

CAMEROON: COVID-19 SITUATION

As of 07 April 2020

KEY FIGURES

685

Total number of confirmed cases in Cameroon.

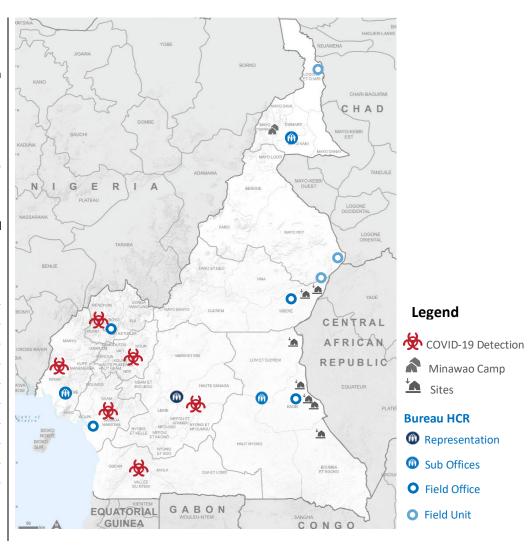
60 Number of 09 Number of recovered cases deaths recorded

Regions Affected – Centre, Littoral, West, South West, South and North West

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Reported Cases of Refugees Infected with the Covid-19

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Zone/Camp	#	#	# de
/Sites	de	Guéris	décès
	cas		
Borgop	00	00	00
Gado	00	00	00
Ngam	00	00	00
Lolo	00	00	00
Mbile	00	00	00
Ngarissingo	00	00	00
Timangolo	00	00	00
Yaounde	00	00	00
Douala	00	00	00
Minawao	00	00	00
Zone rurale	00	00	00



I - OPERATIONAL RESPONSE

Coordination

Meeting between UNHCR and the World Bank (WB) on 04 April, on the institution's plans to support government
in preventing the spread of Covid-19. It came out of the meeting that the WB has disbursed 6.5 million USD for
government, to cover an emergency action plan elaborated and validated by government, and a command for
hospital equipment and medication.



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- UNHCR and the World Bank have accepted to work on an emergency action plan, estimated at one (1) to two (2) million USD to support refugee-hosting communities and refugees sites/camps.
- UNHCR takes part in the weekly coordination meetings piloted by the Ministry of Public Health at the national level.
 At the regional level, sub and field offices are working in collaboration with local government officials on Covid-19.
- The World Food Programme, (WFP) has reassured there are no fears of shortage in food items distributed to Persons of Concern, POCs in the camps and sites.
- There is an ongoing assessment of the impact of Covid-19 on protection activities in South West region. UNHCR's Protection Cluster and protection partners in South West met with WHO during the week to assess the impact and risks of Covid-19 on internally displaced persons. All UNHCR-led sectors are contributing to the WHO/OCHA strategy on Covid-19 interventions.
- A joint mission made up of UNHCR and partners of Kadey and Boumba and Ngoko divisions in the East region from 17 to 21 March, to establish a common multisectoral community sensitization calendar against Covid-19.
- From 24 to 28 March UNHCR, the Ministry of health and partners undertook a second joint mission to strengthen
 the capacity of actors in Adamawa and East regions, in setting up prevention mechanisms and managing possible
 cases of Covid-19 in the refugee settlements.

Surveillance, Case Investigation, Emergency Response Team

- There are currently 05 people who are presumptive for Covid-19 in the East region, with 03 in Bertoua, 01 in Kenzou and 01 in Gado, all refugee hosting areas. UNHCR through its Health partner, supported the Ministry of Health with an ambulance for the emergency response team. Samples were sent to Yaounde, with confirmation awaited.
- On 06 April, 01 person was confirmed with Covid-19 in Bamenda, North West region, where there are currently 340,474 internally displaced persons from the ongoing Anglophone crisis.



- Systematic control of all newcomers, notably temperature checks and medical assessments at entry points for all refugees coming into camps and sites.
- There have been displacements among the IDP populations, out of fear of contracting the new coronavirus. Between 20 and 29 March 2020, 1,637 IDPs returned to the North West from the West, Littoral and Centre regions; while another 1,455 IDPs returned to the South West region. In the Far North, 530 people wishing to cross the border from Chad to Cameroon were blocked at separate entry points.



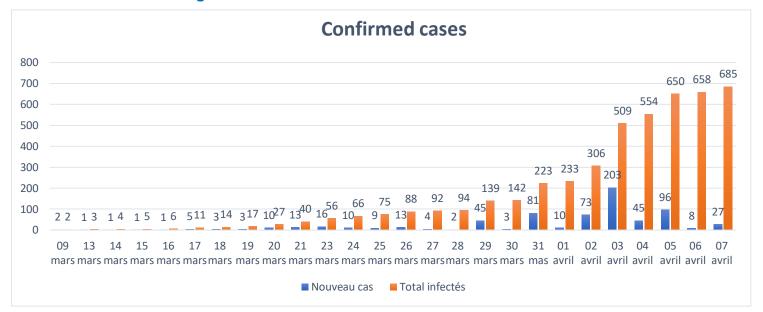
Infection, Prevention & Control (IPC)

- 40 Refugee Housing Units (RHU) are being set up to facilitate the provision of isolation and quarantine facilities in the 07 sites in the East and Adamawa regions.
- A 14 day-quarantine has been made compulsory for all refugees and POCs coming in from other parts of the country to refugee hosting camps and sites, especially those coming from the urban areas of Yaounde and Douala heavily affected by the Covid-19.
- Briefing of Community Health Workers on the generalities of the Covid-19 pandemic (especially on preventive measures);
- Daily sensitization of refugees on handwashing and the implementation of handwashing facilities in each household (Tippy Tap);





Case Management





Water, Hygiene and Sanitation

- 133,032 pieces of soap of 250g have been dispatched to different regions for distribution to persons of concern, POCs. These include Douala: 15,000 pieces of soap; Yaounde: 20,000 units; Bertoua: 28,032 units and Maroua: 70,000 units. Soap distribution to refugee families has already been completed in Meiganga and is ongoing other sites.
- 04 Health institutions in Douala, Littoral region where urban refugees receive medical assistance have been offered items such as hand sanitizers, handwashing stations, bleach, masks and savons to strengthen their capacities in managing cases of Covid-19.
- In the sites of Lolo, Mbilé, Timangolo and Ngarissingo, in the East, UNHCR partner, 'Agence de Developpement Economique et Social' (ADES) has been carrying activities such as the repair of broken water points, setting up of handwashing facilities, improvement of access to water in the sites, latrine rehabilitation and construction of new latrines/showers in isolation centers and quarantine facilities.





Pic 1 & 2 Setting up of the Refugee Housing Units, RHU, in Gado.



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Communication Risk and Community Engagement

- Training of 61 members of the protection committees in Meme and Fako, South West region and 35 community relays to strengthen community surveillance networks and highlight preventive measures against Covid-19.
- Training of 92 partners, 130 community health workers, 630 community leaders and 482 other community members
 on preventing the spread of Covid-19 in the East region. So far, 59 sessions on Covid-19 have been held in the 07
 sites in the East and Adamawa regions.
- Discussion with other agencies to set up a stabilization room in response to the Covid-19 case management of UN staff who may become ill and require emergency medical assistance in Buea, South West region.



Internal Measures - UNHCR

UNHCR is gradually implementing the Business Continuity Plan (BCP), in its different offices with a 43.62 percent rate as of 07 April. The main office in Yaounde has a 29 percent staff effective-presence and 34 percent of effective staff presence in Douala; the two major affected areas in terms of the Covid-19 spread in the country. All hygiene and sanitation measures have been reinforced for staff, and partners including the use of masks areas of high prevalence of the Covid-19 and the setting up of hygiene and sanitation measures in the different offices for staff, POCs and visitors.

II - MAIN CHALLENGES

- Unavailability of Covid-19 basic equipment and materials in the local market.
- Inadequate, weak and poor national and Regional public health structures, thus they cannot provide any appropriate response. The needs in these structures include;
 - Lack of ambulance for referrals, added to the poor road networks over very long distances from the primary health unit to the reference hospitals.
 - Lack of basic equipment for laboratory tests, reanimation, etc.
 - o Acute lack of electricity supply and water in the health structures.

III - WORSE CASE SCENARIO

In the case of the health crisis worsening, UNHCR will focus on two major response mechanisms:

Medical Response:

- Enhance and reinforce the capacity of Community Health Workers in the identification of new cases based on case definition, as well as reinforcing and enhancing the testing mechanism in the sites and camps and in refugee hosting communities.
- o Increase the isolation and quarantine facilities in the camps, sites and refugee-hosting communities.
- o Enhance the regional Hospital Response capacity and referral mechanisms.
- o Create a temporary Care Facility for the management of non-critical cases.
- Increase human resources at the different levels of medical intervention.

Multi-Sector Response:

- Food distribution to all refugees and other POCs
- o Reinforce the supply of water in the camps, sites and refugee hosting communities.
- o Increase the number of shelters as well as hygiene and sanitation facilities like latrines and water points.
- o Increase human resources in the field.