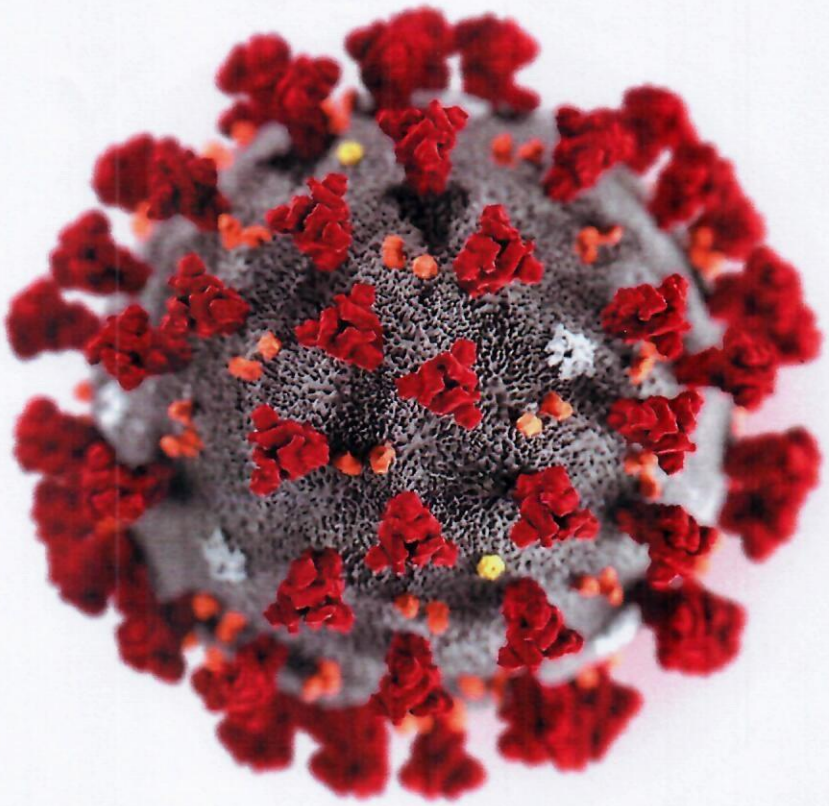
UNITED NATIONS DEVELOPMENT PROGRAMME

COVID-19 Project
Cameroon



Alissa Eckert, MS / Dan Higgins, MAM

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I. Details

Project Title: Support to the National COVID-19 Preparedness and Response Plan in Cameroon

Project Number:

Implementing Partner: UNDP Cameroon (Direct Implementation)

Responsible Parties: Ministries of Health, Communication, Territorial Administration, Security, Finance, Economy and Planning, Justice, Family and Women Empowerment, and Youth, UN agencies, CSOs and National Youth Council and Municipalities

Start Date: April 2020 **End Date:** September 2021

Brief Description

The outbreak of respiratory disease caused by a novel coronavirus that was first detected in Wuhan City, China in December 2019 has now been detected in 210 countries across all continents. The first laboratory-confirmed case was reported in Cameroon on 6 March 2020. Since then, the epidemiological situation has evolved rapidly. Despite the significantly high reproduction capability of the virus, Cameroon took unprecedented measures in an effort to contain the virus. The government of Cameroon reached out to UN Agencies and welcomed assistance on crisis response. The UNDP Cameroon Office has identified areas of support to strengthen readiness of medical institutions, reduce the severity of disease and conduct rapid response on the outbreak in Cameroon.

- **Output 1**: Operational and institutional capacities of the Cameroon Health system improved to respond to the COVID-19 outbreak;
- **Output 2**: Inclusive and Integrated Crisis Management and Response: Strengthened capacity of the Government of Cameroon to manage and respond to the crisis in an inclusive and integrated manner;
- **Output 3**: The socioeconomic effects of the outbreak on vulnerable populations in Cameroon are mitigated by interventions at the policy and at the local/community level.

Contribution to the Sustainable Development Goals (SDGs):

Goal 3: Good Health and Wellbeing; Goal 8: Decent Work and Economic Growth; Goal 9: Industry, Innovation, And Infrastructure; Goal 10: Reduced Inequalities; Goal 11: Sustainable Cities and Communities; Goal 16: Peace, Justice and Strong Institutions; Goal 17: Partnerships

Contribution to the Outcomes of United Nations Development Assistance Framework for the Government of Cameroon

Pillar 4: Resilience, early recovery and food security: Strengthen the resilience of target populations to cope with food insecurity, environmental, social and economic

Outcome 2: By 2020, the population especially vulnerable groups in the intervention areas are more resilient to environmental, social and economic shocks.

Resources required:	$ 25 00 000 USD	
Total resources allocated:	**UNDP TRAC 1&2:**	1 250 000
	Donor:	
	AFD	3 680 000
	WB	4 000 000
	GF	1 700 000
	Government:	3 000 000
	Unfunded:	11 370 000

Approved by UNDP

PROGRAMME DES NATIONS UNIES POUR LE DEVELOPPEMENT
LE REPRÉSENTANT RÉSIDENT
B.P. 836 YAOUNDE

Jean - Luc STALON
Représentant Résident
Resident Representative

II. Situation Analysis

The outbreak of respiratory disease caused by a novel coronavirus that was first detected in Wuhan City, China in December 2019 has now been detected in 210 countries across all continents. The public health threat posed by the COVID-19 is high, particularly for Africa. A global coordinated effort is needed to enhance preparedness in all the regions. To effectively respond to the COVID-19 outbreak, several critical actions need to be taken such as rapid detection of cases and contacts, appropriate clinical management and infection control, and implementation of community level mitigation efforts.

A. Risk Factors for the Spread of COVID-19 in Africa

Much remains unknown about the trajectory of the transmission of COVID-19 in Africa. With its high levels of poverty, weak health systems, and crowded urban areas, the virus could be particularly devastating. An understanding of the risk factors generates insights into the varied and at times overlapping levels of vulnerability faced by each African country. Understanding the relative risks each country faces can better guide response efforts in both the introductory and subsequent stages as the pandemic evolves. The Africa Centers for Strategic Studies (ACSS) has identified the following risks:

- **Public Health Systems**: relatively weak public health systems are likely to face the spread of the virus without significant testing or tracking of the disease, leading to accelerated transmission and underreporting.
- **Urban Density**: African urban areas are often remarkably densely populated, creating conditions where viruses can spread quickly and undetected in crowded informal settlements. The concentration of human settlements in capital cities creates high levels of vulnerability.
- **Governance**: A government's reputation for transparency engenders trust and a sentiment of solidarity and reinforces a belief among citizens that restrictions are being applied fairly.
- **Conflict Magnitude**: Armed conflict disrupts public health systems in affected areas and limits access to basic goods like food, water, and medical supplies. Conflict-affected populations are also often starting from higher levels of vulnerability with fewer resource buffers than other populations, making the impact of exposure to an infectious disease even more severe.
- **Displaced Populations**: Refugees and internally displaced populations may be congregated in large camps with inadequate access to water, soap, or sanitation. Health services are often overstretched and inaccessible.

Considering the above criteria, ACSS compiled a Composite Chart of Risk Factors. Cameroon ranks in **the top 5 most vulnerable** countries in Africa, right after South Sudan, DRC, Nigeria and Sudan.

B. Risk Factors for the Spread of COVID-19 in Cameroon

The first laboratory-confirmed case was reported in Cameroon on 6 March 2020. Since then, the epidemiological situation has evolved rapidly. Despite the significantly high reproduction

capability of the virus, the Government of Cameroon acted swiftly and put containment and mitigation measures in place to limit transmission and to slow down the spread of COVID-19. The Ministry of Health introduced 13 restrictive measures, including mandatory self-isolation for people returning from abroad, closure of schools, closing of bars and restaurant at 6 pm, restricted movement, mandatory social distancing in addition to a travel abroad ban and closure of borders.

Additionally, the Government of Cameroon prepared a COVID-19 Preparedness and Response Plan amounting to 6.5 billion XAF (11 million USD). The Government's response strategy focuses on eight axes: multisectoral and international coordination; surveillance for early detection of cases; investigation and rapid intervention teams; laboratory capacities; infection prevention and control measures in hospitals and in the community; cases management; risk communication and community engagement and finally logistics support.

Despite measures taken, the latest developments unveiled increased risk of spread of COVID-19 across the Cameroonian territory. Below are the three major risks identified for Cameroon:

- **Weak Healthcare system**: The Cameroonian under-resourced hospitals and fragile health systems are likely to be overwhelmed. Indeed, the healthcare system exhibits gaps that make it extremely difficult to scale up a response across the country. Shortages of health workers and lack of life-supporting medical equipment exposes the country to a severe COVID-19 outbreak.
- **Lack of Government Trust**: Adoption of public health measures such as social distancing amongst the population is closely tied to trust in the government. If citizens do not trust the data on transmission rates, then they are less likely to cooperate, contributing to alternate narratives of the severity of the disease.
- **Economic slow-down**:
    - Urban-based sectors: Urban sectors of the economy (manufacturing and services) are expected to be hit hard leading to substantial losses in productive jobs. Urban consumption and expenditure (of food, manufactured goods, utilities, transport, energy and services) is likely to experience a sharp fall in light of COVID-19 related lockdowns and reduced restrictions.
    - Agriculture-based sectors: Vulnerable groups including small-scale farmers, pastoralists, and fishers might be hindered from working their land, caring for their livestock, or fishing. They will also face challenges accessing markets to sell their products or buy essential inputs or struggle due to higher food prices and limited purchasing power.

In light of the above-mentioned risks, the Government of Cameroon reached out to UN Agencies and welcomed assistance on crisis response. The Ministry of Health reached out to WHO and UNDP as key partners to support the COVID-19 response and provided a list of urgent medical supplies. The list was then transferred to WHO in order to certify the equipment needs, and then handed to UNDP to purchase them for quick delivery. The Minister of Health officially requested UNDP support through a letter sent on 25 March 2020.

III. Strategy to Mitigate Risks for the Spread of COVID-19 in Cameroon

The project intends to respond to the Government's Response Plan aimed at containing the pandemic to save lives and to carry out actions aimed at limiting the socio-economic impact of the pandemic.

UNDP, based on its global network and its expertise, has been chosen by the government of Cameroon as one of its main partners for the urgency of acquiring and rapidly delivering essential medical and non-medical equipment in the context of high demand for these.

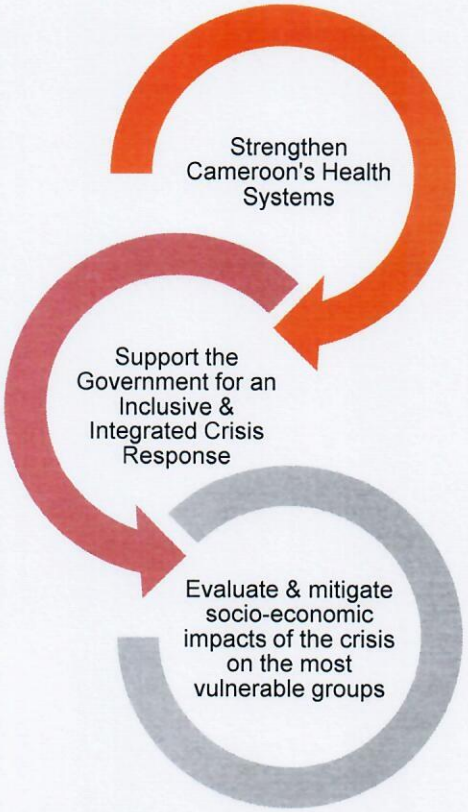
UNDP has offered to support the Government of Cameroon's National COVID-19 Preparedness and Response Plan. Mitigating the risks mentioned above requires UNDP to offer programmatic interventions around three key pillars:

Health Systems Support: With the evolving situation of the virus, urgent requests have reached out to UNDP for support of international procurement and distribution of emergency equipment and supplies.

Inclusive and Integrated Crisis Management and Responses: Support national and sub-national capacities for crisis management and support of community engagement for prevention, response and social cohesion.

Addressing the Socio-economic Impact: UNDP has pushed for a coordinated rapid socio-economic needs assessment covering the combined information requirements of agencies to calibrate response and recovery interventions in order to manage transaction loads and minimize the burden on already overstretched capacities of local authorities and communities. UNDP has also offered to contribute to understanding the impact of the epidemic on the livelihoods of poor and vulnerable households in most affected areas as well as the service measures needed to buffer the impact and increase resilience. UNDP Cameroon is mobilizing all assets and establishing strong partnerships to respond to the unprecedented challenge.

Effectively tackling the COVID-19 pandemic in Cameroon

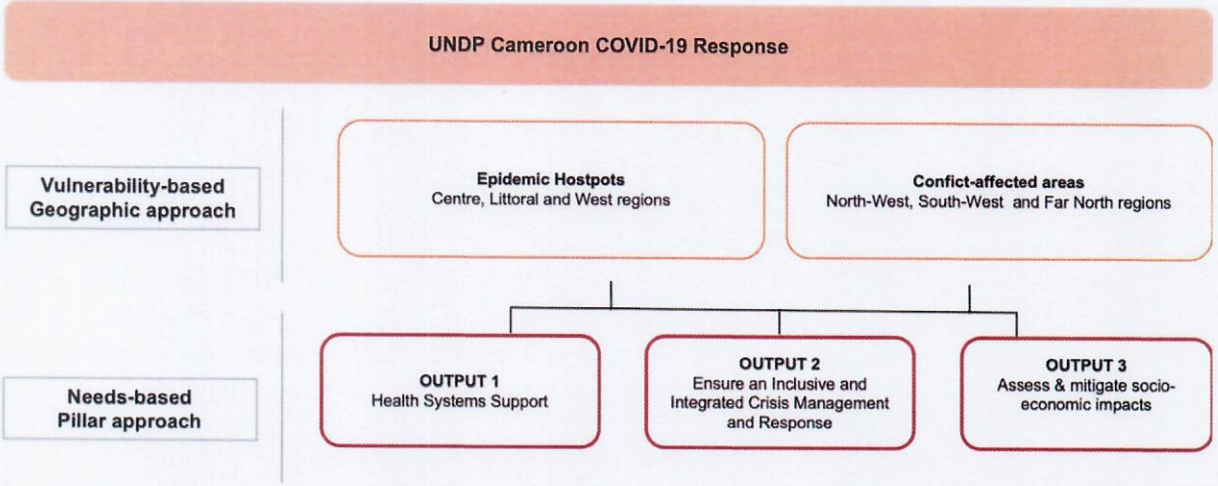


UNDP's coordinated and comprehensive multilateral response is undertaken in collaboration with the World Bank, the Global Fund, the French Development Agency and many other donors.

The project will be implemented over the course of eighteen (18) months.

Geographic targeting of the project is based on two criteria:

- **Epidemic hotspots**: the regions most affected by COVID-19 namely the Centre, Littoral and West regions, to contain cases in these regions and limit the spread;
- **Conflict sensitivity**: the conflict-prone areas namely the North-West, South-West, and Far North regions due to high displacement rates and pre-existing vulnerabilities that are likely to exacerbated by the pandemic.



IV. Results, Outputs and Activities and Partnership

The growing COVID-19 crisis threatens to disproportionately hit Africa, and most particularly Cameroon, not only as a health crisis in the short term but as a devastating social and economic crisis over the months and years to come. Under-resourced hospitals and fragile health systems are likely to be overwhelmed. Additional social conditions, such as poor urban planning and overpopulation in some cities, weak waste disposal services, and even traffic congestion impeding access to healthcare facilities, may all add to the caseload. The UNDP Cameroon Office has identified areas of support to strengthen readiness of medical institutions, reduce the severity of disease and conduct rapid response on the outbreak in Cameroon.

Working in close coordination with the Ministry of Health, the World Health Organization (WHO), and other key partners such as the World Bank, the French Development Agency (AFD) and Civil Society Organizations (CSO), UNDP aims at supporting Cameroon to respond to and recover from the COVID-19 pandemic, focusing particularly on the most vulnerable.

The main objective of the project is to contribute to strengthen national response to the ongoing outbreak of the novel coronavirus disease COVID-19 in Cameroon, in order to prevent spreading, to provide immediate response by procuring vital medical and non-medical

equipment and to mitigate the social and economic impact of the outbreak through multisectoral intervention, with special focus on youth and women, disabled persons, so as to build their resilience.

The specific objectives of the project are to:

- Support the procurement and distribution of emergency equipment and supplies;
- Provide support to strengthen national and sub-national capacities for crisis management and support community engagement for prevention, response and social cohesion;
- Address the Socio-economic impact of the pandemic on households, communes, SMEs, and private sector.

A. Results and outputs

- Health system is strengthened to improve the management of the COVID -19 pandemic
- Coordination and crisis management are strengthened at national and local level
- Assessment of the effects is anticipated, and the socio-economic response is improved

Output 1: Strengthening Health Systems

Under-resourced hospitals and Cameroon's already fragile health system is likely to be overwhelmed. This may be further exacerbated by a spike in cases, as a vast majority of people lack access to soap and water. As an immediate response, UNDP Cameroon is building on the support it has been providing to China and other Asian countries to help strengthen their health systems. This includes helping them procure much-needed medical supplies, leverage digital technologies and ensuring health workers are paid.

Output 2: Inclusive and Multi-sectoral Crisis Management and Response

At the same time, UNDP promotes a whole-of-government and whole-of-society response to complement efforts in the health sector. UNDP aims at ensuring an inclusive and integrated crisis management by supporting the Government of Cameroon to maintain core functions, and to plan, coordinate, communicate and finance their responses.

Output 3: Socio-economic Impact Assessment and Recovery

UNDP works to assess the social and economic impacts of COVID-19 and take urgent recovery measures to minimize long-term impact, particularly for vulnerable and marginalized groups, and to help Cameroon to recover better. The key measure proposed by UNDP Cameroon aims at providing direct support to the most vulnerable by introducing direct cash transfer programs in conflict-affected regions (North-West, South-West and Extreme North). Cash transfers are one of the most effective ways to support people during a crisis. In addition to replacing lost income from the health and economic impacts of COVID-19, they can lessen the financial burden of social distancing and enable families to purchase both health and sanitation supplies. Administering cash transfers, especially to the people most at-risk during the COVID-19 crisis, raises some challenges around distribution of cash and beneficiary selection. A number of steps will be taken to roll out the scheme while mitigating risks. For

instance, UNDP offers to launch an electronic cash transfers to deliver faster and cheaper while limiting the risk of transmitting the virus. To fast-track this shift, UNDP will set-up partnerships with mobile network operators and build on their mobile money systems.

B. Activities

Outputs	Key activities
Output 1: **Operational and institutional capacities of the Health system improved to respond to the COVID-19 outbreak**	1.1 **Deliver urgent procurement services of health products** including personal protective equipment (PPE) and laboratory equipment, COVID-19 tests, respirators, infrared thermometers, gloves and hand rub solutions required by the Gov't for national COVID-19 responses.
	1.2 **Support the equipment of local health facilities and the decentralization of COVID-19 testing** and management throughout the country, especially in conflict affected areas (North-West, South-West, Far North). This involves establishing decentralized testing capacity in sub-national laboratories.
	1.3 **Set-up 50 mobile COVID-19 sampling and testing units** which will be deployed to all priority regions. These uniquely fitted vans equipped to carry out the same function as a laboratory will increase detection of infected cases. People with symptoms will be referred to local clinics or mobile clinics for testing. People who are infected with COVID-19, but who have no or moderate symptoms will remain in isolation at home and those with severe symptoms will be transferred to hospitals.
	1.4 **Set-up 3000 hand washing stations for improved sanitation** to prevent the spread of COVID-19 in densely populated urban areas, including schools, markets and prisons.
	1.5 **Support the provision of technical assistance and advisory services to the Ministry of Health** in order to strengthen the capacities of national health authorities and senior officials for better health policies & strategies, and more targeted actions for improved outcomes in COVID-19 context. This will leave a legacy of strong public health institutions that are capable of assessing and responding efficiently to public health needs through evidence-informed policy and decision making. .
	1.6 **Facilitate the establishment and functioning of a country level multi-disciplinary rapid-response teams for investigation** of suspected COVID-19 cases and provision of initial treatment where appropriate, in collaboration with WHO.
	1.7 **Strengthen the capacity of research centers** and existing national laboratories to undertake clinical research and analysis on COVID-19. Efforts also include epidemiological forecasts and response projections to inform COVID-19 strategic and operational planning at the country level. Partnerships will be established with international research institutes and health practice-based networks to learn from each other and consolidate efforts to support the fight against COVID-19.
	1.8 **Support the Ministry of Health with information and advisory services** for the efficient management of Global Fund resources in support of COVID-19 response, in line with Global Fund guidance and taking into account existing gender-based

	inequalities.
	1.9 **Provide non-medical requirements for the health sector** (vehicles, motorbikes, bicycles, computers, communications and audio-visual equipment, generators containers, temporary construction for isolation, stationery and office supplies).
Output 2: **Inclusive and Integrated Crisis Management and Response: Strengthened capacity of the Government to manage and respond to the crisis in an inclusive and integrated manner**	2.1 **Support implementation of the UN Basket Fund** pooled financing to support COVID-19 response operations under the leadership of the Government. This will ensure linkages and development of partnerships with public and private sector actors, namely private banks, multilateral and bi-lateral donors, impact investors and crowd-funders.
	2.2 **Support identification of the communities that are most in need of health and financial support.** Identify high-risk populations (people with health conditions like asthma or HIV, and dense urban communities). Once identified, vulnerable groups will be considered priority subjects for COVID-19 detection and will be eligible for cash transfer schemes
	2.3 **Support a large-scale public health communication campaign** on COVID-19 prevention in partnership with UNESCO to capitalize on its well-established network of community media centers (Community Radio) including messages in local languages. Also invest in efforts led by independent media, social media, digital channels to reach the last mile, violent extremism affected regions in the far north, non-governmental organizations to share impartial and credible news about COVID-19 to counter rumor and political manipulation of the crisis.
	2.4 **Advocate and support the Government in the development of an Integrated Health Information System (IHIS)** to facilitate centralized and timely management and use of reliable COVID-19 data for strategic decision-making, leveraging on digital technology.
	2.5 **Support the development of a national and sub-regional early warning and e-alert system** to improve disease outbreak detection in emergency settings, especially in conflict affected areas (North-West, South-West, Far North).
	2.6 **Boost sub-regional cooperation and knowledge sharing** within sub-regional Governments and UNDP Country Offices to promote up-scaling and replication of best practices.
	2.7 **Support the creation of a country coordination platform on COVID-19** (Ministries of Health, Communication, Territorial Administration, Security, Finance, Economy and Planning, Family and Women Empowerment, and Youth, UN agencies and Technical and financial partner, CSOs, Private Sector), including support to the platform's secretariat – data collection and analysis capacity, resource mobilization capacity, media coordination unit.
	2.8 **Create a local authority's platform for information sharing** with the involvement of traditional, religious authorities, women's networks and women's organizations, youth leaders and local NGOs in the fight against COVID-19 and identification of fast recovery of livelihood opportunities for communities.
	2.9 **Promote community-based risk assessment and surveillance of suspected**

	cases of COVID-19 through the identification, training and sensitization of community counselors and village relay including women and youth.
	2.10 **Promote community resilience, inclusive and equitable hygiene preventive health services delivery** to prevent COVID-19 in vulnerable and marginalized communities (Municipalities, prisons, markets, bus stations, schools, university, mining sites, within the community, etc.) using grants
	2.11 **Support the formulation of a local response plan for the municipalities** aligned with the national response plan
	2.12 **Strengthening advocacy with the Government and Donors** in favor of economic support measures for municipalities
	2.13 **Development and use of a digital platform for information management and sharing** to strengthen the reporting and monitoring capacity of municipalities in the context of the fight against COVID 19
	2.14 **Promote integration of the COVID 19 health crisis in the iSDG model** with the Millennium Institute and prospective analysis on Cameroon after COVID 19
Output 3: **The socioeconomic effects of the outbreak on vulnerable populations are mitigated by interventions at the policy and community level**	3.1 **Undertake a socio-economic impact assessment of COVID-19** on households and vulnerable people particularly in the North, Far North, North-West, South-West and other regions adopting a gender-sensitive methodology based on citizens' perceptions data, including the impact on private sector, health system, social support, economic and financial capabilities, food and nutrition systems, employment patterns, poverty and other key areas. The study will be coupled with a rapid jobs and livelihoods needs assessment and mapping of the socially vulnerable populations to create a household vulnerability database.
	3.2. **Support the Government to conduct an impact assessment of effects of the COVID -19 on Privately Owned Enterprises and SMEs**, supply alternatives, propose support measures to contain the effects on private sector and employment
	3.3 **Launch electronic cash transfer of 8000 FCFA to 285 000 vulnerable households in conflict-affected areas** (North-West, South-West and Far North) to deliver faster and cheaper while limiting the risk of transmitting the virus. To fast-track this shift, UNDP will set-up partnerships with mobile network operators and build on their mobile money systems.
	3.4 **Respond to basic needs with food distributions** to COVID-19 affected communities. Social protection responses will be tailored to the needs of the targeted population considering their gender.
	3.5 **Provide direct small subsidies and/or credit facilities to targeted micro, small and medium enterprises (MSMEs)** including the informal sector, particularly owned by women and youth and other vulnerable groups, to stimulate job opportunities, stabilize local economies and accelerate recovery. Credit facilities will include a package of credit lines coupled with financial education for the beneficiaries.
	3.6 **Use Market Information System to monitor the economic impact of COVID-19** (inflation and consumption prices for essential goods and products) in collaboration

	with sectorial Ministries and provide policy and programme advisory support to address the developmental impacts of COVID-19 and safeguarding progress towards the SDGs.
	3.7 **Set-up a hackathon for COVID-19** in collaboration with WHO to bring together leading innovators to address critical gaps in the COVID-19 response.
	3.8 **Strengthen women leadership** and meaningful participation in the COVID-19 response at national, local and community levels, including women frontline workers (prevention, response, social cohesion, community engagement).
	3.9 **Support the Government's transformation from cash to digital (electronic) government-to-person (G2P) payments using mobile money systems**, especially for the payment of retirement pensions. This will ensure retirees and elderly people who are more vulnerable to COVID-19 with the greatest risk of infection would be able to receive their pensions without being exposed to external contacts. This could be replicated and scaled-up to Government wages and social transfers payments.
	3.10 **Support emergency investment for women's socio-economic activities** around the value chains induced by COVI-19
	3.11 **Support emergency interventions for enterprises in the mining sector** (small grants, working capital, etc.)
	3.12 **Strengthen the capacities of vulnerable populations in pilot Protected Area sites** designated for testing of the sustainable financing mechanism for the conservation of Biodiversity, taking into account the COVID-19 crisis

V. Partnership and Stakeholder Engagement

Recognizing the current outbreak of COVID-19 as a complex emergency, the successful implementation of this project will be based on a multi-sectoral approach through the establishment of strategic alliances and effective partnerships involving key country-level stakeholders. As such, effective COVID-19 response will galvanize a large number of stakeholders into action. Throughout this project, UNDP will need to be flexible and go beyond its traditional networks and partnerships, consolidate existing partnerships as well as establish new and innovative partnerships. Although there are many potential partners, the main entities identified as key alliances for this project include: Government Ministries and Health Authorities, UNDP, WHO & other UN Agencies, Development Partners (bilateral and multilateral donors), Local Government Authorities (municipalities), Community-based Organization Leaders and CSO, NGOs, Vulnerable and Marginalized Population (IDPs, People with Disabilities, women and youth, sex workers, etc…), and the Private Sector.

The summary of the roles and responsibilities of each of these stakeholders in supporting or facilitating the implementation of the project activities are described below:

Government Ministries and Health Authorities: The Ministry of Public Health is at the heart

of the COVID-19 response operations and has the mandate to oversee the effective implementation of the overall national strategy to tackle the pandemic, focusing on multisectoral and international coordination, surveillance for early detection of cases, investigation and rapid intervention teams, laboratory capacities, infection prevention and control measures in hospitals and in the community, cases management, risk communication and community engagement, and logistics. It will work in close collaboration with all relevant country-level stakeholders and will ensure synergy of actions in order to avoid duplications. The Ministry of Public Health will also participate in the Steering Committee of the UN Basket Fund aims at supporting the national Preparedness and Response Plan to COVID-19.

Other key Ministries relevant for the implementation of the proposed project include the Ministry of Economy, Planning and Regional Development (MINEPAT) which is responsible for monitoring the economic impact of COVID-19 and providing policy and programme advisory support to address the developmental impacts of COVID-19. As such, it will be involved in the implementation of activities related to the provision of economic stimulus packages that include direct cash transfers and ensure food security measures to vulnerable population as well as direct subsidies to MSMEs, in collaboration with the Ministry of social Affairs and the Ministry of Finance. Finally, the Ministry of Posts and Telecommunications will be engaged in the project to support the use of digital innovations for service delivery.

The United Nations Development Agency: UNDP is the implementing agency for the project. It has the overall responsibility for project implementation and oversight of the project activities, including the procurement of goods and services. To ensure fast and effective delivery of services, UNDP will put in place fast-track business processes to provide the required operational support leveraging on its institutional capacity and in-house know-how. It will also provide technical guidance and will support coordination among development partners and government agencies.

World Health Organization and other UN Agencies: WHO is considered as a key implementing partner for the project given its experience in managing public health emergency of international concern as COVID-19. UNDP will work closely with WHO to provide technical guidance and support, especially for the implementation of Output 1 (strengthening ng the operational and institutional capacities the Health system). More generally, UN agencies in Cameroun will be engaged in a joint effort to provide a global support to the Government in the response to COVID-19.

Development Partners: The establishment of strategic alliances to support the preparedness and response activities for COVID-19 outbreak is crucial at country level. The development partners (bilateral and multilateral) will provide financial resources to support response to COVID-19.

Local Government Authorities, Community-based Organization and CSO Leaders: The local (municipal) authorities and community leaders will be at the core of project implementation at the local level. Partnerships will be developed with them in order to promote ownership and sustainability of implemented activities, through their constant implication in activities from the beginning of the project. UNDP will work together with municipal authorities and community representatives in the target areas to define needs (through a needs assessment study) and refine the appropriate response activities. Local authorities and other social groups will serve as an early warning system for identification and reporting of suspected

cases and they are partners as well as beneficiaries of certain activities. Moreover, there is greater evidence of the potential role that traditional/religious and community leaders could play, especially towards women economic empowerment and security. They will be involved at different stages of the project but mainly in areas of advocacy, information, sensitization, and awareness campaigns aimed at creating an enabling environment to support effective, efficient and lasting responses to the COVID-19 crisis.

National and International NGOs, CSOs: The project will partner with NGOs and CSOs with effective presence on the ground and with a good understanding and experience in the areas of health and humanitarian assistance, food and nutrition, women economic empowerment, etc. NGOs may provide helpful insight into the local settings and act as main conduits for dissemination of the project activities and as a primary communication/liaison link between the project and targeted communities.

Vulnerable and Marginalized Population: Some groups of people are considered as more vulnerable and marginalized in face of the COVID-19 outbreak. In the context of Cameroon, these include people experiencing an individual vulnerability linked to their age or gender, chronic disease and malnutrition; internally displaced populations (IDPs) and refugees, as well as people living in areas where health facilities have closed due to insecurity. They represent the core beneficiaries of the proposed project and UNDP will ensure their full participation in the project implementation through the facilitation of their understanding in the project activities and benefits. For instance, UNDP will ensure a gender balance on all mechanisms for community engagement and decision-making forums on COVID-19 as far as possible.

Private Sector: The role of the private sector in the fight against COVID-19 is critical and could be sized at three levels: i) As implementing partners - the project will cooperate with a number of private enterprises (private health care providers, PPE manufacturers, financial services providers, mobile technology operators et fintech) to provide suitable services and support to the project implementation; ii) As beneficiaries - a number of MSMEs particularly those owned by vulnerable populations (women, youth, etc.) will benefit from small grants and subsidies, financial services as credit, to restore or stimulate their business activity in order to support jobs creation and economic recovery.

VI. Management and Arrangements

The project will be implemented over a period of 18 months. It will be directly implemented by UNDP Country Office on a strategic support-based approach. In line with our mission to support countries in achieving the SDGs and the pledge to 'leave no one behind' and our role as the integrator.

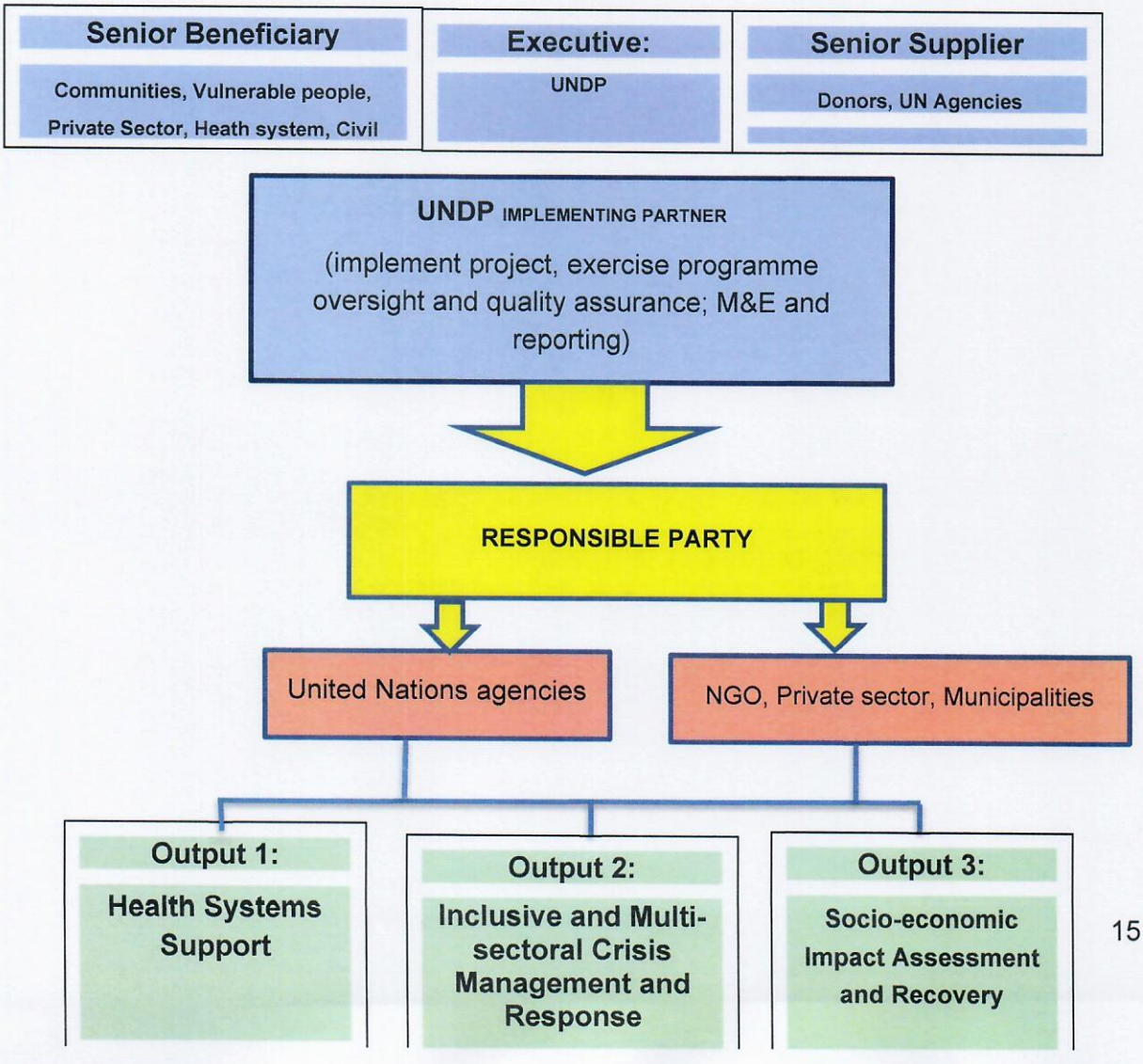
In accordance with its Recovery Policy to cover administrative support costs for the provision of general services. UNDP will report to the contributors on the financial management of the project. The Principal Supplier includes in addition to the implementing partner, UNDP and other technical and financial partners, if applicable. Their main role is to validate the work plan for procurement and financial reports (for the financial partners) of the products selected and

the requirements resulting from the consultation of the beneficiaries of the project.

Responsible parties will be identified or selected by UNDP. The Principal Beneficiary includes representatives of groups of people or institutions called upon to use the products resulting from the Project.

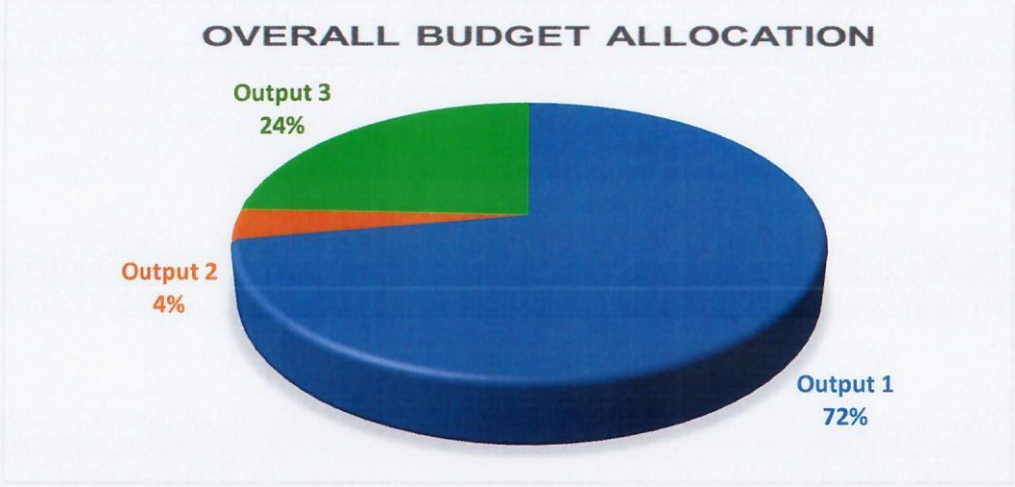
UNDP will work in partnership with the Ministry of Health, the Global Fund, UN agencies, the Private Sector, civil society and other donors to build a resilient and sustainable health system while supporting the county in its actions to reduce the negative socio-economic effects of the disease on populations. The specifications of the PPE and medical equipment are coordinated by WHO and the Ministry of Health and will be vetted upon receipt to ensure they meet the necessary standards. The CO will draw on this experience to deliver this health project together with the above-mentioned partners. Oversight and Monitoring will be conducted in line with UNDP principles outlined in POPP. In alignment with the procedure, a competitive selection will be utilized as the modality of selection for responsible parties and grantees of CSOs for certain components of the project. Selection criteria will be defined for proposals and a selection committee will evaluate submitted proposals. A grant/HACT committee will be established to examine the selection of responsible parties and grantees proposed by a selection committee.

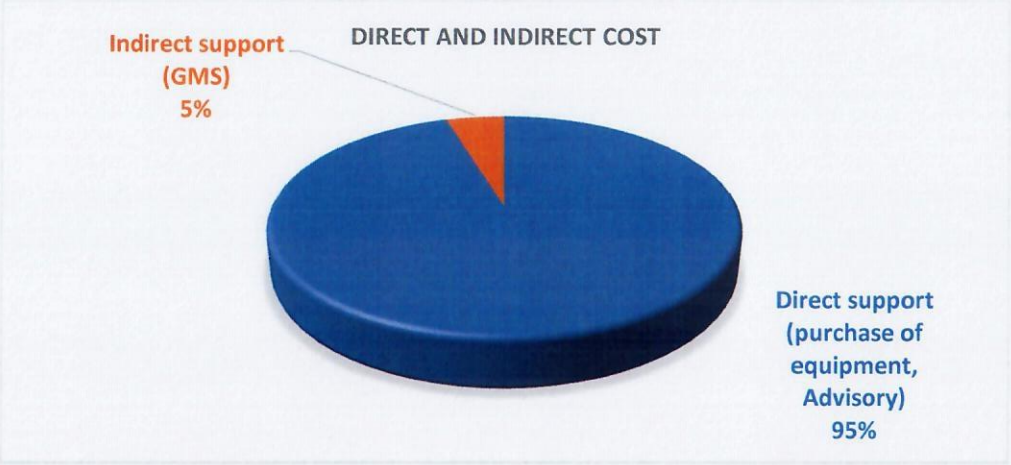
Cameroon COVID-19 Response Project Governance



VII. Annual Work Plan Budget Sheet

The overall budget for the implementation of this project is 25 000 000 USD.





Project Budget

Project Title	Support to the National COVID-19 Preparedness and Response Plan in Cameroon
Implementation Partner	UNDP (Direct Implementation)
Project Start Date	April 2020
End Date	September 2021

EXPECTED OUTPUTS and indicators including annual targets	**PLANNED ACTIVITIES** List all activities including M&E to be undertaken during the year towards stated CP outputs	**TIMEFRAME** Q1	Q2	Q3	Q4	**RESPONSIBLE PARTY**	Amount (USD)
Result 1 ***Health system is strengthened to improve the management of the COVID -19 pandemic***							
Output 1: Operational and Institutional Capacities of the Health system improved to respond to the COVID-19 outbreak *Number and types of COVID-19 medical supplies procured and distributed in the testing, treatment and isolation centers disaggregated by type* *Baseline:* *Respirators: 30* *Oxygen concentrators: TBD* *Electrography machines: TBD* *Defibrillators: TBD* *Infrared thermometers: TBD* *Pulse oximeters: TBD* *Progressive capacity pump: TBD* *Test kits for COVID-19: TBD* *Mobile laboratories: TDB* *Local health facilities equipped: TBD* *Nebulizers: TBD* *Target*	1.1 Deliver urgent procurement services of health products including personal protective equipment (PPE) and laboratory equipment, COVID-19 tests, respirators, infrared thermometers, gloves and hand rub solutions required by the Gov't for national COVID-19 responses.					UNDP Ministry of Health (MOH)	$ 14 000 000,00
	1.2. Procurement of non-medical requirements (vehicles, motorbikes, bicycles, ambulances, computers, communications and audio-visual equipment, generators...)					UNDP Ministry of Health (MOH), MOJ, MINDDEVEL	$ 1 300 000,00
	1.3 Support the equipment of local health facilities and the decentralization of COVID-19 testing and management throughout the country, especially in conflict affected areas (North-West, South-West, Far North). This involves establishing decentralized testing capacity in sub-national laboratories.					UNDP MOH	$ 186 750,00

Respirators: 100 *Oxygen concentrators: 100* *Electrography machines: 50* *Defibrillators: 50* *Nebulizers: 50* *Infrared thermometers: 2400* *Pulse oximeters: 100* *Progressive capacity pump: 100* *Test kits for COVID-19: 25000* *Mobile laboratories: 5* *Local health facilities equipped: 5* *Number nonmedical supplies procured and distributed to health centers disaggregated by type* *Baseline* *Masks:100,000* *Protective suits: 1000* *Target* *FFP2 masks: 50,000* *Chirurgical masks: 1000,000* *Gloves: 20,000* *Protective suits: 50,000*	1.4 Set-up 50 mobile COVID-19 sampling and testing units which will be deployed to priority regions. These uniquely fitted vans equipped to carry out the same function as a laboratory will increase detection of infected cases. People with symptoms will be referred to local clinics or mobile clinics for testing. People who are infected with COVID-19, but who have no or moderate symptoms will remain in isolation at home and those with severe symptoms will be transferred to hospitals.					UNDP MOH	$ 1 000 000,00
	1.5 Set-up 3000 hand washing stations for improved sanitation to prevent the spread of COVID-19 in densely populated urban areas.					UNDP MOH	$ 120 000,00
	1.6 Support the provision of technical assistance and advisory services to the Ministry of Health in order to strengthen the capacities of national health authorities and senior officials for better health policies & strategies, and more targeted actions for improved outcomes in COVID-19 context.					UNDP MOH	$ 50 000
	1.7 Facilitate the establishment and functioning of a country level multi-disciplinary rapid-response teams for investigation of suspected COVID-19 cases and provision of initial treatment where appropriate, in collaboration with WHO.					UNDP MOH WHO	$ 20 000,00
	1.8 Strengthen the capacity of research centers and existing national laboratories to undertake clinical research and analysis on COVID-19. Efforts also include epidemiological forecasts and response projections to inform COVID-19 strategic and operational planning at the country level. Partnerships will be established					UNDP MOH	$ 50 000,00

	with international research institutes and health practice-based networks to learn from each other and consolidate efforts to support the fight against COVID-19.						
	1.9. Support the Ministry of Health with information and advisory services for the efficient reallocation of Global Fund resources in support of COVID-19 response, in line with Global Fund guidance and taking into account existing gender-based inequalities					UNDP MOH	In kind
	1.10. Provide non-medical requirements of health sector, such as vehicles, motorbikes, bicycles, computers, communications and audio- visual equipment, generators containers, temporary construction for isolation, stationery and office supplies.					UNDP MOH	$ 510 000,00
TOTAL 1							**$ 17 186 750,00**
Result 2: ***Coordination and crisis management are strengthened at national and local level***							
Output 2: National & institutional platform enabled for Inclusive and Integrated Crisis Management and Response *Number of mechanisms in place to respond and prevent vulnerable communities from COVID 19* *Baseline: 0* *Target:* *2 Platforms on COVID-19* *No of media outlets disseminating prevention, containment and behavioral change messages on COVID 19* *Baseline: 5 (TV, Radios, Newspaper, SMS/phones,*	2.1. Support implementation of the UN Basket Fund pooled financing to support COVID-19 response operations under the leadership of the Government					UNDP MOH MINEPAT	In kind
	2.2 Support identification of the communities that are most in need of health and financial support. Identify high-risk populations (people with health conditions like asthma or HIV, and dense urban communities). Once identified, vulnerable groups will be considered priority subjects for COVID-19 detection and will be eligible for cash transfer schemes					UNDP CSO	$ 20 000,00

Social media) *Target:* *6 outlets: (TV, Community Radios, SMS/Phones, Social media, Newspapers, Posters, Sign boards)*	2.3 Support a large-scale public health communication campaign on COVID-19 prevention in partnership with UNESCO to capitalize on its well-established network of community media centers (Community Radio) including messages in local languages. Also invest in efforts led by independent media, social media, digital channels to reach the last mile, violent extremism affected regions in the far north, non-governmental organizations to share impartial and credible news about COVID-19 to counter rumor and political manipulation of the crisis.					UNDP MOH UNICEF CSO	$ 90 000,00
	2.4 Advocate and support the Government in the development of an Integrated Health Information System (IHIS) to facilitate centralized and timely management and use of reliable COVID-19 data for strategic decision-making, leveraging on digital technology;					UNDP MOH	$ 20 000,00
	2.5 Support the development of a national and sub-regional early warning and e-alert system to improve disease outbreak detection in emergency settings, especially in conflict affected areas (North-West, South-West, Far North).					UNDP MOH WHO	$ 60 000,00
	2.6. Boost sub-regional cooperation and knowledge sharing within Governments, UNDP country offices to promote up-scaling and replication of best practices					UNDP MOH	$ 20 000,00
	2.7 Support the creation of a country coordination platform on COVID-19 (Ministries of Health, Communication, Territorial Administration, Security, Finance, Economy and Planning, Family and Women Empowerment, and Youth, UN agencies and					UNDP MOH	$ 25 000,00

Technical and financial partner, CSOs, Private Sector), including support to the platform's secretariat – data collection and analysis capacity, resource mobilization capacity, media coordination unit.						
2.8 Create a local authority's platform for information sharing with the involvement of traditional, religious authorities, women's networks and women's organizations, youth leaders and local NGOs in the fight against COVID-19 and identification fast recovery of livelihood opportunities for communities.					UNDP MOH	$ 35 000,00
2.9 Promote community-based risk assessment and surveillance of suspected cases of COVID-19 through the identification, training and sensitization of community counselors and village relay including women and youth.					UNDP CSO	$ 30 000,00
2.10 Promote community resilience, inclusive and equitable hygiene preventive health services delivery to prevent COVID-19 in vulnerable and marginalized communities (Municipalities, prisons, markets, bus stations, schools, university, mining sites, within the community, etc.)					MINDDEVEL, CVUC, UNDP	$ 437 773,00
2.11 Support the formulation of a local response plan for the municipalities aligned with the national response plan					MINDDEVEL, CVUC, UNDP	$ 0,00
2.12 Strengthening advocacy with the Government and Donors in favor of economic support measures for municipalities					MINDDEVEL, CVUC, UNDP	$ 0,00
2.13 Development and use of a digital platform for information management and sharing to strengthen the reporting and monitoring capacity of					MINDDEVEL, CVUC, PNUD	$ 50 000,00

	municipalities in the context of the fight against COVID 19						
	2.14 Promote integration of the COVID 19 health crisis in the iSDG model with the Millennium Institute and prospective analysis on Cameroon after COVID 19					MINEPAT (DPPS, MINPROFF, MINAS, INS, MINDDEVEL, MINFI), UNDP	$ 50 000, 00
TOTAL 2							**$ 833 773,00**
Result 3: **Assessment of the effects is anticipated, and the socio-economic response is improved**							
Output 3: Technical capacities of key Ministries at the local and strategic levels enhanced to mitigate the socioeconomic effects of the outbreak on vulnerable populations *Extent to which findings and recommendation of the socio-economic impact perception survey informed decision making at national & subnational level on COVID-19* *Baseline* *Target* *Number of economic monitoring situational report produced* *Baseline: 0* *Target: 1* *Number of vulnerable households receiving small economy safety kit* *Baseline: TBD* *Target: 3,500 (50% women headed HH)* *Number of vulnerable individuals receiving cash transfer* *Baseline: TBD* *Target: 2,000 (50% women, 25% youth, 25% other vulnerable)* *Number of MSMEs benefit from small grants* *Baseline: TBD* *Target: 750* *Number of MSMEs benefiting from credit facilities* *Baseline: TBD* *Target: 250 (60% owned by women, 40% youth)*	3.1 Undertake a socio-economic impact assessment of COVID-19 on households and vulnerable people particularly in the North, Far North, North-West, South-West and other regions adopting a gender-sensitive methodology based on citizens' perceptions data, including the impact on private sector, health system, social support, economic and financial capabilities, food and nutrition systems, employment patterns, poverty and other key areas. The study will be coupled with a rapid jobs and livelihoods needs assessment and mapping of the socially vulnerable populations to create a household vulnerability database.					UNDP MINEPAT	$ 150 000,00
	3.2. Support the Government to conduct an impact assessment of effects of the COVID -19 on Privately Owned Enterprises and SMEs, supply alternatives, propose support measures to contain the effects on private sector and employment					UNDP MINEPAT Private sector	$ 30 000,00
	3.3 Launch electronic cash transfer of 8000 FCFA to 285 000 vulnerable households in conflict-affected areas (NW/SW/Far North) to deliver faster and cheaper while limiting the risk of transmitting the virus. To fast-track this shift, UNDP will set-up					UNDP MINEPAT, Ministry of Post and Telecommunication Private Sector	$ 3 700 000

Number of new jobs created *Baseline: TBD* *Target: 1500 (60% women, 40% youth)*	partnerships with mobile network operators and build on their mobile money systems.						
	3.4 Respond to basic needs with food distributions to COVID-19 affected communities. Social protection responses will be tailored to the needs of the targeted population considering their gender.					UNDP MINEPAT MINISTRY OF FINANCE	$ 500 000,00
	3.5 Provide direct small subsidies and/or credit facilities to targeted micro, small and medium enterprises (MSMEs) including the informal sector, particularly owned by women and youth and other vulnerable groups, to stimulate job opportunities, stabilize local economies and accelerate recovery. Credit facilities will include a package of credit lines coupled with financial education for the beneficiaries.					UNDP MINEPAT MINISTRY OF FINANCE	$ 700 000,00
	3.6 Use Market Information System to monitor the economic impact of COVID-19 (inflation and consumption prices for essential goods and products) in collaboration with sectorial Ministries and provide policy and programme advisory support to address the developmental impacts of COVID-19 and safeguarding progress towards the SDGs.					UNDP MINEPAT MINISTRY OF FINANCE	$ 25 000,00
	3.7 Set-up a hackathon for COVID-19 in collaboration with WHO to bring together leading innovators from across Cameroon to pioneer creative local solutions to the COVID-19 pandemic and address critical gaps in the response.					UNDP WHO Private Sector	$ 123 000,00
	3.8 Strengthen women leadership and meaningful participation in the COVID-19 response at national, local and					UNDP CSO	$ 120 000,00

	community levels, including women frontline workers (prevention, response, social cohesion, community engagement).						
	3.9 Support the Government's transformation from cash to digital (electronic) government-to-person (G2P) payments using mobile money systems, especially for the payment of retirement pensions. This will ensure retirees and elderly people who are more vulnerable to COVID-19 with the greatest risk of infection would be able to receive their pensions without being exposed to external contacts. This could be replicated and scaled-up to Government wages and social transfers payments.					UNDP Ministry of Post and Telecommunication	$ 37 000,00
	3.10 Support emergency investment for women's socio-economic activities around the value chains induced by COVID19					UNDP, UNWOMEN, MINPROFF, CSO,	100 000,00
	3.11 Support emergency interventions for enterprises in the mining sector (small grants, working capital, etc.)					MINMIDT, MINEPAT, MINFI, UNDP	200 000,00
	3.12 Strengthen the capacities of vulnerable populations in pilot Protected Area sites designated for testing of the sustainable financing mechanism for the conservation of Biodiversity, taking into account the COVID 19 crisis					COMIFAC & MINFOF (DFAP)	100 000,00
TOTAL 3							**$ 5 785 000,00**
TOTAL ACTIVITIES							**$ 23 809 523,00**
PROJECT MANAGEMENT SUPPORT (GMS)							$ 1 190 477,00
GRAND TOTAL							**$ 25 000 000,00**

VIII. Monitoring and Evaluation

Monitoring and Evaluation will be performed accordingly to the UNDP's programmatic procedures. Narrative and financial reports will be elaborated and shared with all actors by the end of the project activities. Gender considerations will also be considered in the implementation and monitoring the project. As such, the M&E indicators will be disaggregated by sex and age. In accordance with UNDP programming policies and procedures, the project will be monitored through the following plan:

Monitoring of activities	Objective	Frequency	Expected Action	Partners
Monitoring of results	Evaluate the progress of the project in achieving the agreed results by collecting and analyzing data from the indicators of the results framework	Annually or according to the frequency required for each indicator.	Analysis of results and evaluation of the implementation of activities by UNDP	UNDP
	Definition of annual targets to be achieved (in ATLAS)	January 31 of each year	Based on the work plan, the Procurement plan	UNDP
	Update of progress on indicators, risk monitoring, issues and monitoring (in Atlas)	Quarterly	Regular update	UNDP
Monitor and manage risks	- Identify the specific risks that may threaten the achievement of the expected results. - Identify and monitor risk management actions using a risk log in accordance with UNDP standards	Quarterly	- Identification of risks - Risk management - Implementation of measures	UNDP
Learning	- Establish and regularly integrate knowledge, good practices and lessons in the project as well as active sources from other projects and partners	At least once a year	- Integration of lessons learned in the reports of work programs Adoption of reports and decision-making by the	UNDP

Monitoring of activities	Objective	Frequency	Expected Action	Partners
Annual quality assurance of the project	- Assess project quality against UNDP quality standards by identifying the strengths and weaknesses of the project.	Annually / every two years	- Follow-up of the recommendations of QA use to inform decision-making aimed at improving performance	UNDP

IX. Sustainability

This project has been developed to ensure the sustainability of the intervention beyond the on-going emergency. The project is designed to strengthen vulnerable population's resilience in the face of COVID-19 and other shocks that may occur beyond its implementation phase, through the following points:

- The alignment of the project with national and global priorities and strategies, its human-centered approach and institutional anchoring through the relevant Ministries will facilitate national buy-in
- Interventions related to capacity building of actors, provision of technical advisory services to the Government, improved operational and institutional capacities of health systems will strengthen national capacities and enhance the actors' willingness and capability to pursue and scale-up the project
- The use of basic financial mechanisms such as subsidies and cash transfers will contribute to ensure that beneficiaries (population and MSMEs) will have the capability to use market instruments such as saving and credit. This will encourage scaling up with more sustainable financing models and business models that minimize costs and risks over time, strengthen and modernize financial institutions, promote innovation and best practices.
- Finally, the project's monitoring-evaluation-learning mechanism will place particular emphasis on capitalization of lessons learned to ensure their replication.

X. Project Risks

The overall risk rating for the proposed project is deemed to be moderate and mitigating measures will be implemented to address key risks. Substantial risk categories include operational and political risk described below.

Project Risks	Impact	Probability	Mitigation measures
Lack of coordination between different actors	High	Medium	- Support effective coordination between different sets of governmental, non-governmental and international actors through the establishment of a country coordination platform on COVID-19
Poor community support or resistance to project activities particularly early reporting of suspected cases and presentation to health facilities	High	Medium	- Intensification of community sensitization, education and mobilization - Extensive consultations with community leaders through the creation of a continuous local authority's platform including women and youth as key actors
Weak capacity of implementing partners (contractors and NGOs)	Medium	Low	- Establish rigorous criteria for the selection of implementing partners and provide them with capacity building and appropriate implementation support when necessary - Timely and broad announcement, allowing the NGOs and other implementing partners the time required to prepare for high quality submission
Poor COVID-19 epidemic preparedness and infection control in the country	High	Medium	- Establish, train and equip country level rapid-response teams - Support improvement of infection control and cases management - through provision of PPEs, and strengthening the capacity of the health system (laboratories, hospitals, etc.)
Increased infection especially among health workers	Medium	Medium	- Intensive social mobilization, capacity building and counselling of health workers - Support adherence to the Infection Prevention and Control (IPC) guidelines
Lack of or restricted access, especially in the Far North, the South-West, the North-West regions due to security concerns	High	High	- Work in close coordination with UNDSS and the national Armed Forces - Ensure the involvement of local authorities and community leaders to secure a safe environment for the implementation of the project's activities - Work with implementing partners with good knowledge of the local context and effective presence on the ground - Capitalize on the implementation experiences from the Cameroon National Window of the Regional Stabilization Facility for Lake Chad project – being implemented by UNDP Cameroon
Misidentification of beneficiaries, misappropriation or delay in delivery of small economic and safety kits and cash transfers to the target population, especially in remote areas	Medium	Low	- Establishment of a transparent and objective system for the selection of beneficiaries based on a need assessment and mapping of the socially vulnerable populations - Advocate for strong political support, enhanced implementation capacity capitalizing on best practices from prior experience with cash transfers in Cameroon - Leverage on new digital technologies to support service delivery for cash transfers and reach the last miles timely and appropriately

Insufficient capacity of UNDP Cameroon to support the project	High	Low	- Leverage on UNDP years of experience, actions on the frontlines of many health emergencies - Proximity to the most vulnerable give UNDP a knowledge and ability to tackle immediate needs of societies prone to COVID-19 - Leverage on UNDP physical presence in the field, and close contact with the government counterparts and other regional stakeholders including the NGOs, humanitarian, and development agencies - Use of UNDP crisis response system for rapid deployment of experienced personnel

XI. Legal Framework

This Project Document is the instrument defined in article 1 of the Standard Basic Assistance Agreement ("SBAA") between the Cameroonian government and UNDP Cameroon embodied in the 1991. It is in line with the strategic priorities defined by the United Nations Development Assistance Framework (UNDAF) and adapts to Cameroon's national reality to protect, secure and empower the populations affected by the effects of the crisis.