



IOM Cameroon Strategic Preparedness and Response Plan COVID-19 May – December 2020

CONTEXT

On 11 March 2020, the World Health Organisation (WHO) announced that the pathogen first reported from Wuhan City, Hubei Province of the People's Republic of China known as the Coronavirus Disease 2019 (COVID-19), now constituted a pandemic – “occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people”.

As of 31 May 2020, a total of 6,104,980 confirmed cases had been reported globally,¹ including over 370,000 deaths in at least 185 countries and territories. Total confirmed cases on the African continent have exceeded 130,000, including 4,070 deaths, with 5,904 cases in Cameroon alone, one of the highest rates in Western and Central Africa. Cases in Cameroon have been notably declared outside urban perimeters and in all nine regions, with the Centre, Littoral and Western regions most heavily impacted. As the multiplier infection rate (R rate) is estimated to be two and a half without any preventative measures taken, it is vital that actions in tandem with the measures already taken by the Government of Cameroon, such as social distancing and increased sanitary procedures, are taken to curb transitions of the disease.

Cameroon is at high risk of further spread of COVID-19 as it grapples with unprepared health care systems that may not be able to contain an outbreak without

adequate health preparedness, response and recovery mechanisms. Broad social and economic impacts are expected due to several factors and barriers, such as lack of, or inadequate access to, reliable information on prevention, limitations in or exclusions from accessing diagnostic and treatment services, armed conflict and violence, cramped and crowded living and working conditions, stigma and discrimination, lack of access to Personal Protective Equipment (PPE) and unequal access to hygiene and sanitation products.²

The COVID-19 National Preparedness and Response plan developed by the Ministry of Public Health has already identified key needs in the overall response, including capacity gaps in public health services and disease surveillance points throughout the country. Simultaneously, and as part of its support to Member States' responses to COVID-19, IOM published on 15 April 2020 its global Strategic Preparedness and Response Plan (SPRP) articulated around four strategic priorities and twelve pillars,³ echoed in IOM's support to the Government of Cameroon.

In an effort to view how international mobility has been impacted by the pandemic, and to monitor closely the changes in developments in real-time to mobility restrictions, IOM has developed a global data portal for COVID-19 Mobility Impacts.⁴

¹ COVID-19 Case Tracker, John Hopkins University, <https://coronavirus.jhu.edu/>

² Inter-Agency Standing Committee Interim [Guidance](#), Public Health and Social Measures for COVID-19 Preparedness and Response in Low Capacity Humanitarian Settings, May 2020

³ IOM Global Strategic Preparedness and Response Plan to COVID-19, 15 April 2020, https://www.iom.int/sites/default/files/country_a_ppeal/file/iom_covid19_appeal_15.04.2020.pdf

⁴ IOM Mobility Impacts COVID-19, <https://migration.iom.int/>

In line with IOM's Health, Border & Mobility Management Approach,⁵ and with an appreciation that in times of crisis migrants and displaced persons constitute one of the most vulnerable population groups, IOM plans, between May to December 2020, to implement a range of activities to further support the Government of Cameroon in its response to and recovery from COVID-19. This will be based on 7 of the 12 twelve pillars included in IOM's global Strategic Preparedness and Response Plan, namely: Coordination and Partnerships, Tracking Mobility Impacts, Risk Communication and Community engagement, Point of Entry (PoE), Infection Prevention and Control, Camp Coordination and Camp Management, and Protection.

Through its existing programming, IOM Cameroon has adapted its activities to rapidly contribute to the national COVID-19 response, and now seeks additional support to leverage its vast operational presence for continued support to COVID-19 response in-country. IOM's wide presence of staff in Cameroon, wide network of local partners, existing migration health service programme, strong infrastructure in mobility tracking, and programmatic flexibility will ensure the Organization is able to rapidly assist those most in need.

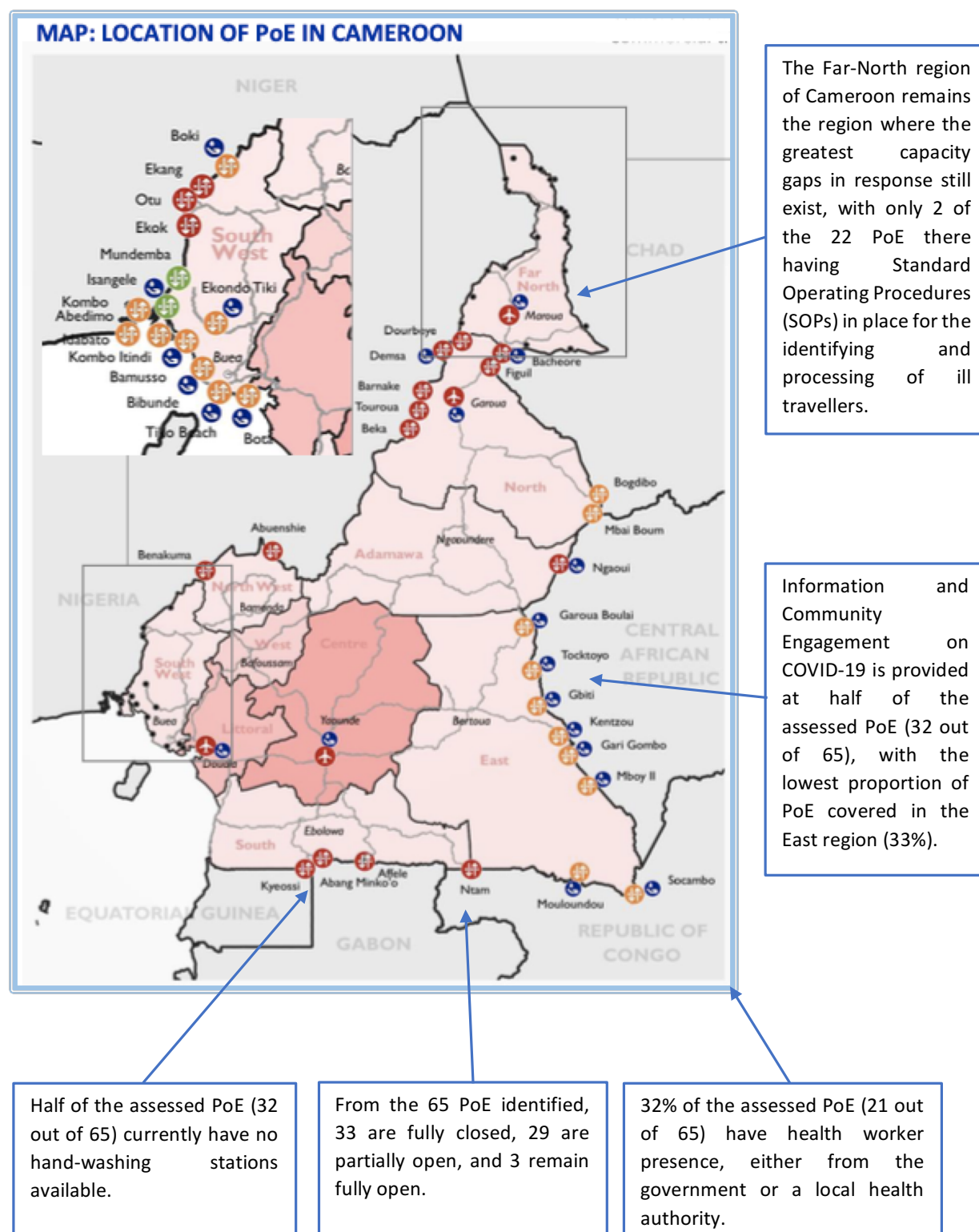
IOM Cameroon also plans to leverage its role as co-lead with the Ministry of Health of the Working Group on Points of Entry, which has brought together UN agencies, civil society groups and the Government to coordinate the health response at PoEs to ensure even coverage and application of measures. On 7 May 2020, IOM presented to the working group on PoEs the first of a series of dashboards⁶ providing a snapshot of the state of 65 key PoEs and the actions already taken, broken down by region and type of assistance.

Lessons from previous IOM migration health programming during the Ebola Virus Disease (EVD) response in West Africa and more recently in the Democratic Republic of Congo (DRC) will also be applied, particular as it pertains to the link between disease and population mobility. This nexus, which is of core interest to IOM, must be addressed for the containment of the COVID-19 pandemic in Cameroon.

⁵ IOM Health, Border & Mobility Management Approach, https://www.iom.int/sites/default/files/our-work/DMM/IBM/updated/Health_and_Humanitarian_Border_Management.pdf

⁶ Cameroon COVID-19 Mobility Restrictions , May 2020, <https://migration.iom.int/reports/cameroon-%E2%80%94-covid-19-%E2%80%94-mobility-restrictions-may-2020>

IOM CAMEROON POINTS OF ENTRY ANALYSIS



Map taken from "DTM IOM Cameroon COVID-19 Mobility Restrictions" Dashboard, May 2020 Report #1

IOM CAPACITY TO RESPOND TO COVID-19 IN CAMEROON

IOM is currently present and has ongoing operations in Cameroon, with over 100 staff in-country. As travel restrictions imposed by most governments will impede the mobilization of international emergency health staff and technical experts in the short term, IOM depends on this existing capacity for program implementation in Cameroon to support its COVID-19 response.

The Organisation also has established COVID-19 Coordination Task Forces at the Global, Regional and National levels to ensure a coherent response. IOM's Regional Office for West and Central Africa in Dakar and Headquarters in

Geneva work closely with staff on the ground to provide technical support as required. IOM stresses its extensive experience in empowering governments and communities to prevent, detect and respond to health threats along the mobility continuum, whilst advocating for migrant-inclusive approaches that minimize stigma and discrimination.

While migration and mobility are increasingly recognized as determinants of health and risk exposure, the volume, rapidity, and ease of today's travel pose new challenges to cross-border disease control and suggest the need to adopt innovative, systemic and multisectoral responses.

IOM CAMEROON STRATEGIC AND OPERATIONAL APPROACH

IOM Cameroon will take a strategic and operational approach based on three overarching strategic priorities and seven pillars of response included within its capacity. The strategic priorities are to:

- 1) Ensure a well-coordinated, informed and timely response through mobility tracking systems and strengthening partnership and coordination structures established at the community, national and regional levels.
- 2) Contribute to global, regional, national and community preparedness and response efforts for COVID-19 to reduce associated morbidity and mortality.
- 3) Ensure access of affected migrants to basic services and commodities, including health care, and protection and social services.

As the situation evolves and needs change, IOM Cameroon encourages donors to provide flexible funding to allow IOM to rapidly respond and effectively assist the most vulnerable populations.

IOM will utilise its present capacities in Cameroon, with nearly 100 staff in the field, to coordinate COVID-19 responses in tandem with existing activities and capacities on Emergency Operations, Displacement Tracking, Reintegration, and Community Engagement & Stabilization. As the situation changes enabling entry and exit of staff in and out of Cameroon, adjustments will be made to arrange for the arrival of new or surge resources to further extend IOM's support to the national response.

IOM AREAS OF INTERVENTION IN CAMEROON

STRATEGIC PRIORITY 1: ENSURE A WELL-COORDINATED, INFORMED AND TIMELY RESPONSE THROUGH MOBILITY TRACKING SYSTEMS AND STRENGTHENING PARTNERSHIP AND COORDINATION STRUCTURES ESTABLISHED AT THE COMMUNITY, NATIONAL AND REGIONAL LEVELS

COORDINATION AND PARTNERSHIPS – USD 105,000

IOM Cameroon will continue to actively participate in coordination mechanisms at national and regional levels:

- Support the Government of Cameroon to facilitate access to emergency health care for migrants and displaced populations, including by identifying temporary legal solutions for access to medical care, in combination with temporary measures regarding visas and consular support.
- Engage in high level meetings and capacity building workshops for the Government and cross-border authorities, on pandemic-related coordination mechanisms and national/regional disease surveillance in line with national planning and response capabilities.
- Support the Ministry of Health's lead the PoE Working Groups and support a coordinated and level response across each region.

TRACKING MOBILITY IMPACTS – USD 245,000

As movement across borders continues to be affected, IOM's capacity to provide data and analysis on population mobility dynamics remains crucial for a more targeted and evidence-based response.

- Continue to feed into cross-border/inter-regional mapping processes on travel restrictions, changes in visa requirements, airline suspensions and health-dependent mobility restrictions imposed by countries.
- Enhance country-level primary data collection for points of entry mapping and monitoring to report more in-depth and up-to-date information on the different points assessed, including operational status, types of restrictions, duration of restrictions, population categories affected and public health measures amongst others.
- Monitor the impact of COVID-19 on displacement and mobility within Cameroon.

STRATEGIC PRIORITY 2: CONTRIBUTE TO GLOBAL, REGIONAL, NATIONAL AND COMMUNITY PREPAREDNESS AND RESPONSE EFFORTS FOR COVID-19 TO REDUCE ASSOCIATED MORBIDITY AND MORTALITY

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE) – USD 125,000

IOM will continue to work with the Government of Cameroon, civil society partners and local communities to:

- Provide technical guidance and tools to ensure risk communication is culturally and linguistically tailored and migrants and displaced populations are included in the national Cameroon campaigns.
- Promote risk communication and community engagement activities along mobility corridors, PoEs, and among existing migrant, IDP and mobile population networks, including travel agencies, tour operators, employers and recruiters.
- Build the capacity of health care workers and other actors on psychological first aid and referral to critical non-COVID services, using previous models developed for past outbreaks such as Ebola, and ensure inclusion of psychoeducation and informal education on self and peer-support among RCCE messages as well as informal education measures.
- Mainstream and maintain good hygiene practices through the development and dissemination of fit-for-purpose information, education, communication (IEC) material tailored to the needs of migrants, displaced populations and other related communities.
- Consult communities and community associations (women-led associations, organizations of persons with disabilities (OPD), children, student or youth networks, amongst others) and strengthen existing Community Engagement and Outreach mechanisms to ensure community participation throughout the response, enhance accountability to affected populations and mitigate any disease-related stigma.
- Lead and support national coordination on advocacy for the prevention of stigma towards migrants, persons on the move and displaced populations, and their inclusion in national responses recognizing their compounded vulnerability due to COVID-19.
- Foster community engagement for the prevention of and recovery from violence, discrimination, marginalization and xenophobia through the promotion of social cohesion messaging and activities, as well as Community Event-Based Surveillance (CEBS) models drawn from other programming.
- Support cross-border community-level awareness raising with CAR, Chad, Nigeria, Gabon in close coordination with local authorities in border communities.
- Ensure communication with communities and feedback from displaced communities through the development and dissemination of key messages in local languages related to health, hygiene and service delivery in displacement sites across the Far-North region, using local community leaders in the process where possible.

POINTS OF ENTRY (POE) – USD 325,000

IOM will support the Ministry of Health and Social Affairs and other key partners to enhance preparedness of prioritized points of entry (POE):

- Support active surveillance, including health screening, referral and data collection at key PoEs.
- Support the development and dissemination of PoE specific standard operating procedures (SOPs) for detection, notification, isolation, management and referral, including the development of training curricula and manuals.
- Train immigration and border/port health staff on SOPs to manage ill travellers and on infection prevention and control.
- Continue to regularly monitor and map affected PoEs, status of migratory flows and support collection of information at key PoEs.
- Support improvements to PoE infrastructure, including construction of isolation spaces to manage ill travellers, improvement to hygiene infrastructure and provision of necessary equipment and supplies for screening.

INFECTION PREVENTION AND CONTROL (IPC) – USD 50,000

- Enhance and strengthen cross-border coordination and disease surveillance, information sharing and reporting.
- Conduct Participatory Mapping Exercises to identify high-risk transmission mobility corridors and areas, develop and implement a data collection strategy at key PoEs.
- Secure the provision of safe drinking water, handwashing and adequate sanitation facilities, and waste management systems, including hand washing stations in the accessible spontaneous displacement sites in the Far-North region where no other humanitarian actor is present.
- Act as provider of last resort in displacement sites in the Far-North for the most vulnerable IDP households and provide access to basic hygiene items (soap, aqua tabs, hygiene kits) in addition to standard NFI kits (in line with shelter/NFI cluster guidelines).

STRATEGIC PRIORITY 3: ENSURE ACCESS OF AFFECTED PEOPLE TO BASIC SERVICES AND COMMODITIES, INCLUDING HEALTH CARE, AND PROTECTION AND SOCIAL SERVICES

CAMP MANAGEMENT AND CAMP COORDINATION (CCCM) – USD 250,000

Interventions will target accessible spontaneous displacement sites in the Far-North, where there are an estimated 130,000 displaced persons over 120 sites. Sites have been characterized by a poor and risk prone layout due to the absence of planning with a limited presence of local actors and humanitarian partners. Activities include:

- Develop tools and guidance for site planning, including for contingency spaces for expansion of services such as isolation areas, hospital expansion, burial sites, and quarantine areas in the spontaneous displacement sites of the Far-North region.
- Assist to develop Standards Operating Procedures and other tools specific for camps to guide camp managers, as well as for quick detection, isolation and referral of COVID-19 patients as well as reporting to central level on all actions to respond to COVID-19, and identify required resources at each step.
- Upgrade living conditions in displacement sites in the Far-North region to improve site safety and hygiene and ensure livelihoods are sustained.

PROTECTION – USD 200,000

IOM will enhance capacities to ensure the protection and access to services of migrants, travellers, displaced populations and local communities through:

- Provide Assisted Voluntary Return and Reintegration (AVRR) assistance to both stranded migrants and returning nationals in the context of COVID-19.
- Support the creation of MHPSS self-help tools specifically tailored for stranded migrant populations in quarantine as well as the deployment of psychosocial mobile teams with the necessary linguistic and cultural skills to serve vulnerable populations, including displaced persons.
- Strengthen existing protection mechanisms and social services including at key PoEs and in spontaneous displacement sites in the Far-North region, to identify and support persons in need of specific care or protection (e.g. survivors of gender-based violence) and refer them to appropriate services.
- Ensure and maintain referral pathways for persons in need with other protection actions including on gender-based violence and child protection, to ensure reliable access to appropriate services.
- Support staffing of protection response for assessments, analysis and capacity building, as well as for protection monitoring and mainstreaming across other sectors' activities including health services, through monitoring and /or strengthening of accountability of affected populations (AAP) and protection against sexual exploitation and abuse (PSEA) mechanisms.

IOM'S FUNDING REQUIREMENT

IOM Cameroon funding requirement is **USD 1.3 Million**

This amount represents an indicative requirement for IOM Cameroon planned interventions, broken down by activity pillars. Given the rapidly changing nature of the outbreak, financial requirements will evolve.

PILLAR ACTIVITY BREAKDOWN OF FUNDING REQUIREMENT	
	TOTAL REQUESTED AMOUNT (USD)
Coordination and Partnerships ●	\$105,000
Tracking Mobility Impacts ●	\$245,000
Risk Communication and Community engagement (RCCE) ●	\$125,000
Point of Entry (POE) ●	\$325,000
Infection Prevention and Control (IPC) ●	\$50,000
Camp Coordination and Camp Management (CCCM) ●	\$250,000
Protection ●	\$200,000
TOTAL	\$1,300,000