSIWA to carry out a number of activities:

(i) Distribution of COVID-19 prevention kits and information on safe consumption to incarcerated People Who Use Drugs (PWUD) and Correction Officer/Prison wards, (ii) Capacity Building for Correction Officers on COVID-19 and PWUD, (iii) Drafting amnesty criteria inclusive of PWUD in line with the Narcotic Control Commission (NCC) law for consideration by the Executive, (iv) A documentary on congestion in Ghana Prisons and the COVID-19 Pandemic, (v) Advocacy for prison reduction, and amnesty for drug users considering NCC Law with Ghana Broadcasting Corporation and (vi) Press releases and public campaign materials highlighting the dangers of prison overpopulation.

“Due to strict adherence to protocols in prisons in Ghana, prisoners have stayed calm. There has been panic in prisons in other countries including Uganda where inmates were not sure there was a plan to protect them. Risk communication is key to ensure that inmates know they will be taken care of. OSIWA’s funding to this project has contributed to the successes that we are enjoying from our Ghana prisons i.e. no COVID-19 cases [as of end January 2021].”

Jonathan Osei-Owusu, Executive Director, POS Foundation Ghana

Challenges

Negative mindset about prisoners. Majority of prisoners are in remand for petty crimes that they could have been punished for in other ways. The issue of people who use drugs is one such example – this is seen as a criminal act rather than a health one.

High congestion rates in certain prisons. In March 2020, the congestion rate was at 52%. As of September it was at 48%, but some prisons are notoriously high with even over 200% overcrowding e.g. Nsawam medium security prison should have 815 people. it has over 3,000. Kumasi prison has a capacity of 800 people but has 1,800.

COVID-19 directly affected staff. The Executive Director of POS Foundation got COVID-19 in the process of work. Fortunately, he had a good recovery and none of the other staff were affected.

Lessons learnt

Social workers should be considered front-line workers. The work they do is very important and even during a lockdown, they should be allowed to move around easily.
“The restrictions were tough on me. I was distraught, and I felt it was all over for me.”

Street sweeper, Nigeria
Case: COVID-19 Crisis Response for detainees of petty offenses in the prisons of Conakry and N’Zerekore in Guinea

In December 2018, OSIWA awarded a grant to Memes Droits pour Tous (MDT) for the project titled “Study on the situation of petty offenses and advocacy for their decriminalization in Guinea”. The contract duration was for 15 months from December 20, 2018 to March 20, 2020 with six months automatic extension. The general objective of this project was to bring to light the situation of minor offenses and inscribe them into Guinea’s criminal policies. The project’s specific objectives were to (i) Identify the contours of minor offenses and integrate them into Guinea’s legal system (ii) Advocate for the criminal justice system to take minor offenses into account in the formulation of criminal policies. (iii) Provide legal and judicial assistance to persons prosecuted for minor offences. In light of the rapid increase of COVID-19 cases in Guinea’s prison, MDT requested an additional grant from OSIWA to implement an Urgent Response to COVID-19 Emergency response to detainees of petty offenses and other vulnerable groups in the prisons of Conakry and N’Zerekore.

Successes

Providing PPEs in the prisons. MDT support via OSIWA to the prisons was a game changer. They were able to provide PPEs and also personal hygiene material plus first aid medication.

Inmates felt reassured. Detainees were happy to know they had not been forgotten. Before this, they had felt abandoned. They couldn’t have visitors, the Government couldn’t provide PPEs for them. This support really helped them know they were not abandoned.

“Our prisons are in a deplorable state. Space is limited with overcrowding being common. The buildings are small and the state of hygiene is terrible. They are perfect breeding grounds for COVID-19.”

Adrien Tossa Montcho, National coordinator, Memes Droits pour Tous (MDT)
The Conakry Central prison is very overcrowded, built to house 300 inmates the facility now has around 1,700 prisoners. Cells are very small making social distancing impossible. In addition, the health situation is very deplorable as the only health post has limited staff, lacks necessary equipment and medical supplies. More than 65% of inmates are awaiting trial some of whom are prosecuted for petty offenses. However, the Ministry of Justice suspended all criminal hearings with the exception of major crimes as measures to prevent the spread of COVID-19. There are reports that more than 50 inmates of the Conakry Central Prison tested positive to COVID-19 with at least one death. The prison of N’Zerekore faces similar challenges in terms of overcrowding, poor sanitation, and prolonged preventive detention.

“OSIWA’s speed in disbursing the grant ensured that tens of detainees did not contract COVID-19.”

Adrien Tossa Montcho, National coordinator, Memes Droits pour Tous (MDT)

Challenges

Overcrowding in prisons.
Prisons are beyond capacity. Conakry prison should have 300 people, but had over 1,600 while N’Zerekore should have 100 people but has 250.

Certain prisoners were not a priority for the government.
The political situation in the country was such that at pre-election stage, the main priority when it came to trial were pre-electoral detainees. This meant that others were further deprioritized.

The progression of the COVID-19 was very rapid in Guinea. As of May 31, 2020, the country has recorded 3771 confirmed cases, 2112 cured and 23 deaths. The situation was becoming very alarming following the report of COVID-19 cases at the Conakry Central Prison. The National Health Security Agency (ANSS) established a treatment centre within the Central Prison to treat inmates who tested positive for COVID-19. However, due to the impossibility of maintaining social distancing because of overcrowding in the cells, COVID-19 cases were expected to increase. The MDT project collaborated with the treatment centre of the Conakry Central Prison and the Prison of N’Zerekore to provide handwashing kits, disinfect the facilities, conduct awareness campaigns, and provide legal assistance to inmates prosecuted for petty offences.
“It's essential to learn about the true realities in the markets. It encourages us to know that we are listened to, respected, and seen.”

Butcher, Senegal

Lessons learnt

Collaboration is vital.
The project highlighted the need to collaborate with authorities/administrative authorities in prisons, e.g. even when it came to PPEs, a major requirement was chlorine and gloves. This need was even more urgent for them then masks.

Inmates' voice and opinions are important.
In listening to inmates, they learnt that for many, vitamins were a major need as malnourishment was common in prisons due to facilities being over capacity.
“Just because this is a pandemic doesn't mean that pregnant women stop needing care. Antenatal visits are more important than ever because during pregnancy a woman’s immune system is compromised.”

Doctor, Sierra Leone
Liberia recorded its first positive case on March 16th, 2020. As of April 15, 2020, The National Public Health Institute of Liberia (NPHIL) recorded a total of seventy-one (71) confirmed cases in the country. In a bid to contain the spread of the COVID-19, President George Weah declared a three-weeks State of Emergency which began April 10th. The State-Owned Enterprises urged residents to stay at home but ensuring that at least one person at a time per household could go out to buy food or emergencies. The Armed Forces of Liberia (AFL) and joint securities enforced this directive during the 14-day period.

**Successes**

**Set up waiting rooms in health centers.**
CHI were able to set up six waiting rooms for high risk pregnant women that were compliant to COVID-19 safety measures to enable them to go to health facilities for delivery.

**Had 78 successful live births.**
Through the facilities and creation of waiting rooms, CHI was able to facilitate 78 live birth in facilities.

**Had successful C-section referrals.**
Facilities supported by CHI were able to refer 12 women to big referral hospitals for C-sections.

**Taught patients about COVID-19.**
Every morning, CHI community health workers conducted health talks at each facility in local languages.

“When people were told to stay at home during COVID-19, they also stayed away from health facilities as during Ebola, many people contracted the disease at health facilities. This was going to be extra risky for pregnant women who already have to walk hours to get prenatal care. Most people prefer to give birth at home to untrained birth attendants. We needed to ensure that such women still got the opportunity to be seen at health facilities.”

Naomi Tulay-Solanke, Executive Director, Community Healthcare Initiative (CHI), Liberia
During the fight against Ebola, grassroots efforts played a major role in containing the disease. Communities helped link Ebola victims with treatment services, they participated in contact tracing efforts, and they changed some of their behaviors to help limit the disease’s spread. These encouraging signs reveal the potential for community groups to play a larger and more impactful role in the delivery of health services in Liberia especially during the current COVID-19 global health pandemic.

“Facilities that used to see 30 pregnant women a day, were now seeing 2 or 5 a day during COVID-19.

OSIWA gave hope and saved lives. Pregnant women were sitting at home, scared to go to centers, thinking they might die at home if they had complications. They didn’t see any other options. We are happy that OSIWA did not forget maternal child health issues during COVID-19.”

Naomi Tulay-Solanke, Executive Director, Community Healthcare Initiative (CHI), Liberia

Community Healthcare Initiative (CHI) has many years’ experience working with partners in Liberia on women and girls’ rights, CBOs strengthening, community development and improving communities’ access to quality education, health & Sexual and reproductive health and rights (SRHR), sustainable livelihoods and Community Resilience to conflict. Building on success of CHI’s work in Ebola response ensured that the trust, confidence and relationships between communities and Health Care workers was upheld. Through an OSIWA COVID-19 grant, CHI supported community-based and national health providers by enabling them to better deliver equitable and affordable access, including with

Challenges

Fear of health facilities due to Ebola memories.
During Ebola, many people contracted the disease at health facilities. As such, there were many people including pregnant women who were scared of visiting health facilities once lockdown measures were put in place.

Containment measures made it hard for community health workers to work.
Social distancing, the need for PPEs etc. made it difficult for community health workers to carry out their work as usual.
“This pandemic has laid bare some challenges of our health system. I hope we use this opportunity to fix them.”

Nurse, Ghana
equipment, training, and mental health support. In an effort to reduce maternal and child mobility and mortality and to protect this vulnerable sector of the population during the COVID-19 pandemic period, emphasis was placed on strengthening communities’ capacity to hold healthcare providers accountable while strengthening the trust and referral pathway to promote infectious prevention and control, improved access to healthcare services especially for women and children. Additionally, strengthening and safeguarding the referral pathway, and promoting more safe antenatal visits to health facilities by pregnant women increases safe delivery by professionals in the health facilities.

CHI worked closely with local women structures to help integrate, standardize and monitor approaches across the facilities and communities in order to better demonstrate the effectiveness of the community-based services.

Lessons learnt

Trust is needed to build change in communities.
People in communities are ready for change – especially when trying to get pregnant women to give birth in health facilities instead of at home. Effort is needed though to build trust with them, talk to them and show them the importance of doing so.

Working with traditional midwives is vital.
Connecting traditional midwives and trained birth attendants is even better as you leverage all their strengths to ensure the best for mothers and babies.
“Things were tough at the beginning of the pandemic because all the markets were closed. We couldn't sell anymore, and life here is quite precarious.”

Cattle herder, Senegal
Case: Advocating for the resilience of actors as well as the revival of cross-border economic activities post COVID-19 in West Africa

Successes

Collecting baseline data or an evidence base for advocacy.
The studies by Enda CACID helped them to advocate for the affected partners by having data.

Provided information to small traders on Government safety nets.
Governments had spoken to Financial Service Providers (FSPs) to be more patient with debtors, but most small traders didn't know about this. Through the project, many learnt that they didn't have to fear for their assets being seized and could even negotiate better terms with FSPs.

Fostering the process of finding solutions.
Sharing stories from different countries also helped in sharing solutions. This was true especially because the information was being shared online through civil societies in relevant countries.

Restrictive measures were put in place in all ECOWAS countries to halt the spread of the COVID-19 pandemic. While these measures were necessary and urgent to slow down or halt the evolution of the pandemic and mitigate its effects, they had a significant impact on the productive sectors, many of which completely stalled. In addition, the slowdown in production on the one hand, and the ban on movement between countries and between regions within countries on the other, disrupted the supply chain between production areas and markets. This had a visible effect on regional trade, especially small-scale cross-border trade, whose actors were hit hard by restrictions on cross-border movement or the closure of large rural weekly markets.

In addition to increasing urban and rural poverty and increasing the vulnerability of trade actors who relied solely on informal cross-border trade for survival, especially women, lack of access to markets had a direct impact on food and nutrition security. In fact, more than 90% of the West African population gets their food supply in markets. These populations were constrained by their inability to access markets to sell small products in order to obtain financial income that could be used to buy other food products or basic necessities.

Following the rapid closure of borders, other categories of actors found themselves stranded in countries that are not their own in often very difficult living conditions. Being cut off from their economic activities, these actors found themselves in the position of temporary displaced persons living in very precarious situations.
The negative effects of movement restrictions on goods and people was observed on all ECOWAS trade corridors. These corridors are the places for the transit of goods between production and marketing locations in the region and between markets. However, there was little information on the concrete effects of movement restriction measures on the many actors who use these corridors to carry out their commercial activities.

“OSIWA was very proactive. They contacted us directly under a different project to say we could apply for COVID-19 specific funding. OSIWA is very particular in understanding our challenges and supporting us where we need it. They don’t impose their own solutions on us. They listen to their grantees and fund what we have proposed.”

Dr. Cheikh Tidiane Dieye, Founder and Executive Director of the African Centre for Trade, Integration and Development (CACID)

The impact of the COVID-19 pandemic on cross-border trade actors was barely discussed in the official discourse of states and institutions. Due to the informal nature of the activities of most of the cross-border trade actors and the weak advocacy and influence capacities with national and regional public decision-makers, these actors did not receive much attention from decision-makers. There was indeed a risk that the funds mobilized by the States would be devoted to supporting large companies rather than small actors.

Challenges

Lockdown measures made it hard to work.
People who were collecting the data needed for the study found it very hard to move around due to lockdown measures. A lot of had to be done via WhatsApp and other social media which took more longer and was much more expensive than having surveyors on the ground.

Funding constraints.
Without knowing when the pandemic will come to an end, it’s difficult to make sure that there is enough funding to keep the work going.
Beyond the COVID pandemic and its effects, there was a need to ensure, more generally, that regional policies and signed trade agreements placed these actors at the centre of their priorities. Indeed, the context offered an opportunity to review the basic parameters of regional agreements, such as the African Continental Free Trade Area (AfCFTA), to create the conditions for a better contribution from non-state actors and a better consideration of the needs of grassroots populations.

These are the reasons why Enda CACID sought an OSIWA grant to carry out advocacy, information and communication activities to regional bodies and stakeholder in the interests of small cross-border actors, internally displaced persons and migrants.

Lessons learnt

**Bottom up approaches yield the best solutions.**

We always have to give the actors an opportunity to propose solutions. This is better than a top-down approach as they understand their situation best.

“When I fix potholes, people wave at me or honk their horns to show they appreciate the work I do. So, it’s not always about the money.”

Voluntary road maintenance, Nigeria
“It is very difficult for all of us. However, our work as storytellers must go on!”
Producer, Sierra Leone

Essential Stories

Photos featured are from "Essential Stories", a storytelling initiative commissioned by OSIWA and featuring photos from 6 West African countries, taken by 7 West African photographers. Each photo tells a unique, human story of how West Africans have responded to the pandemic, in their own words, captured from April to December 2020. Follow the project on Instagram: @essential.stories

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