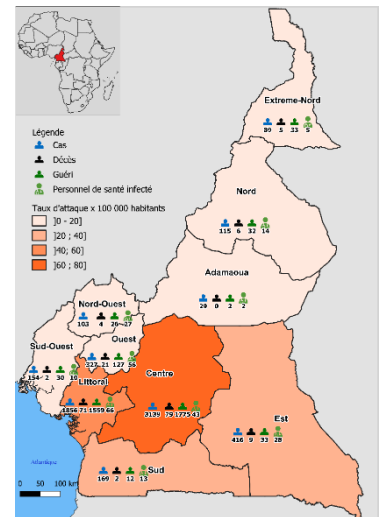


This report is produced by OCHA Cameroon in collaboration with COVID 19 Task force. It is issued on 05 June and covered the period from 20 May to 1 June 2020. The next report will be issued on or around the 24 June 2020.

### HIGHLIGHTS

- As of 1<sup>st</sup> June 20, 6,752 cases<sup>1</sup> have been tested positive with COVID-19 in Cameroon, including 199 deaths
- The number of cases of infection is increasing in regions already affected by humanitarian crisis.
- High risk re-opening of schools from June 1st
- Despite the support of WHO and other partners, the response to COVID 19 is stalling
- The COVID-19 outbreak causes dramatic socio-economic impacts for the most vulnerable households.



Source: COUSP Sitrep 31 COVID-19 June 1<sup>st</sup>, 2020

The depiction and use of boundaries, geographic names and related data shown on maps are not warranted to be error free nor do they necessarily imply official endorsement or acceptance by the United Nations.

**6,752**

COVID-19 cases

**30,000**

Samples tested for COVID-19

**2.9%**

Fatality rate

**10**

Testing laboratories in six regions.

**4.8**

Over 10,000 people tested

**6.2M**

People in Need

### SITUATION OVERVIEW

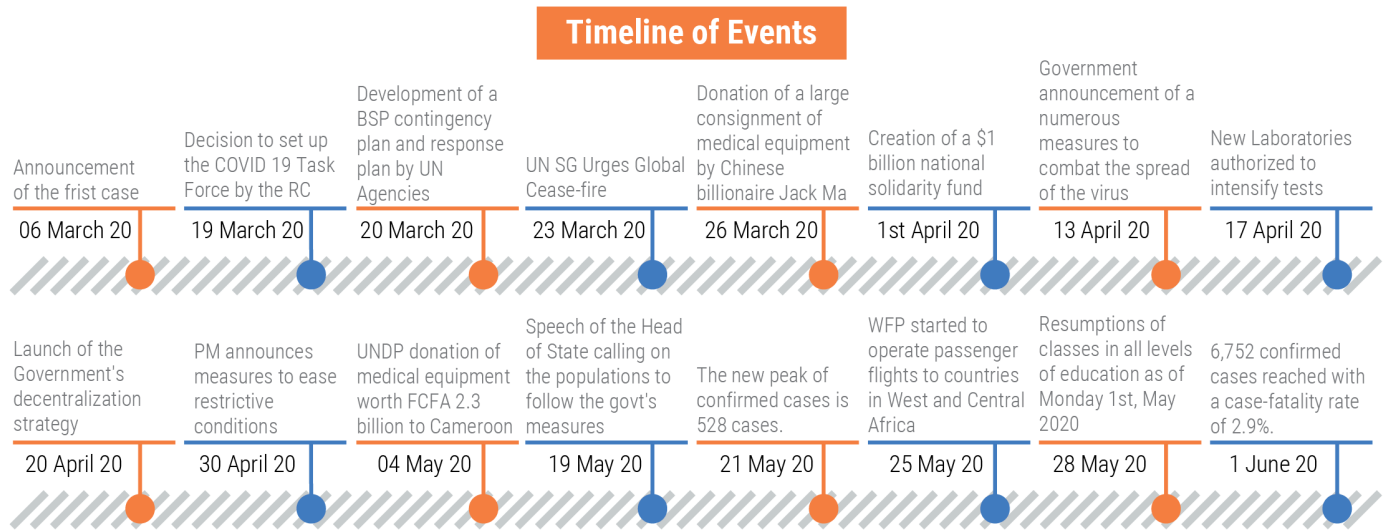
The COVID-19 pandemic continues to worsen around the world and furthermore in Cameroon. As testing capacity increases and isolation and treatment facilities gradually expands in country, the number of positive cases has doubled since May 17 reaching 6,752 on June 1<sup>st</sup>. While the increased testing capacity has resulted in a lower fatality rate, the number of deaths reaches 199, within each of the ten regions. The Government's decision on 30 April to lift several key preventive measures has increased the risk of propagation of the virus whilst sending a confusing message to the population. Meanwhile, the courageous decision to reopen schools by June 1<sup>st</sup> raises various practical challenges and faces both parents and teachers reluctance as they fear being infected with COVID.

Even though the implementation of the Risk Communication and Community Engagement (RCCE) strategy throughout the country progressively results in greater awareness amongst urban and rural communities, community resistance remains the main impediments to slow down the spread of the epidemic. Although now compulsory, the wearing of mask or respect of social distances are hardly complied to both in rural and furthermore in urban areas. Discrimination and stigmatization are rampant when COVID is named. Meanwhile, the lift of major restrictive measures have given ground to all kind of fake news, spurious information and rumors which ultimately further exacerbate the risk of rapid spread of the virus.

In this context, the UN agencies and NGO operating in country are redoubling efforts to support each of the four pillars of the national strategy through multi-faceted initiatives including provision of essential supplies, logistic and transport, human

<sup>1</sup> COUSP Sitrep 31 COVID-19 June 1<sup>st</sup>, 2020

resources expertise or prevention activities to name a few. As the decentralization process of the national response is going on the operational capacity of UN and NGO in crisis-affected regions is critical to marshal a more robust response to the outbreak. .



In April- May, an analysis of the socio-economic impacts of the epidemic has been carried out under UNDP leadership of. According to the results of the analysis, overall, 82.6% of business leaders reported experiencing a drop-in production. However, this situation is more pronounced in formal sector enterprises than in the informal sector. In terms of impact, almost half of the negatively affected companies say they have recorded a drop of more than 50% in their production.

Regarding the impact of this pandemic on households, findings of the analysis highlight that 62.7% of the household are experiencing a deterioration in their standard of living. Although most of the individuals surveyed have not lost their jobs, many are experiencing critical slowdown of their activity (74%) and a dramatic drop of their incomes (65%).

In terms of logistics, WFP global aviation air service has received authorizations from the Cameroon Civil Aviation Authority (CCAA) to operate passenger flights to and from countries in East and West Africa, particularly Ghana where operational hub is now running. However, WFP is bound to special administrative procedures including three-day notice, and Government's clearance for each flight, which undermines flight reliability. t.

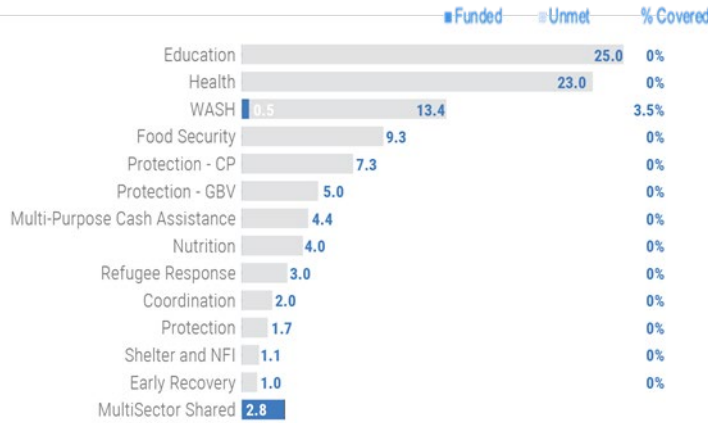
In support of national and regional health authorities, UNICEF has developed a new Risk Communication and Community Engagement (RCCE) strategy to mitigate the negative impacts of the relaxation of containment measures.

UN Women Cameroon is mobilized and committed to support the Government to strengthen women's economic resilience to COVID 19. This includes prioritizing support to women at the front line of interventions, providing know-how for the manufacture of hygiene products such as masks and antiseptic soap.

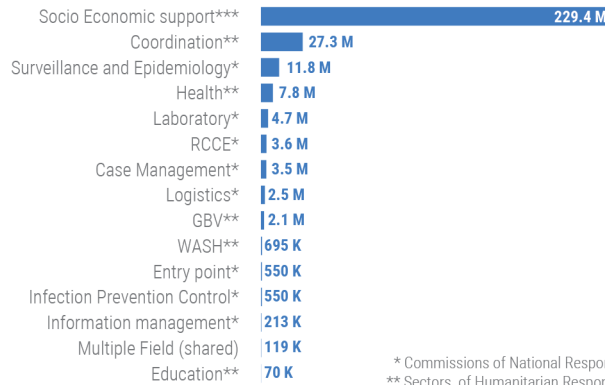
## INTER-AGENCY RESPONSE PLAN

Cameroon HRP COVID 2020  
 US\$ 101.1 Million requested  
**US\$ 3.3 million funded**

Funding by sector  
 (in million US\$)



**294.8 M**  
 Non HRP Funded  
 As of May 2020



\* Commissions of National Response Plan  
 \*\* Sectors of Humanitarian Response  
 \*\*\* Socio Economic support

All humanitarian partners, including donors and recipient agencies, are encouraged to inform OCHA's Financial Tracking Service (FTS - <http://fts.unocha.org>) of cash and in-kind contributions by e-mailing: [fts@un.org](mailto:fts@un.org)

## RESPONSE COORDINATION IN PILLARS

### Coordination

#### Needs:

With the implementation of the decentralization strategy, coordination is more than ever the cornerstone of an effective response nationwide. However, the progressive empowerment of the regions raises new challenges:

- Lack of trained health staff in each health Districts
- Weak logistical and financial capacities for the procurement and delivery of medical supplies and protective equipment
- Uneven geographic distribution of testing capacity
- Poor Information management capacity and lack of harmonized data collection and validation process.

**Response:**

At Central level, the COVID task force meets on a weekly basis gathering HCT partners. Coordination leads of five regions where humanitarian organizations have pre-dating operational presence, namely North West, South West, East, Adamawa and Far North, are attending the Task Force discussions. The engagement of regional leads in the national task force help lessening potential information caveats between the central level and the actual situation in the remote, hard to reach areas of the country. In these regions, coordination is driven through the pre-existing InterCluster / Inter sector coordination set up. Reflecting the articulation amongst coordination body at national level (COUSP / HTC / TF COVID/ UNCT), humanitarian partners also seat in Government-led Committees at regional level. In Yaounde, a collaboration platform has been established between OCHA and the COUSP dedicated to information management

The Food security cluster has issued the Cameroon-NWSW Food Security Cluster COVID 19 Guidance. The documents aim at guiding food-security partners to minimize the risk of exposure of personnel, stakeholders and recipient communities to COVID19 infection.

At central level, each sectors have contributed to the review of the HRP and Global HRP. They have designed new COVID-specific indicators to enable a consistent and exhaustive response monitoring.

**Gaps & Constraints:**

Huge needs remain, including notably but not only:

- Reliability and swiftness of collection of epidemiological data
- Absence of Overall response monitoring
- Updated and exhaustive records of field activities

**Infection, Prevention and Control Operational Support and Logistics****Needs:**

- Increasing demand from health regions in terms of personnel, equipment and logistic support
- 4 health regions still without a covid-19 testing capacity : (West, Far North, Adamawa and the South).

**Response:**

- Strategic meeting WHO/ Ministry of Health on 26 may for better consideration of the personnel involved in the response
- Strategic meeting of the Ministry of Health with other concerted action sectors on the arrangements to be made regarding school opening by June 1<sup>st</sup>
- Official validation of ACF support project for the Djoungolo Health District by MINSANTE
- Provision of medical materials and equipment by WHO
- Disbursement of the second tranche of ECHO funds to WHO Cameroon: USD 789,446 (total of USD 3,346,752)
- Negotiation and agreement for the resumption of humanitarian flights
- The three first flight were successfully performed on 21st May 23rd May and 28th May with a number of inbound and outbound passengers transported so far. The next flight is expected on 30th May 2020.
- A new flight schedule valid from 1<sup>st</sup> June to 5 July has been published and circulated to users. Flights for Yaounde are maintained on Thursdays and Saturdays. The schedule will be suspended on routes where commercial airlines resume flying

Provision	Quantity
Kit de détection (test)	14,112
Kit d'extraction d'ARN	14,400
Kit milieux de transport	9,900
Respirateur artificiel	6
Thermoflash	40
Masques N95 civils	9,893
Masques N95 médicaux	1,986
Masques chirurgicaux	79,141
Gants	19,785
visières	3,759
Lunettes de protection	184
combinaison	3,943
caméra infrarouge	2

Users are advised to regularly visit the website [humanitarianbooking.wfp.org](http://humanitarianbooking.wfp.org) as information are updated on a daily basis.

**Gaps & Constraints:**

- Need of material, financial and HR to continue to support the decentralization of the response to COVID 19 through the training of health personnel at regional and district levels
- Data management, continued support

- SOPs for rapid tests not existing
- Due to problem faced at the border with Central Africa Republic the cross-border coordination of covid-19 management need to be reinforced
- Advocacy for improving the condition of the personnel involved in the response
- WHO operation impacted by the detection of covid cases within the team and the departure of approximately 6 experts
- Flights for Cameroon have not received a blanket clearance. Landing and overflight authorization are to be requested on a case by case basis which must be submitted 72 hours prior departure day with a detailed list of passengers.
- Passengers must also comply with the rules laid down in the host countries, in particular the COVID 19 test and isolation or quarantine as appropriate;

## Risk Communication and community engagement

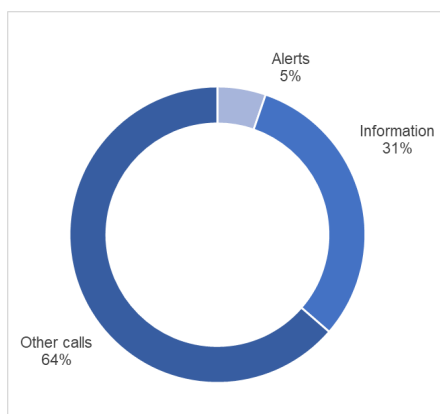
### Needs:

Communication is more essential than ever in this context of relaxation of prevention measures and proliferation of false information and rumors of all kinds. Communication needs are linked to:

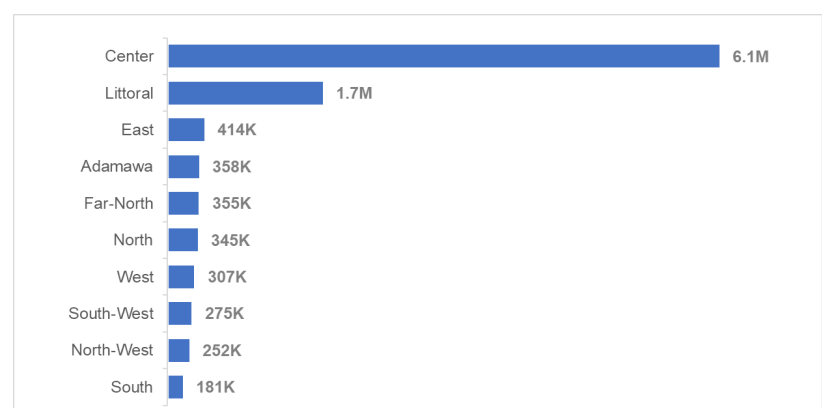
- Organizing Sensitization meetings
- Production of various media (posters, flyers, radio and TV spot, etc.)
- Advocacy to community leaders including web influencers for their engagement through community action plan on RCCE

### Response:

Feedback received through 1510 as of 05/25/2020



People sensitized by the key messages related to the prevention of COVID-19



The main activities of RCCE carried out to date by all the partners

- 10,273,434 people reached through the media, health structures (FOSA and hospitals) and communities, by the key messages related to the prevention of COVID-19 and the health services available from March 6 to May 24, 2020.
- 489,886 feedbacks received through 1510 as of 05/25/2020
- Participation in RCCE coordination meetings with the COUSP / Directorate of Health Promotion and GIS / DRSP (UNICEF, UNAIDS and WHO).
- Production and dissemination of 265,000 posters and 360,000 flyers; 500 Roll-ups, 600 image boxes, 66 spots and firmware broadcast by 180 radio stations, 20 videos and a comic strip (UNICEF).
- Technical support to CSOs (CAMNAFAW, Affirmative Action, Presse Jeune Développement, Approdafin, CHP and Fesade) for the production and dissemination of communication materials considering special populations LGBT, CSW, Adolescents and young people (UNAIDS and UNICEF).
- Training of key awareness-raising actors at all levels in risk communication and community engagement (UNICEF, WHO, UNESCO, UNWOMEN, UNAIDS, UNFPA and UNHCR).
- Advocacy for the engagement of traditional associative religious leaders and influencers in favor of the adoption of the barrier estates of COVID-19 in their communities (UNICEF, UNFPA, UNWOMEN, UNAIDS, WHO and UNHCR).

## UNHCR

- The installation of water points on refugees' sites
- Door-to-door sensitizations for the application of prevention measures adopted by the government
- The establishment of vigilance cells to launch an alert in the framework of the detection of suspicious cases
- Distribution of quantities of soap on and off site
- The manufacture by refugees and for refugees of protective masks and soaps

#### Gaps & Constraints:

- Monitoring the evolution of the epidemic at local level made complex by the lack of information and communication
- Lack of coordination within partners working on IDP sites.
- Limited access to water and soap.
- circulation of rumors and false information about COVID19.
- Community reluctance towards screening and testing for fear of being stigmatised
- Lack of awareness of the danger by the communities.
- Weak adherence to barrier actions by communities

#### Socio economic and humanitarian support

The COVID 19 crisis is not just a health crisis, these impacts affect all other sectors of life as demonstrated by the UNDP socio-economic survey. Therefore, a holistic response is necessary to consider all needs.

#### Needs:

- The first need a plea the level of the government for considering the inter sectorial aspect of the response to the COVID pandemic 19
- Distribution to vulnerable households of cleaning products, hand disinfectants, mufflers, and basic food products
- Facilitating access to basic food products at lower cost mostly for vulnerable household
- Regular disinfection of buildings and public places (markets, etc.);
- Financial support for the poorest households;

#### Response:

The government response plan did not consider non-health aspects however, humanitarian and development actors are mobilizing to support households, especially in areas already in crisis.

#### Food security

Food security actors (UN agencies and NGOs) have made arrangements to continue the distribution of food to households in need in all humanitarian zones

#### Wash

Some activities were carried out by Solidarités in partnership with UNHCR in the East and Adamaoua at Gado, Ngam and Borgop refugees' sites

Prevention disease and infection control and WASH input distribution:

- Purchase and distribution of 378 hand washing stations for Gado, Ngam and Borgop
- Identification and installation of the 378 installation sites for hand washing stations on refugees' site
- Monitoring of the assembly of 318 tippy taps at the household level.
- Distribution of COVID-19 prevention kits (soaps, detergents and hand washing stations) to 1,500 vulnerable households.

#### Education

- Within the framework of the Global Education Coalition, a national Distance Education Program, in response to COVID-19 was launched under the leadership of UNESCO. The program engaged in training 150 teachers and inspectors and was completed on April 3rd. The program will benefit 3.9 million children, of whom 2.2 million are girls, as well as 8,600 teachers of whom 60% are women.

**Gaps & Constraints:**

- Difficulty for households to disinfect / wash hands regularly with soap and water
- Difficulty for households to acquire and wear a protective mask
- Restrict / Limit your outings by staying more often at home for households that live from day to day

**For further information, please contact:**

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**For more information, please visit** <https://www.humanitarianresponse.info/en/operations/cameroon/covid-19>