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CAMEROON: COVID 19 Emergency
Situation Report No. 03
As of 26 June 2020

This report is produced by OCHA Cameroon in collaboration with the COVID-19 Task force. The reports cover the period from 1 to 26 June 2020. The next report will be issued on 29 July 2020.

HIGHLIGHTS

- WHO and OCHA supported the Cameroon response to COVID 19 with the recruitment of more than 45 local staffs (41 epidemiologists and 04 information management officers)
- CERF-funded UNDP project will provide one million IIR medical masks to crisis-affected regions
- Health workers at increased risk of infection: as of 24 June, 458 health workers were infected
- The Government has opted for massive testing. The Ministry of Health has announced the acquisition of 100,000 rapid tests and the opening of new sample collection centers
- The Government is preparing the response and the Social Economic Resilience Strategy to COVID-19 with the support of the UN

Source: COUSP Sitrep COVID-19 cases in Cameroon as of please update. 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.

12.6K COVID-19 cases
44K Samples tested for COVID-19
2.4% Fatality rate
14 Laboratories for testing available in nine regions
1.7 Over a thousand of people tested
6.2M People in Need (HRP)

SITUATION OVERVIEW

Surpassing 12,600 cases, Cameroon is the fourth most affected country in Africa, after South Africa, Nigeria and Ghana. The cases are rising, and the peak has not been reached yet, signalling a need for urgent support in a country already tackling multiple humanitarian emergencies, including escalating violence and displacement. The situation is changing daily with more health personnel tested positive for COVID-19.

Analysis by gender and age shows that men are more infected than women, representing respectively 64% and 36%, the age group most affected is 20 - 49 years (66% cases).

The Government took different measures to alleviate the socio-economic impact of COVID-19 on the population. A Government decree is providing total exemption from customs duties and taxes on the import of equipment to prevent and combat COVID-19.

Regarding education, one of the most affected sectors, classes have resumed for students having to take end of cycle exams in secondary and primary schools.
The country has almost already reached its target of conducting 50,000 tests by the end of June, specifically as of 18 June, approximately 44,000 tests have been conducted.

Humanitarian and development partners including national and international NGOs are scaling up their respective areas of intervention to provide a holistic response to the crisis on the ground.

In support of the Government’s decentralisation strategy, WHO has launched a recruitment process of 30 local experts who will join the team of 35 who were previously recruited. OCHA has made six epidemiologists and four Information managers and logistic officers available to the Ministry of Health who will be deployed to different regions to strengthen the incident management system.

On the logistical level, the WFP-initiated humanitarian flights through the Global Air Service continue. Two flights are scheduled per week, subject to compliance with the conditions required by the administration, namely submitting a flight request five working days in advance comprising the passenger list with a copy of passport with an entry visa and a negative COVID-19 test result.

The assessment of entry points and training activities for the staff members continue under the leadership of IOM.

International NGOs such as Plan International, NRC, IMC, DRC, and the French Red Cross are carrying out response support activities in the following sectors: WASH, through the provision of community handwashing kits, risk communication and community engagement (RCCE), including community awareness and training of community health workers, and education through support for students preparing for the certificate of primary education (certificate d’études primaires, CEP).

**Gaps & constraints**

The response continues through the decentralisation of the incident management system, but some gaps and constraints are yet to overcome, notably:

- **Coordination**: insufficient decentralisation support measures.
- **Monitoring**: inadequate data analysis consolidation and the lack of promptness in reporting data.
- **Case management**: lack of medical equipment for severe cases (respirators oxygen extractors).
- **Laboratory**: molecular tests are lacking, two regions (South and West) are yet to have laboratories for the diagnosis of COVID-19.
- **Management of health personnel**
INTER-Agency Response Plan

Cameroon HRP COVID 2020

US$ 99.6 Million requested

US$ 17.3 million funded

Funding by sector

<table>
<thead>
<tr>
<th>Sector</th>
<th>Funded</th>
<th>Unmet</th>
<th>Coverage</th>
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</thead>
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<tr>
<td>Education</td>
<td>1.0 M</td>
<td>24.5 M</td>
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<tr>
<td>Health</td>
<td>2.2 M</td>
<td>30.8 M</td>
<td>9%</td>
</tr>
<tr>
<td>WASH</td>
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<tr>
<td>Nutrition</td>
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<tr>
<td>Refugee Response</td>
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<tr>
<td>Coordination</td>
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</tr>
<tr>
<td>Protection</td>
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<tr>
<td>Shelter and NFI</td>
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<tr>
<td>Early Recovery</td>
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<tr>
<td>MultiCluster shared</td>
<td>7.2 M</td>
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</tbody>
</table>

17% HRP Funded

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

Coordinated Response

Response coordination continues with increased involvement of humanitarian and development actors in the incident management system at regional and divisional level. However, the needs are increasing.

Needs:

- Growing demand in terms of health personnel and equipment, particularly in the Regions.
- Establishment of a data collection and analysis system.
- Need to guarantee a secure and safe working environment for health and coordination personnel.

Response:

- Cross-border meeting between two Ministers of Health of the Central African Republic (CAR) and Cameroon for the harmonization of the COVID-19 testing method for truck drivers. The possibility to use rapid tests in CAR and the delivery of certificate recognized by the two countries was discussed.

Gaps & Constraints:

- Data management needs continuous support.

Infection, Prevention and Control

Needs:

- Need for protection and prevention equipment for the 189 health districts divided into 5,284 health areas;
- Need of community handwashing kits, masks and hydroalcoholic gels for more than one million households;
- Need of laboratory for testing.
Response:

- With the strengthening of the COVID-19 sample collection capacity, the accredited laboratories are overwhelmed. The Government has accepted the use of rapid tests to increase accessibility to the test. Six tests points are now available in Yaoundé. At the same time, 5,000 rapid tests were sent to the regions, notably to Douala to support overwhelmed laboratories.
- To optimize the case management and infection prevention and control pillars, WHO supported the Ministry of Public Health in the organization of a training of trainer’s workshop from 8 to 12 June for 74 national experts (doctors, nurses, psychological support staff, hygienists and management teams of Regional Public Health Delegations). The training was part of the decentralization strategy and aimed to optimize the autonomous management of the pandemic in the health districts for rapid and efficient care of the patient.
- Partners provided technical and logistical support to the Regional Delegation for Health (DRSP) in the Far North and more specifically to the Kousseri Hospital. The support comprises of surgical masks, hydro-alcoholic solutions and latex gloves, and a vehicle.
- In addition to the batch of 5,500 tests, UNICEF has ordered 2,500 tests that will be available in September-October 2020.
- 30,000 molecular tests have been ordered to strengthen PCR molecular diagnostics.
- UNDP with CERF funding is distributing protection equipment to health facilities: 100,000 masks for the East, 400,000 for the NWSW and 500,000 to the Far North.

Gaps & Constraints:

- NRC has released the report of a rapid needs’ assessment conducted on a sample population of 400 persons in mid-April 2020 in the North West and South West divisions. According to the assessment, 46% of the population did not have access to information required for the prevention of COVID-19.
- Only 15% of the surveyed population reported to be practicing key hygiene measures (regular handwashing, use of face masks, social distancing and avoiding shaking hands).
- There is no SOP for the use of rapid tests, approaches are different by region which poses a problem with regards to test reliability.
- The capacities of current laboratories are exceeded, there is an urgent need to enable new laboratories for COVID-19 tests both at regional and at the central level.

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

Most partners are involved in RCCE through awareness raising via media, television, radio and other supports such as flyers and posters.

Needs:

- During the past weeks it was observed that the impact of RCCE messages on the population was limited. UNICEF has decided to carry out rapid regional CAP surveys to assess RCCE interventions with a view to formulate new strategic directions for the third operational phase of incident management.
- Redefining the content of messages in the various media (posters, flyers, radio and TV spot, etc.).
- Advocacy and coordination with authorities on communication strategy.

Response:

- Several actors were involved in raising awareness, notably the NGOs Plan International IRC, NRC, International Medical Corps and the French Red Cross. The activities took place in different regions of the Far North, mostly in the Mayo Sava, Logone and Chari and Diamaré divisions.
- As of 24 June, 17 138 607 people were reached through the media, health facilities and hospitals, community health workers, volunteers, peer educators, etc with key messaging related to the prevention of COVID-19 and the health.
Continuation of the awareness-raising caravan in Doula and Yaoundé by the Ministry of Communication with technical and financial support from UNICEF.

In the Far North region, 4,306 people were targeted for similar activities carried out in partnership with the Lutheran World Federation, International Medical Corps and Plan International. Another 14,865 people including Central African refugees and host populations in the East were similarly reached with the framework of community sensitisation in the Kadey, and Boumba and Ngoko divisions. A significant impact of these campaigns is that persons of concern have started observing good distancing measures during distribution exercises.

Gaps & Constraints:

- Limited access to water and soap.
- Circulation of rumours and false information about COVID-19.
- Weak adherence to barrier actions by communities.
- Production of the mapping of RCCE community actors (peer educators, volunteers, community relays, etc.).

POUNTS OF ENTRY (POE); OPERATIONAL SUPPORT AND LOGISTICS

Needs:

- At least 65 entry points have been identified by IOM.

Response:

- From 30 May to 4 June 2020 a joint evaluation mission involving the Operations Unit of Public Health Emergency (COUSP) of the Ministry of Public Health and IOM was carried out at Kentsou and Garoua Boulai entry points. The objective of this mission was to assess the needs and services.

- UNHCR put in place preventive measures, rapid tests, handwashing and temperature checks at the borders. There is also the systematic control of all newcomers in the camp and in sites. These include temperature checks and medical assessments at entry points for all refugees.

Gaps & Constraints:

- The assessment mission of the entry points at Kentsou and Garoua Boulai identified needs in several areas including IT equipment, transport equipment, information system, border management registers, water supply and electricity supply.

SOCIO ECONOMIC AND HUMANITARIAN SUPPORT

NGOs have readjusted programs and redirected resources to take COVID-19 into account in ongoing sectoral humanitarian responses.

Needs:

- Support of different groups of concerns especially at the CAR-Cameroun boarder.
- Psychological care for people infected with COVID-19 and their families.
- Preparedness activities to anticipate the increasing number of cases.

Response:

- On 17 June, UN agencies were invited by the Government to participate in the development of the Cameroon Response Strategy and Socio-Economic Resilience to COVID-19, in order to have a more holistic approach of the response. The five-pillar strategy includes the reinforcement of the health system, economic and financial resilience, strengthening of local production, strengthening of research and innovation and social resilience.

- Most humanitarian actors have modified their ongoing programmes to be adapted to the COVID-19 context.

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For more information, please visit https://www.humanitarianresponse.info/en/operations/cameroun/covid-19