



Coronavirus (COVID-19) Knowledge, attitudes and practices (KAP) Survey: Mayo-Sava and Mayo-Tsanaga Divisions, Far North Region, Cameroon.

–Report –

Project	Assistance to Internally Displaced Persons (IDPs) and Host Populations in the Far North Region, Cameroon
Activity	COVID-19 KAP Survey
Period	1–4 July 2020
Area	Division: Mayo-Sava Site: IDPs, Mémé
	Division: Mayo-Tsanaga Site: IDPs, Zamai
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INTRODUCTION AND CONTEXT

Launched in Cameroon in 2017, the project “Assistance to Internally Displaced Persons (IDPs) and host communities in the Far North Region” funded by SIDA via the Swedish Red Cross (SRC) aims to support the Cameroon Red Cross (CRC) through its partner, the International Federation of Red Cross and Red Crescent Societies (IFRC) in assisting internally displaced populations fleeing conflict areas as a result of violence and exactions perpetrated by armed terrorist groups in the Far North region as well as host communities. The project covers three divisions of the Far North region, namely Diamare, Mayo-Sava and Mayo-Tsanaga, where the Cameroon Red Cross is active through its divisional committee. Initially focusing on the most urgent unmet needs of the target populations in terms of water, sanitation and hygiene, psychosocial support, First Aid and livelihoods, the project subsequently focused on the achievements of the first year in the sectors of water, sanitation and health (psychological first aid and advanced first aid) and initiated activities in the livelihood sector. Given the occurrence of the COVID-19 pandemic in Cameroon in early March 2020, the project reoriented its objectives, and the Covid19 preparedness and response component is now a key and urgent focus for the 2020 phase.

The first Covid-19 case was recorded in Wuhan in China, end of 2019, but the coronavirus spread rapidly around the world and had already killed 600,000 people worldwide by July 2020. After the Ministry of Public Health (MINSANTE) recorded the first case in Cameroon, the CRC promptly initiated its contingency plan along with a Response Plan, which is a contextualized version of the National Response Plan designed by MINSANTE and its partners. This CRC response plan is based on seven operational axes, therefore one of the prerequisites for proper preparation and effective response to COVID 19, is based on **Risk Communication and Community Engagement (RCCE)** which takes into account all the barrier measures prescribed by the WHO and the Government of Cameroon. However, in spite of all the prevention and care barrier measures adopted on 12 May 2020 by the Government with the support of Civil Society Organisations and national and international NGOs operating in Cameroon, all 10 regions of the country are now affected. On 22 July, the number of cases in Cameroon stood at more than 16,000, including 313 deaths.

In the current context the Covid19 preparedness and response component is a priority and an urgent focus for the 2020 phase of the project. This component of the project focuses on **WaSH** and **RCCE** aspects. Within this framework and to assess the impact of awareness raising and community engagement activities on the knowledge, attitudes and practices of the target communities regarding the Covid-19 pandemic the CRC, jointly with the IFRC, **conducted a knowledge, attitudes and practices (KAP) survey** in the IDP sites of Mémé (Igawa 1, Igawa 2, Djamakia and Bia) in Mayo-Sava, and the IDP site of Zamaï in Mayo-Tsanaga, from July 1st to 4th, 2020. This survey would serve as baseline for this component of the project.

I- OBJECTIVES

The overall objective of the survey was to collect baseline information for situation analysis by determining knowledge, attitudes, and practices towards Covid-19; for a better planning of interventions and the updating of key messages used in advocacy actions relatively to the Covid-19 response among the Internally Displaced Population of Zamaï and Mémé; and the host communities in the Far North Region.

The specific objectives were:

- Assess the knowledge, attitudes and practices of the project’s target populations with regard to Covid-19;

- Provide possible guidance for the development of a communication-awareness raising strategy adapted to the knowledge, skills and know-how of the project's target population in order to get them involved in the response;
- Identify expectations and obstacles to the implementation of the barrier measures prescribed by the government;
- Identify possible resistance (social, economic, cultural, religious, etc.) to the adoption of 'good practices' resulting from the response to Covid-19;
- Identify information sources/channels of displaced populations and neighbouring host communities in the sites of Mémé and Zamai relatively to the new coronavirus/feedback/complaints collection and management system to be set up;
- Collect quantitative baseline and endline data on KAPs in the target communities to assess the impact of outreach activities carried out during the project.

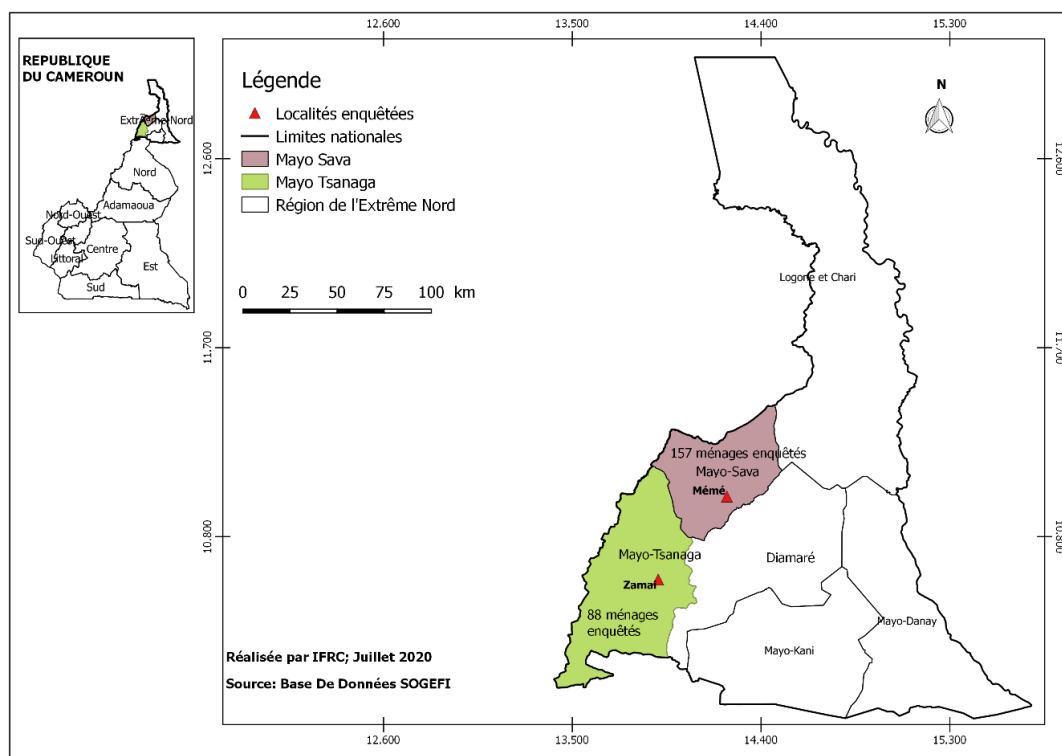
II- METHODOLOGY

Two approaches were used for this survey in the target sites: the qualitative approach and the quantitative approach.

The quantitative approach: administration of 248 KAP survey questionnaires using the Kobo Collect tool (collection via mobile phones) from:

- 160 households in Mémé IDP sites (Igawa 1, Igawa 2, Djamakia and Bia)
- 88 households in IDP sites in Zamai. The total number of households to be interviewed in each site was based on a sample designed according to the number of people living in that community. Households and respondents were selected using the random sampling method.

Qualitative approach: In total, 12 focus groups were held with gender-disaggregated groups in Mémé (8 groups) and in Zamai (4 groups).



The data collection was done digitally, using eight smartphones credited with Internet connection – three in Mayo-Tsanaga and five in Mayo-Sava, one smartphone per team of two interviewers (project volunteers) and two for the monitoring of activities by field supervisors in the same two localities. The software used during this operation was KoBoCollect v1.25.1. Two data collection tools were used: the COVID-19 KAP Survey Questionnaire and the COVID-19 FGDs Guide designed by the IFRC and CRC Programme Managers and uploaded online to KoBo.

The survey was conducted thanks to a total of 16 volunteers and 2 supervisors [distributed as follows: 6 volunteers and 1 supervisor in Mayo-Tsanaga, 10 volunteers and 1 supervisor in Mayo-Sava] deployed in the field.

It should be noted that the questionnaires for the survey and focus group discussions as well as volunteer briefings were drafted/managed according to online prescriptions by the IFRC, UNICEF and the WHO:

[COVID19 IFRC FGD FOR COMMUNITY GUIDE FINAL 0603.pdf](#)
[COVID19 IFRC FGD for VOLUNTEERS GUIDE FINAL 0603.pdf](#)
[COVID19 Rapid assessment tool KAP IFRC UNICEF WHO 0503.pdf](#)

III- SURVEY RESULTS

In general, people have heard about the coronavirus (98%) and how to prevent it, as many of them were reached (directly or indirectly) via outreach campaigns before the start of the KAP survey. However, 12% of respondents did not know coronavirus is a disease. 71% of respondents think Coronavirus is very dangerous, but about 10% think it is “not dangerous at all”. Only 45% of respondents consider themselves to be at risk of contracting Covid-19. While the importance of washing hands with soap seems to be well-understood within communities, there is clearly a lack of knowledge about the symptoms of Covid-19, the virulence of the disease, the modes of transmission and the actions to take in case someone has symptoms. 40% of respondents are not able to name the modes of transmission of the virus and 21% of respondents interviewed do not know the symptoms.

The results of the survey also show that knowledge disparities are geographical rather than demographic. There is no significant difference as to age groups or male and female respondents except for the fact that women are somewhat more aware of Covid-19. However, there are major differences between IDP sites/camps, and respondents from Mémé are clearly better informed than those from Zamaï.

In terms of practices, respondents, though relatively well-informed, report to have great difficulty in maintaining social distancing and observing regular handwashing with soap (due to a lack of soap). 84% of respondents still shake hands or hug people outside their homes.

Few respondents in this survey (less than 10%) believe that certain groups are more likely to contract and spread the virus. In contrast, 99% said there are many rumours in their communities that the virus only affects white people, that it only affects rich or old people, or that the virus does not exist.

▪ Socio-demographic characteristics of respondents

248 households were surveyed in total, 51% of which were women and 49% were men. A large majority of respondents were aged 40–49 (27%) and 30–39 (24.5%) with an average age of 39.

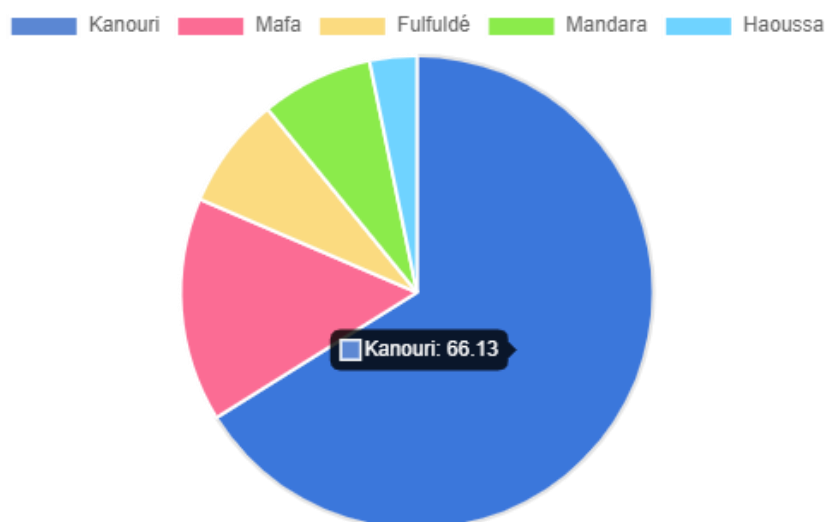
Generally speaking, 75% of respondents said they had no education, compared to 18% who attended the primary school, 4.5% attended the secondary school, and 2% went to Koranic schools.

Most of respondents had no profession (58%), 11% were traders, 6.5% were herders and 5.7% were artisans.

Demographic characteristics		Headcount	Percentage
Age group Average age: 39 years	13–17 years	1	0.4%
	18–29years	47	19.2%
	30–39years	60	24.5%
	40–49years	66	26.9%
	50–59years	43	17.6%
	60–69years	25	10.2%
	70–79years	3	1.2%
Sex	Female	125	51.02%
	Male	120	48.98%
Education	None	184	75.1%
	Other	5	2.0%
	Primary school	45	18.4%
	Secondary school	11	4.5%
Profession	Artisan (carpenter/hairdresser/dress makers etc)	14	5.7%
	Merchants	27	11%
	Students	1	0.4%
	Herder/freelance shepherd	16	6.5%
		1	0.4%
	No answer	18	7.3%
	Retired persons	1	0.4%
	Unemployed persons	143	58.4%
	Other	24	9.8%

Kanouri language, very common among displaced persons, is the more spoken language (66%), followed by Mafa 15%, Ffulde 15% and Haoussa 3%.

More spoken language(s)



A- KNOWLEDGE

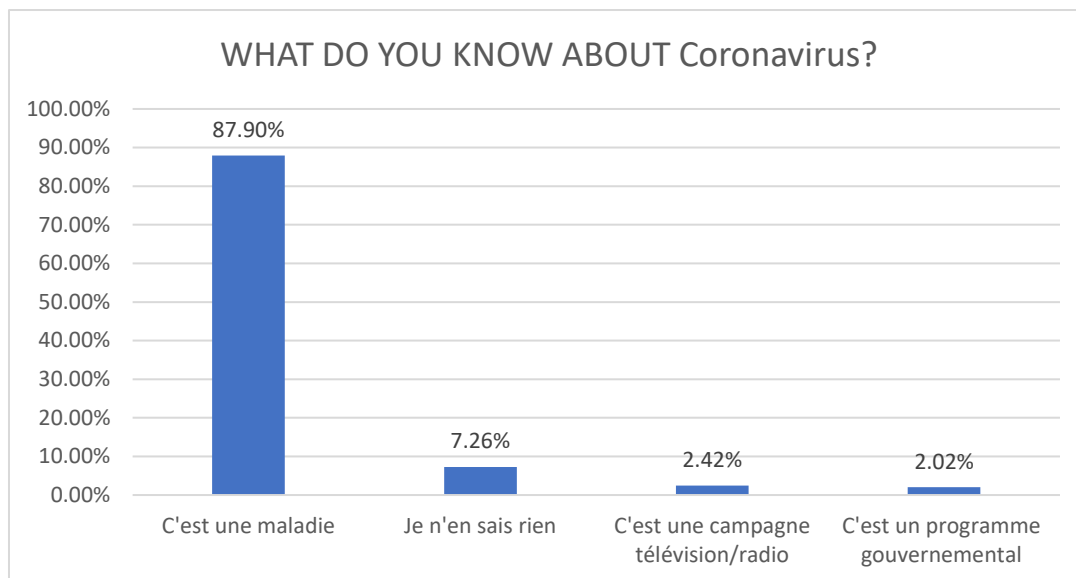
- 97% of households have heard about COVID-19 but 12% of respondents do not know it is a disease;
- 71% of respondents think COVID-19 is very dangerous but 10% think it is not dangerous at all;
- 80% have received information on coronavirus prevention but less than a half of these have heard about the symptoms, modes of transmission or how actions to take in case of infection;
- 75% of respondents are aware that regular hand washing with soap and water is necessary to prevent the disease but many pointed out that they do not have enough soap;
- 21% of respondents are unaware of the symptoms of the Coronavirus;
- 40% of respondents are not aware of the modes of transmission of the virus;
- Only 45% of respondents consider themselves at risk.

1- Information about the disease

97.6% of respondents had heard about COVID-19 before the survey.

88% of households are aware that coronavirus is a disease but 7% said they had not heard about it, 2.4% thought it was a TV campaign and 2% thought it was a government programme. Thus, 12% of respondents are unaware that Covid-19 is a disease.

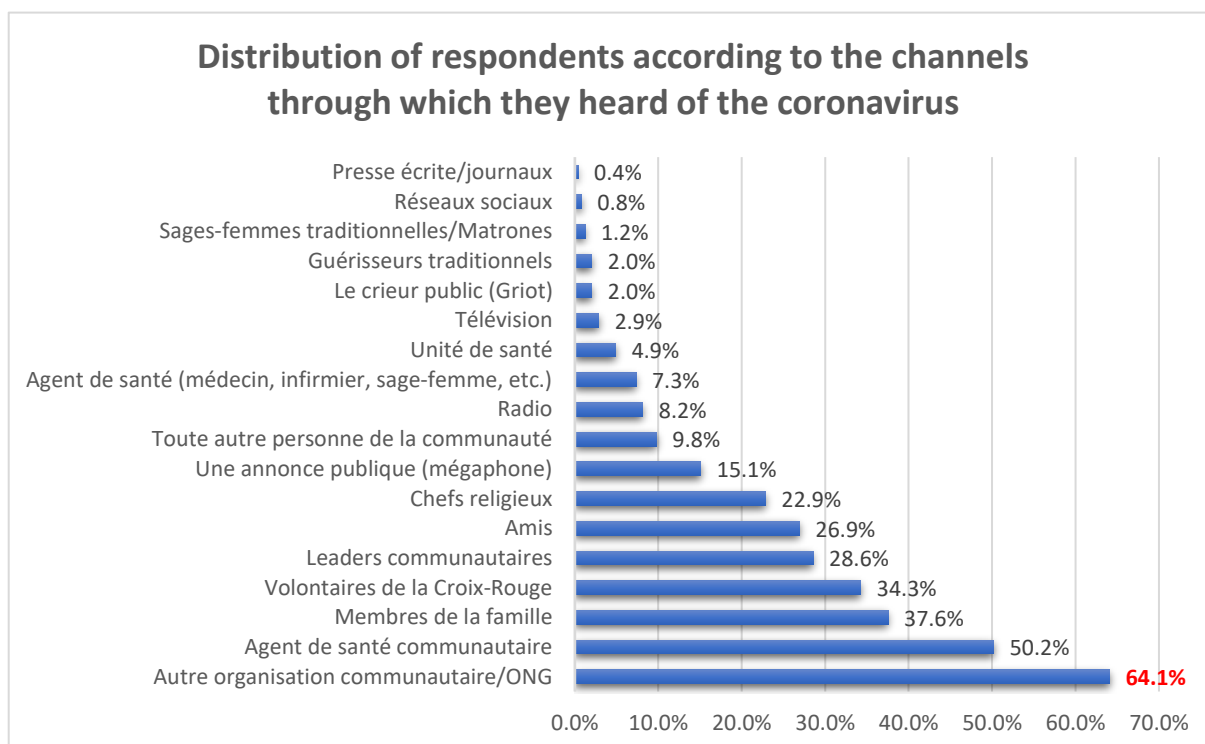
Respondents in Zamai are the least informed. The people who responded saying that the coronavirus is a television campaign or a government programme were all from Zamai.



2- Information channels

64% of respondents heard about COVID-19 from an NGO or other community-based organisation, 50% from a community health worker, 38% from a family member, 34% from a Red Cross volunteer. As for the traditional media, only 8% of respondents had heard about the coronavirus over the radio, 3% on television and 0.4% read about it in printed media. As for social networks, they are rarely used in the region, with only 0.8% of respondents (2) who became aware of the coronavirus via this channel.

These results are distributed in equal proportions between men and women and according to various age groups.

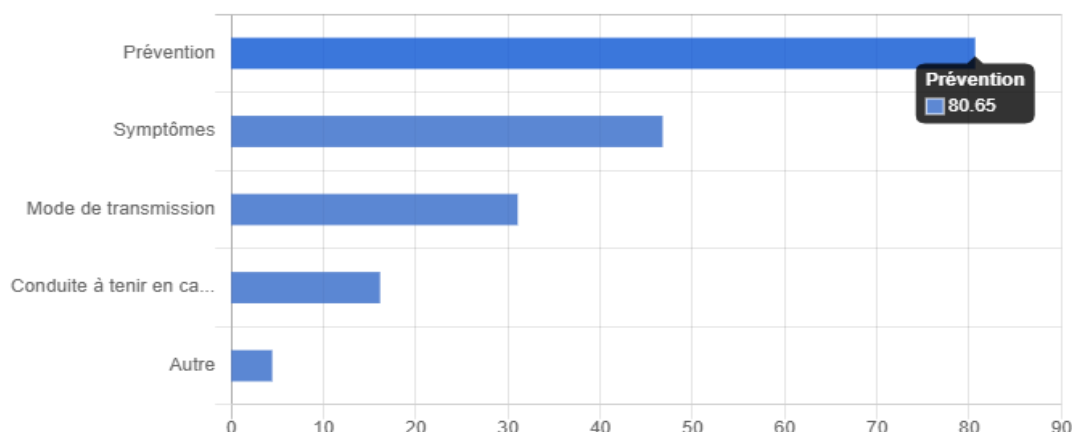


All participants in the focus groups had equally heard about the coronavirus, mostly from health care workers and community leaders.

Regarding the type of messages heard, **80% said they had heard prevention messages but only 46% had also heard about the symptoms, 31% about the modes of transmission and 16% about actions to take in case of infection.**

It is therefore important to focus (in addition to prevention messages) on symptoms, modes of transmission and on actions to take in case of infection.

What have you heard about coronavirus?



3- Perception of risk

Generally speaking, a majority of respondents (71%) think Covid-19 is very dangerous, or relatively dangerous (16.3%). **However, a significant proportion (9.4%) think the coronavirus is not dangerous at all**, as compared to 2.4% of respondents who do not know anything about Covid-19.

There are no major differences according to sex and age.

What do you think about coronavirus?	
	Total
Other	0.8%
Nothing about	2.4%
Not dangerous	9.4%
Relatively dangerous	16.3%
Very dangerous	71.0%
	100%

Within the focus groups, the minority (all targets considered, i.e., 04 people) reported that coronavirus was not dangerous because no cases had been reported and/or identified in their community at that time. However, other participants in all groups considered it as a threat. The majority described coronavirus as a dangerous and contagious disease that could cause death:

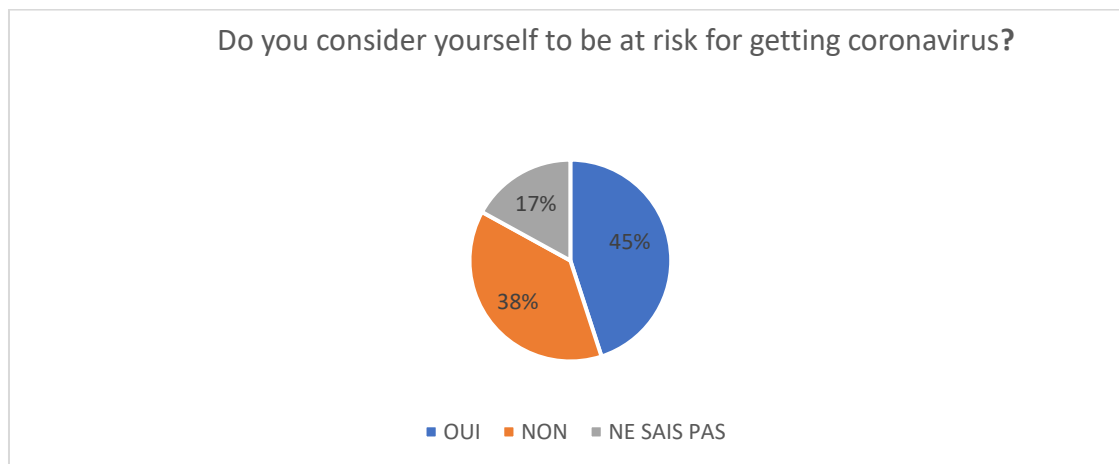
- “It’s a deadly disease.”

- “It’s a terrible disease that requires barrier measures for prevention.”

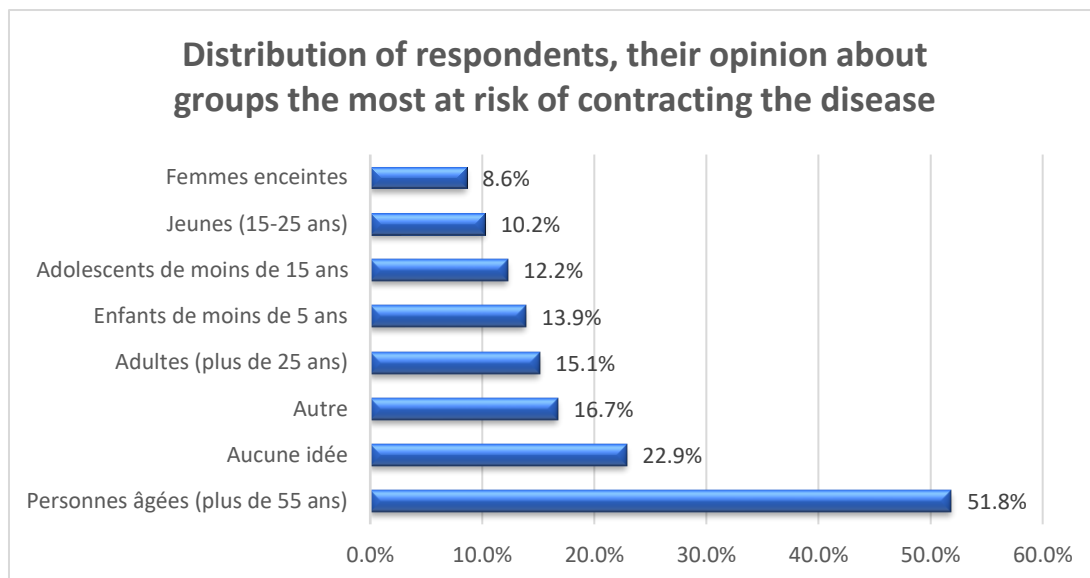
Most of them also pointed to another “threat” though not medical but threatening their lives and daily activities as well:

- “It is a threat because it prevents us from enjoying ourselves.”
- “Because it prevents us from going to school.”
- Still in focus groups, a minority (all targets considered, i.e. 04 people) stated that the coronavirus was not a threat because no case had been reported and/or identified in their community to that moment.
- Only 02 women were aware that the disease started in China, others (the majority) were not. According to the majority, the disease originates from white people (a very prevalent idea among men and young people focus groups).
- **Do you consider yourself to be at risk of contracting the coronavirus?**

Only 45% of respondents consider themselves at risk of contracting Covid-19. 38% think they are not and 17% do not know.



Concerning the people most at risk of contracting the disease, **52% of the survey respondents answered elderly people (55 years and more) are most at risk**, 23% did not provide an answer to this question, and 16% thought of other factors (everyone is at risk).

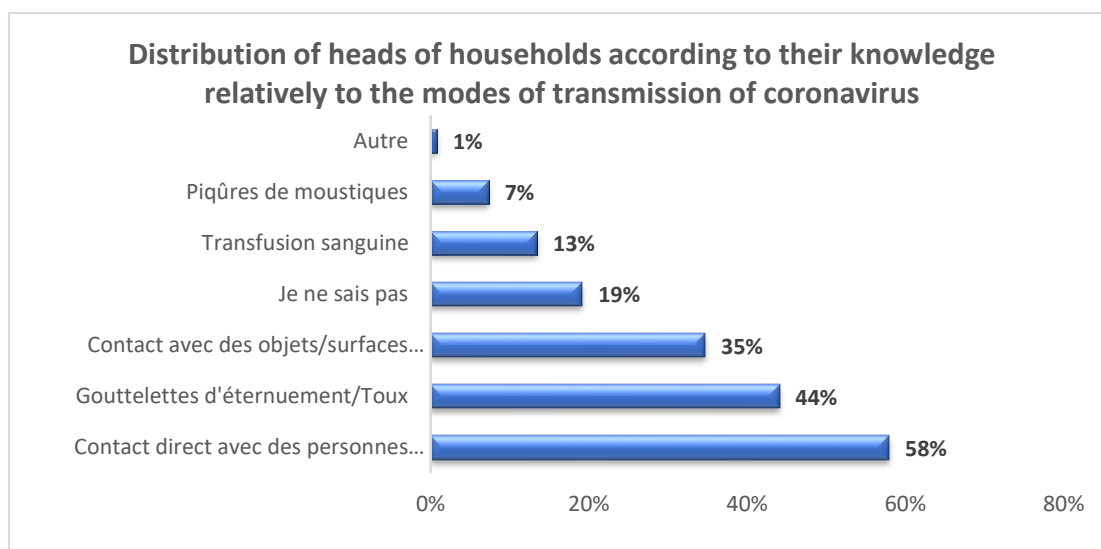


4- Modes of transmission and incubation period

21% of respondents mentioned at least one incorrect mode of transmission (mosquito bites, blood transfusion...) and 19% admitted they did not know the modes of transmission of the virus. 40% of respondents could not provide a correct answer regarding the modes of transmission of the virus.

The remaining 60% knew at least one mode of transmission of COVID-19: 58% of respondents said COVID-19 is transmitted through direct contact with infected persons, 44% said through contact with sneezing/coughing droplets, and 35% thought of contact with contaminated objects/surfaces.

NB: This is a multiple-choice question therefore, the total could not be 100%. A respondent may mention both a correct and an incorrect mode of transmission. The important fact here is that 40% of the respondents did not know how to answer this question correctly: they either admitted they did not know or mentioned at least one incorrect mode of transmission.

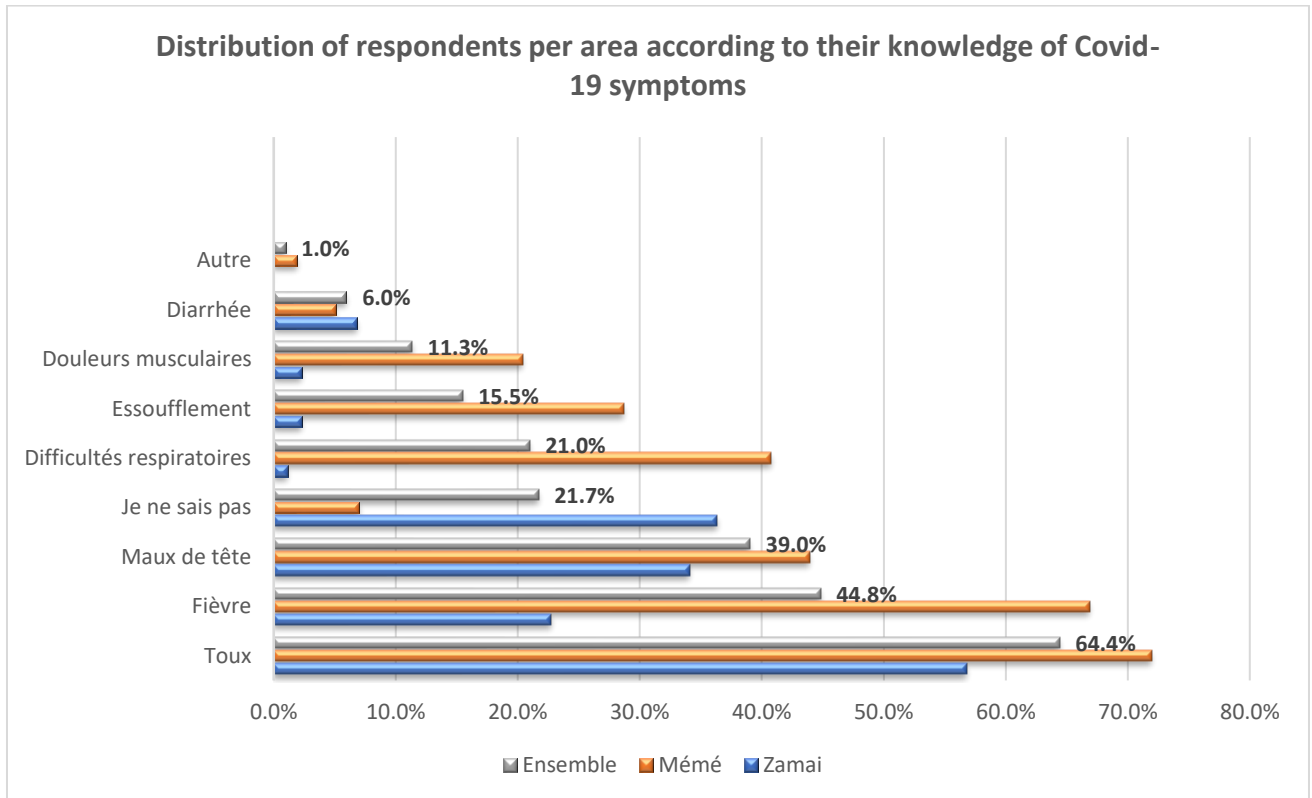


20.76% of respondents are aware of the incubation period of the virus which is 14 days, as compared to 79.14% who are either not aware at all or are not sure about the answer.

5- Symptoms

22% of respondents said they did not know the symptoms of Covid-19.

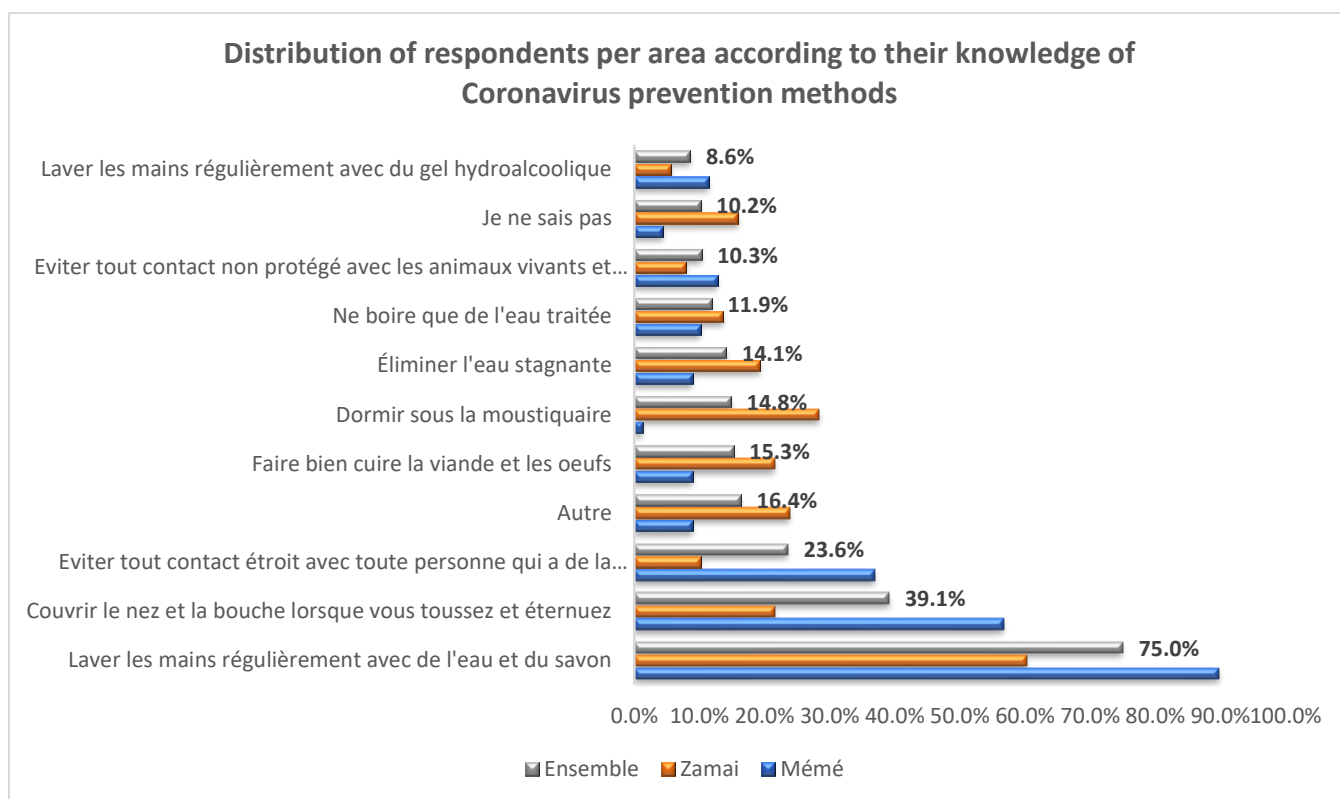
64% of respondents mentioned cough as the main symptom of coronavirus, 45% mentioned fever, 39% mentioned headache (multiple-choice question).



6- Prevention

75% of respondents who reported to have received information about the prevention of coronavirus are well aware that they should wash their hands regularly with soap and water (or with an alcohol-based solution 8%), 39% are aware that they should cover their nose and their mouth when coughing or sneezing, and 24% are aware that they should avoid getting in close contact with anyone who has fever. With regard to trends, populations in Mémé are significantly better informed than those in Zamai.

Many respondents pointed out, among others, prevention methods related to cholera or malaria (sleep under mosquito nets, avoid stagnant water, etc.), which shows a limited understanding, more so in Zamai than in Mémé. However, the fact that the target populations have integrated these hygiene messages (relayed by CRC volunteers within the framework of this project), which are equally important, is very positive.



B- ATTITUDES ET PRACTICES

In terms of practices, respondents, though having rather good information, said they had great difficulties in observing regular handwashing due to lack of soap and social distancing as well.

Many respondents do not feel concerned about the disease. **Only 45% consider themselves to be at risk for getting Covid-19.**

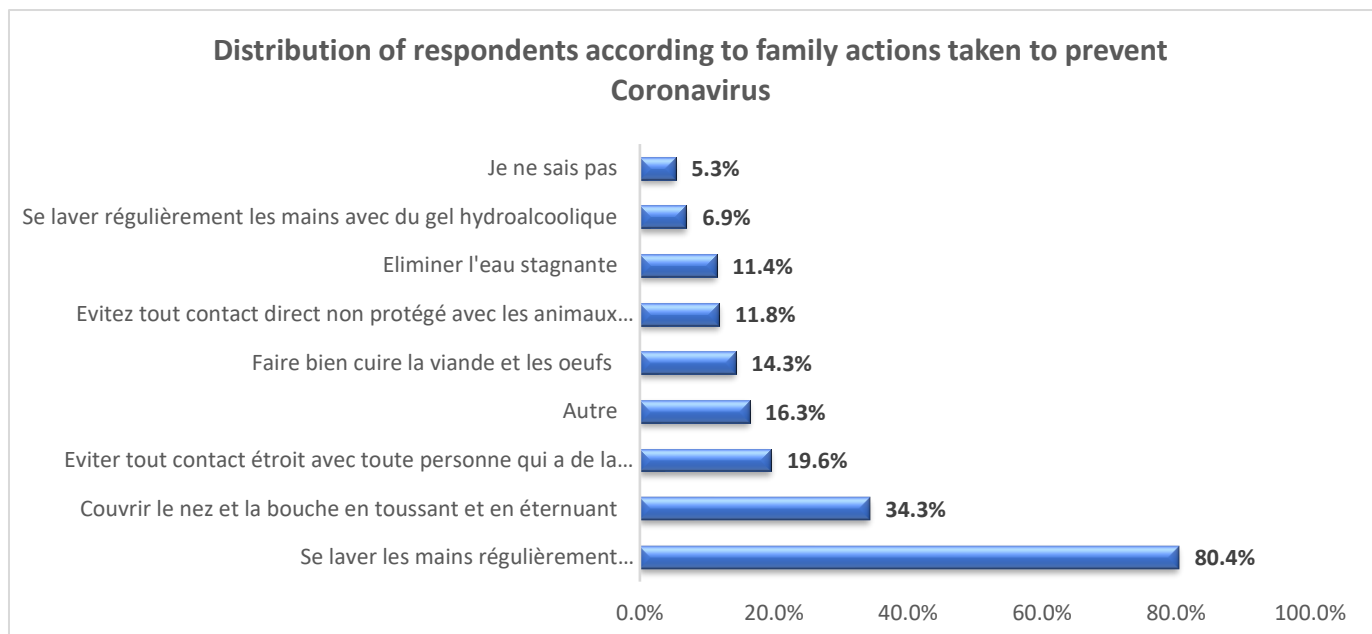
Respondents have not yet properly understood how the virus spreads. 84% of respondents (men for the most part) keep shaking hands or hugging people outside their households - despite the pandemic. One-third are unaware of Covid-19 symptoms and a minority know what to do in case of symptoms. Only 8% of respondents are familiar with the emergency number 1510 and only 0.4% were able to explain that one should take care to self-quarantine in case he/she has symptoms.

Some 25% of respondents said some people in their community think coronavirus is a disease that only affects white or rich people.

There are many fears and worries about the disease and its social consequences. 78% of respondents reported that they need to talk to others about their fears/concerns.

1- Preventive measures within families

80% of interviewees reported to practice regular handwashing with soap as a main preventive measure to combat coronavirus, 34% cover their nose and their mouth when coughing or sneezing, 19% of them avoid direct contact with people having fever or cough, and 16% use other methods, essentially, wearing face masks (multiple answer questions).



2- Actions to take in case of symptoms

▪ Usual practices in case of illness, including fever and coughing

In case of “classic” illness involving fever and cough, 60% of respondents said they go to hospitals/health care centres, 36% practice self-medication, 27% keep on living a normal life “because the flu disappears after a moment”, 18% turn to traditional healers.

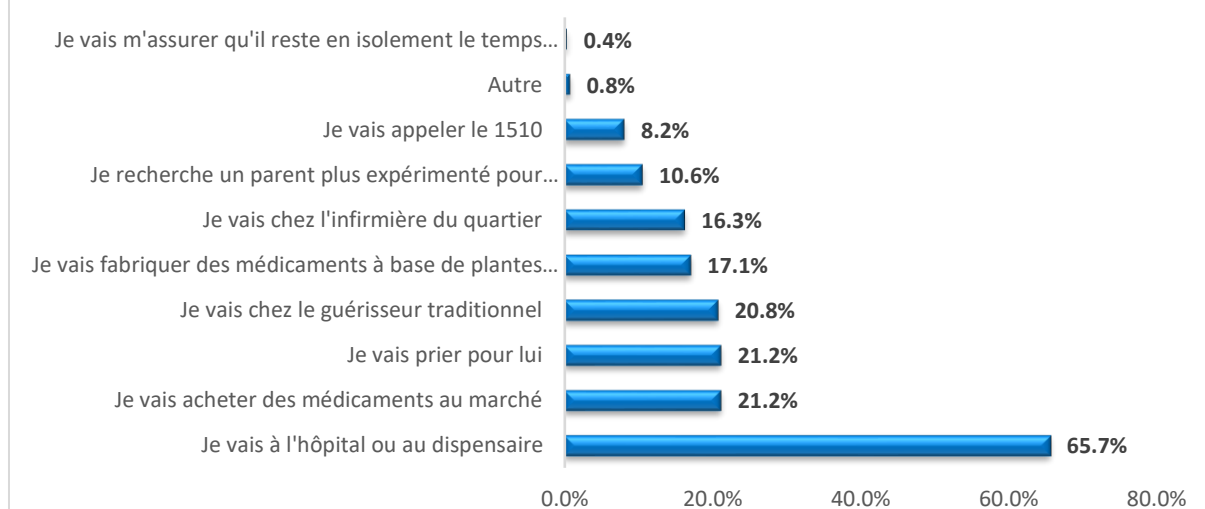
▪ Actions in case a relative has Covid-19 symptoms

In case a relative has COVID-19 symptoms (NB: there is a lot of confusion as to symptoms!), 68% of the respondents would take them to a hospital or to a health care centre, 21% would pray for their recovery, 21% would buy medicines at the marketplace, 21% would go to the traditional healer, 17% would prepare herbal medicines. 80% will pray, go to the traditional healer or make herbal medicines. Only 8.2% of respondents mentioned calling 1510 and 0.4% mentioned quarantine or isolation.

Hence, we note that respondents do not intend to change their usual practices if someone has COVID-19 symptoms = they will proceed in the same way as if they were sick with fever and cough.

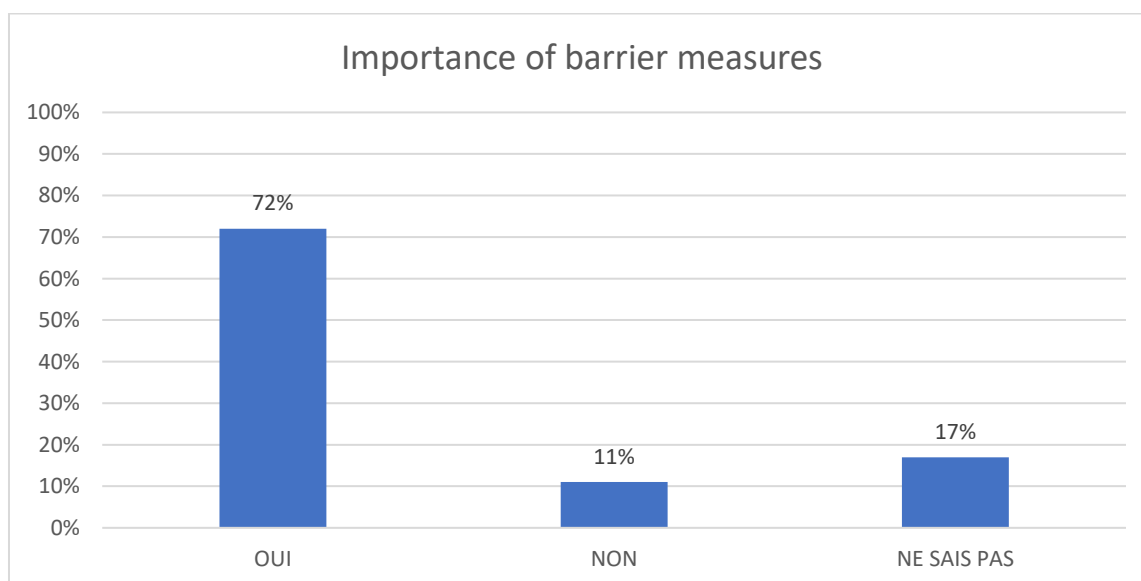
Therefore, messages about the recommended procedure to follow in case someone has Covid-19 signs and symptoms should be strengthened, with consistent recommendations to (1) Quarantine oneself until a test can be performed, and (2) call 1510 for the deployment of a RIRT or go to a Health Care Centre.

Distribution of heads of households according to actions they would take in case a member of their family has coronavirus symptoms



3- Importance of barrier measures

72% of respondents said it is important to take measures to avoid and combat coronavirus, 17% do not know, and 11% believe such measures are not useful.



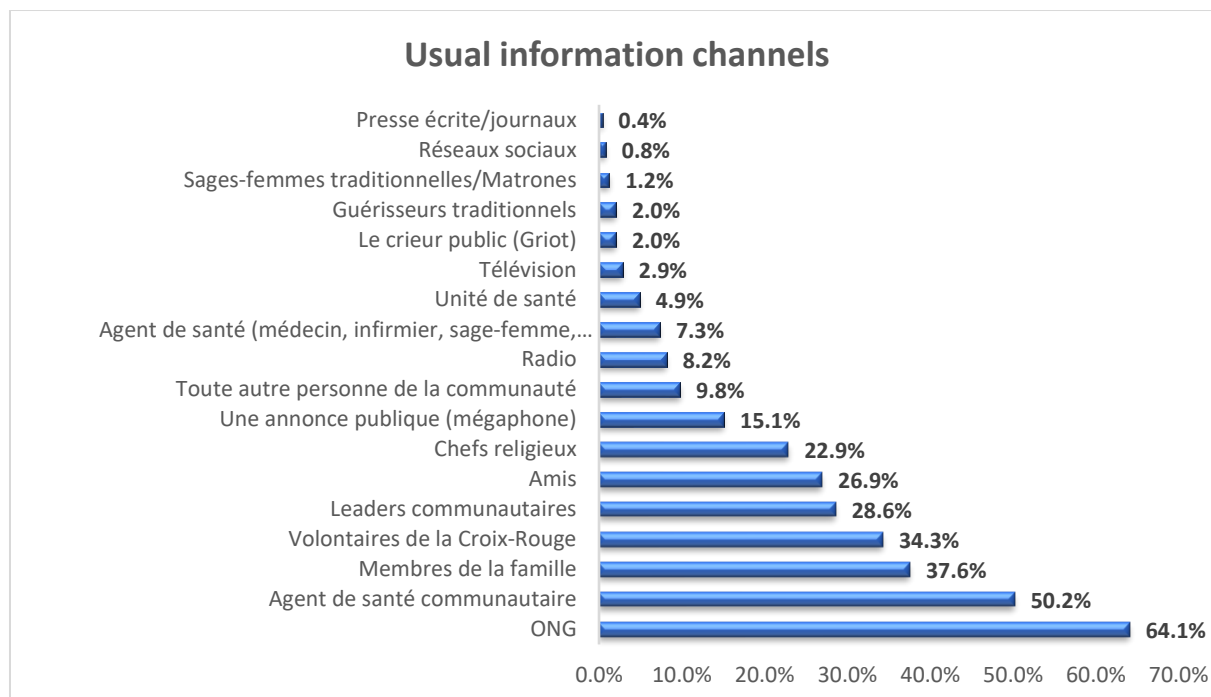
Populations in Zamai seem to be less informed about the importance of barrier measures. Men were less convinced than women about the importance of barrier measures.

Disaggregated data						
	NO		YES		DO NOT KNOW	
Locality	Female	Male	Female	Male	Female	Male
Mémé	7,0 %	3,2 %	46,5 %	40,1 %	1,3 %	1,9 %
ZAMAÏ	2.3%	11.4%	23.9%	21.6%	18.2%	22.7%
Total	5.3%	6.1%	38.4%	33.5%	7.3%	9.4%

4- Information channels

▪ Usual information channels

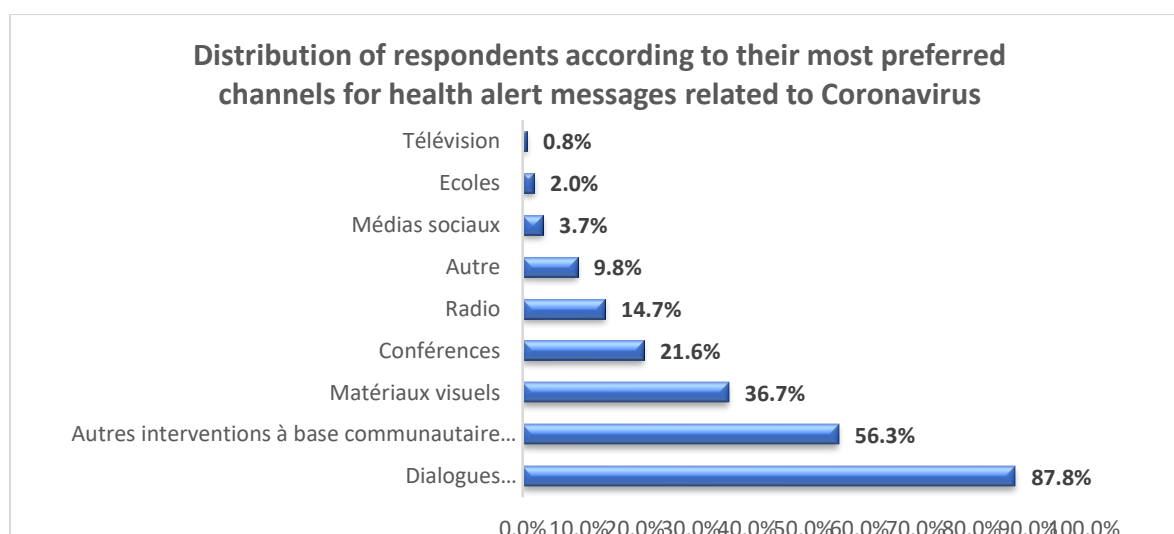
Respondents usually receive health alert messages from other community mobilisers/NGOs (55%), health workers (49%), Red Cross volunteers (43%), community health workers (36%). Radio (1.21%), television (0.4%) and social networks (0.4%) come last in the list.



▪ Preferred information channels

Respondents' preferred channels for health alert messages are community dialogues (88%), community-based interventions (56%) and visual materials (37%). In conclusion, respondents prefer to stick to the channels they are most used to and that require direct interaction with people providing them with correct information.

There are no significant differences according to respondents' age groups or sex.

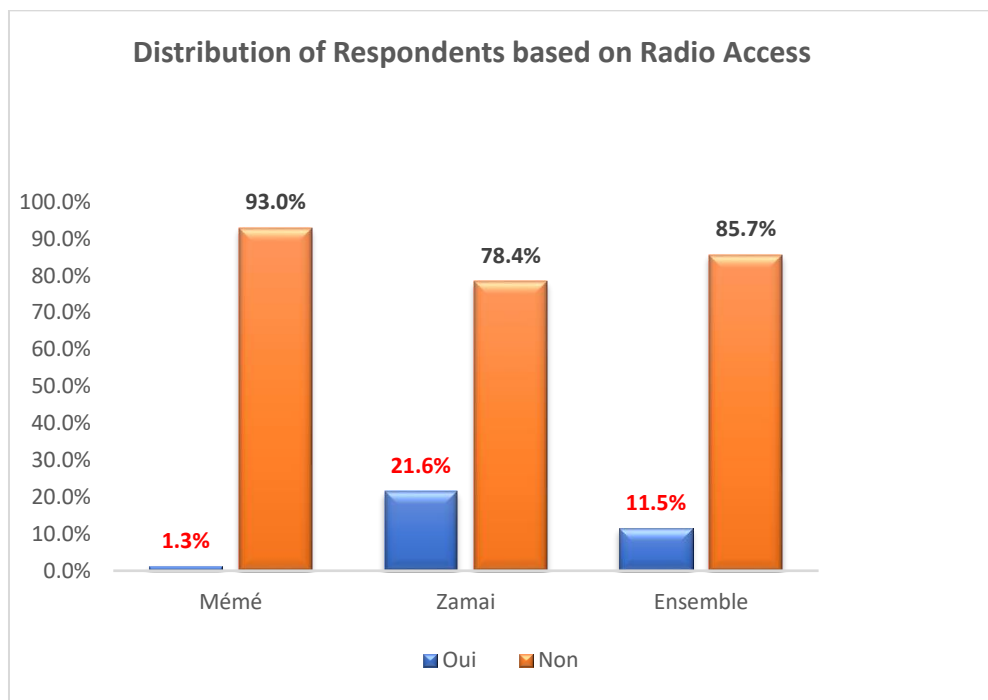


▪ Radio access

85.7% of respondents do not have access to a radio, i.e. 93% in Mémé and 78.4% in Zamaï.

More men (6.4%) than women (2%) report having a radio access.

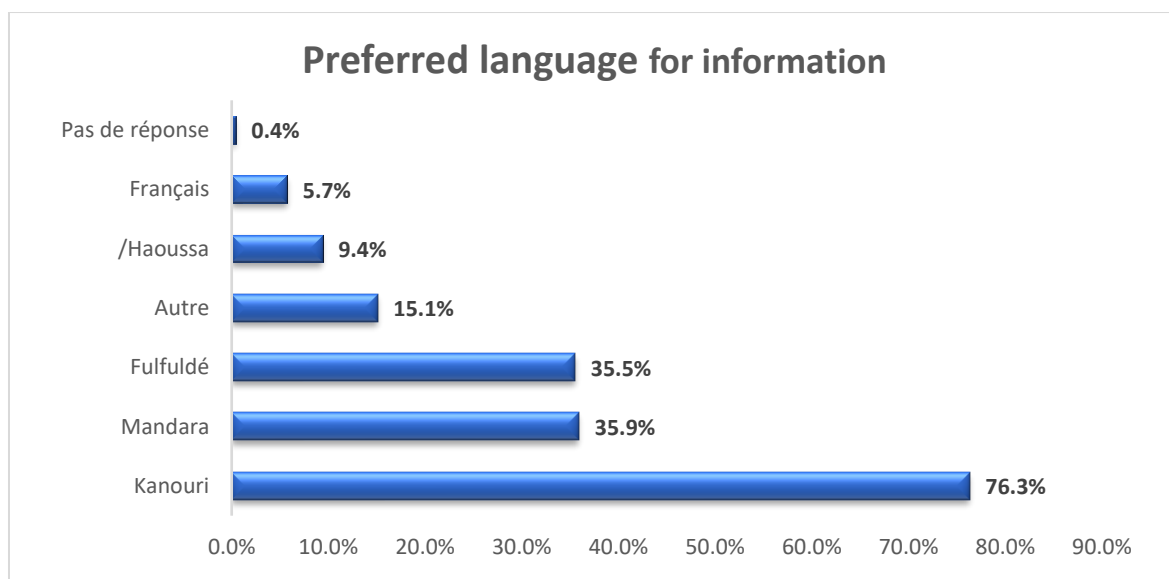
Among the respondents having a radio access, 8.06% listen to local radio stations (FM Mayo-Sava, which according to respondents, no longer broadcasts; FM Maroua; Radio Communautaire de Mokolo) and 1.21% listen to the national radio station.



20.16% of respondents listen to the radio in the evening, 10.89% in the morning, 9.27% in the afternoon and 6.85% at midday.

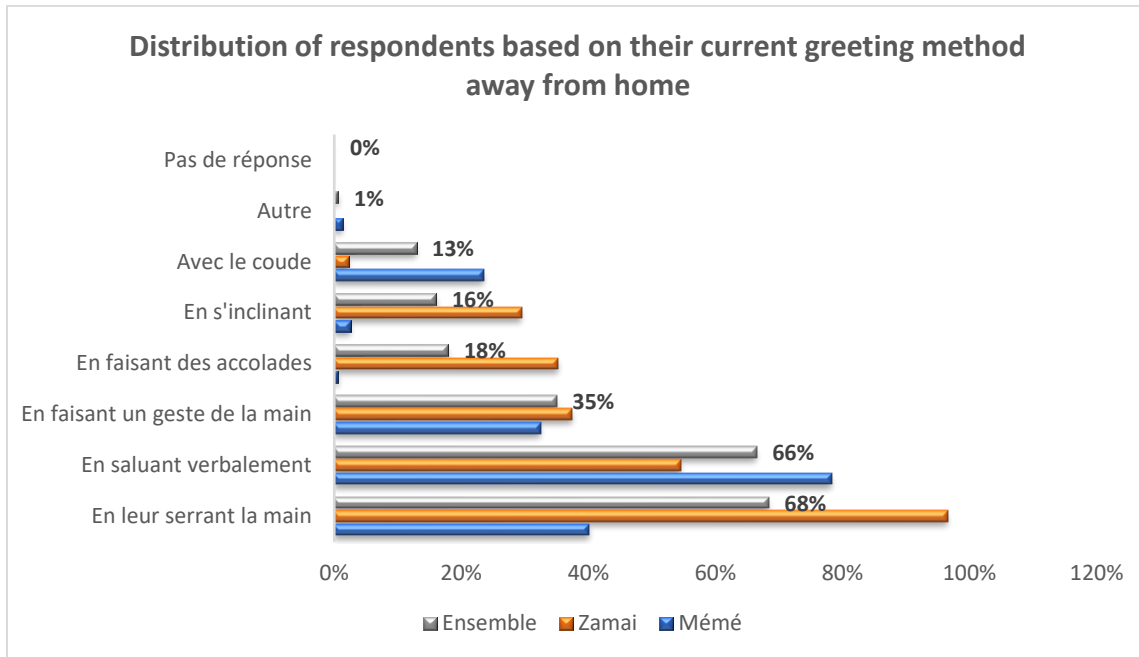
■ Preferred language for information

76% of respondents are interested in receiving information in Kanouri, 36% in Mandara, 35% in Fulfuldé, 9% in Haoussa and 6% in French.



5- Greetings

When asked about modes of greeting currently used, **84% of respondents said they either shake hands or hug people, i.e. 84% of respondents currently have direct daily contact with people out of their home.** Since direct contact is a major risk factor, it is imperative to focus on social distancing – not only with people with symptoms but with all people away from home = greeting should no longer imply a physical contact. This very dangerous practice regarding the spread of the virus is more common in Zamai than in Granny.

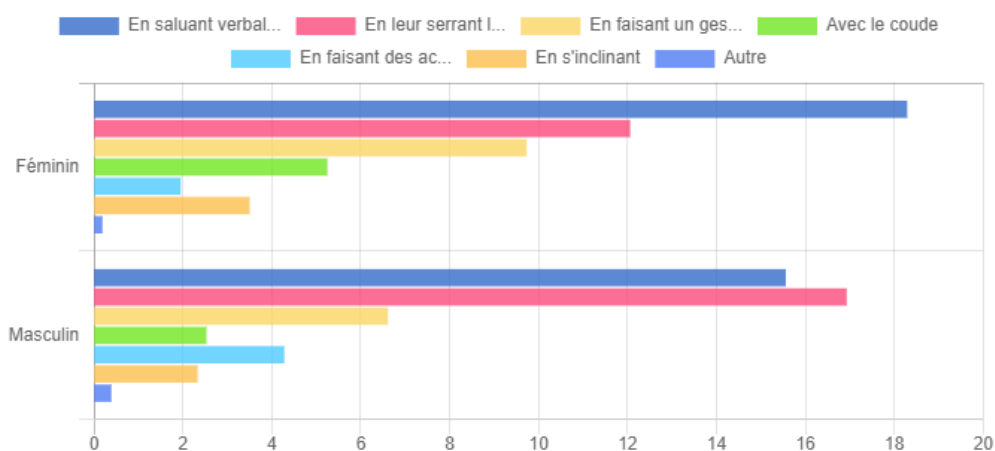


Another interesting finding is that more men than women currently use risky greeting methods. According to certain women interviewed, shaking hands is not part of their customs. Thus, it is strongly advised to focus on men, the one risking their entire family's safety as they keep shaking hands.

Comment saluez-vous les personnes en dehors de votre foyer actuellement?

TYPE: "SELECT_MULTIPLE". 513 out of 514 respondents answered this question. (1 were without data.)

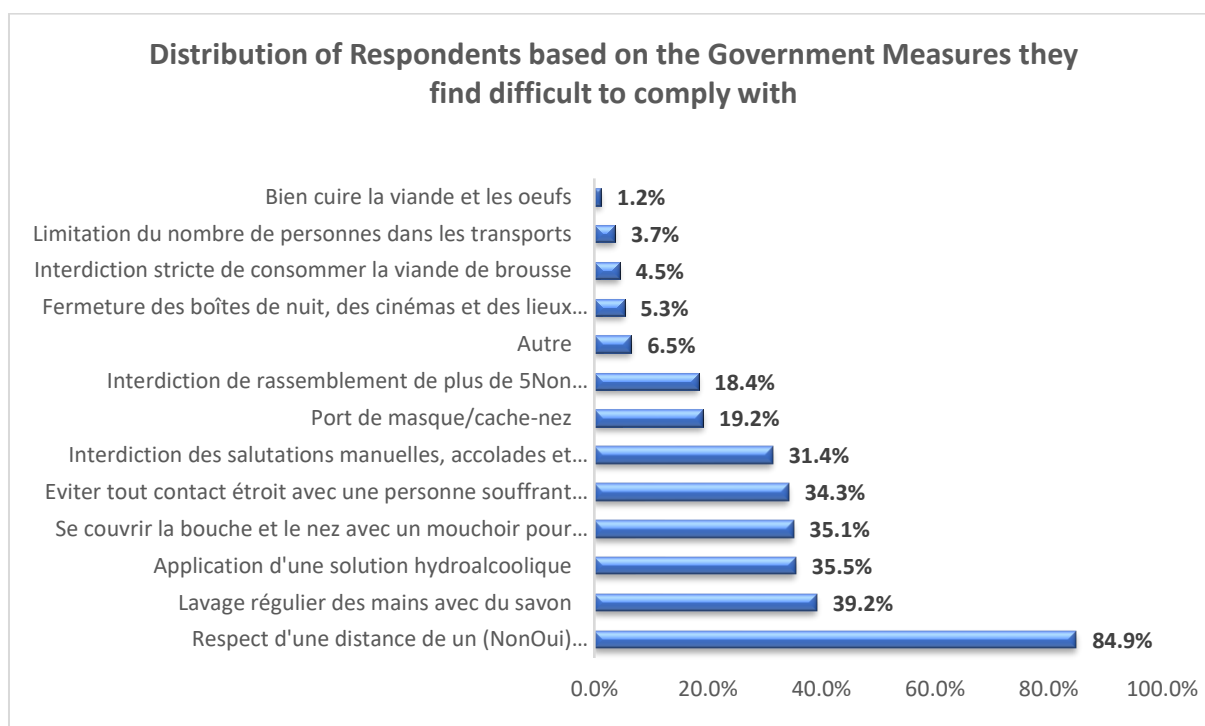
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6- Difficult measures to observe

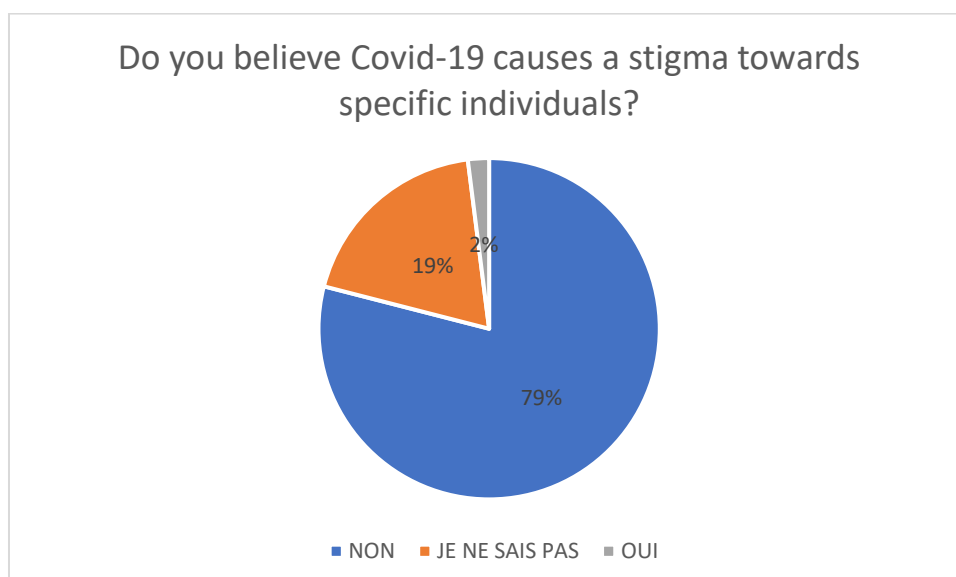
Social distancing is by far the most difficult measure to observe according to 85% of respondents. Regular hand washing comes next (39%), followed by hand disinfection with alcohol-based solutions/hand sanitizers (35%), and then covering the nose and mouth with a disposable handkerchief when coughing or sneezing (35%).

The majority of participants to focus groups said handwashing has increased since the outbreak; otherwise, respondents deplored the inadequacy of handwashing kits/soap distribution.



7- Rumours and stigmatisation

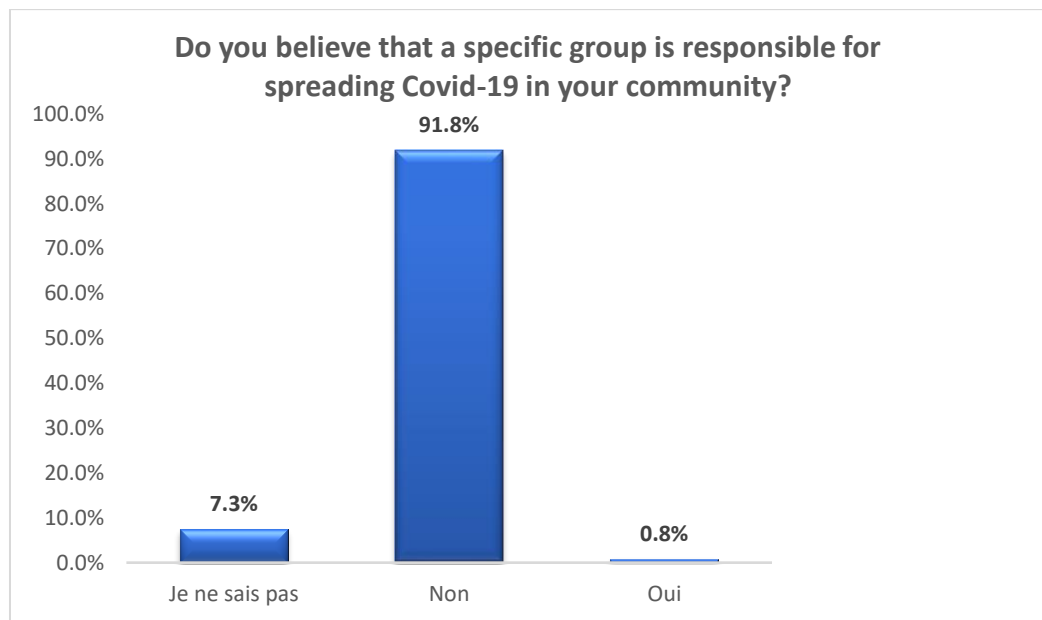
79.44% of respondents believe that coronavirus does not lead to discrimination against specific individuals. This applies to all age groups, irrespective of their gender or their language.



Out of the 2% who answered 'yes' to this question, the elderly and foreigners were mentioned as discriminated groups. Four people also pointed to the Kanouri as a discriminated group.

- **Specific group involved in the spread of Covid-19 in the community**

92% of respondents do not believe that a specific group is responsible for spreading the virus. However, some respondents believe that the humanitarian workers who come to the camps are likely to spread the virus because they are in contact with white people.



- **Major rumours/beliefs, concerns, issues in the community**

Whereas respondents to this questionnaire do not seem to adhere to the various rumours as to who is responsible for the spread of the virus, it is very interesting to note that **99% of them said that there are actually many beliefs/rumours in their community.**

Here are the leading beliefs about coronavirus in the community:

It's a white people's disease (15%).

It's a disease for rich people ('old rich people') (10%)

This disease does not exist or does not exist 'here' (7%)

It's an invention (4%) ('invented by white people to kill black ones' 'invented by the government to make money')

➔ **About 25% of respondents reported that some people in their community think coronavirus is a disease that only affects white or rich people.**

Many people have pointed to the fact that

'White people invented this disease to wipe out black people.'

'White people have created a virus to cut Africa's population in half.'

These rumours must be taken into account in the risk analyses of the project. One thing is to consider that the coronavirus only affects white people (a rumour that needs to be countered), but it is another to consider that the Chinese or white people have deliberately imported the virus into Africa – this was indeed one of the big problems related to Ebola which cost the lives

of several white medical aid workers in the DRC. Since some respondents also raised the point that humanitarian workers (including Red Cross staff) were likely to be more contagious because they are in contact with white people, there may be an impact on the safety of CRC volunteers in the field.

It is also important to note that it is being said that:

- “Only old people can be contaminated’ (4/248)
- “This is a political issue” (4/248)
- “This disease is spread from hospitals” (2/248)
- “This is a divine retribution” (2/248).

8- Recommendations from populations to mitigate the spread of the virus in their community

- Constant soap distribution
- Production of face masks
- Awareness raising campaigns (theatre, educative talks)

Note that people who recommended awareness sessions wanted them to be combined with the distribution of soap or masks to help them comply with the measures described and prescribed.

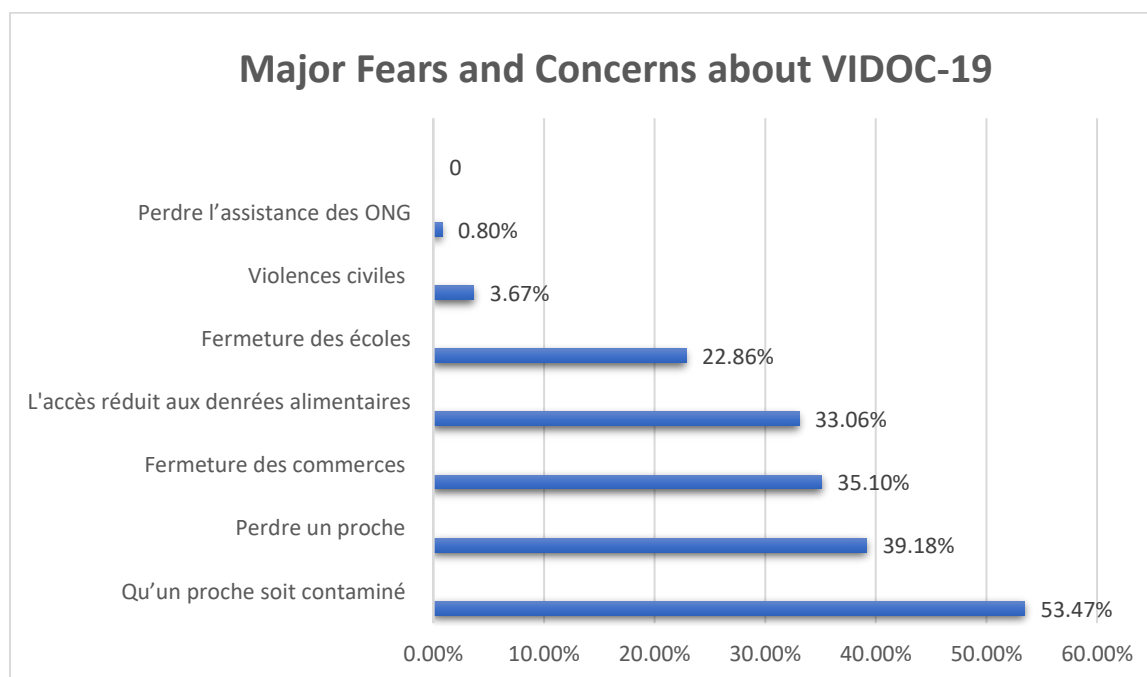
8- Feedback and complaints

▪ Major Fears and Concerns about VIDOC-19

Heading the list of fears and concerns about VIDOC-19 are the contamination of loved ones (53%) and their death (39%).

Several non-medical consequences are equally worrisome: closing of business (35%) and schools (23%), reduced access to food (33%), and so on.

Women are the most worried about reduced access to food or the loss of NGO assistance.



- Need to talk to someone about ones fears and concerns

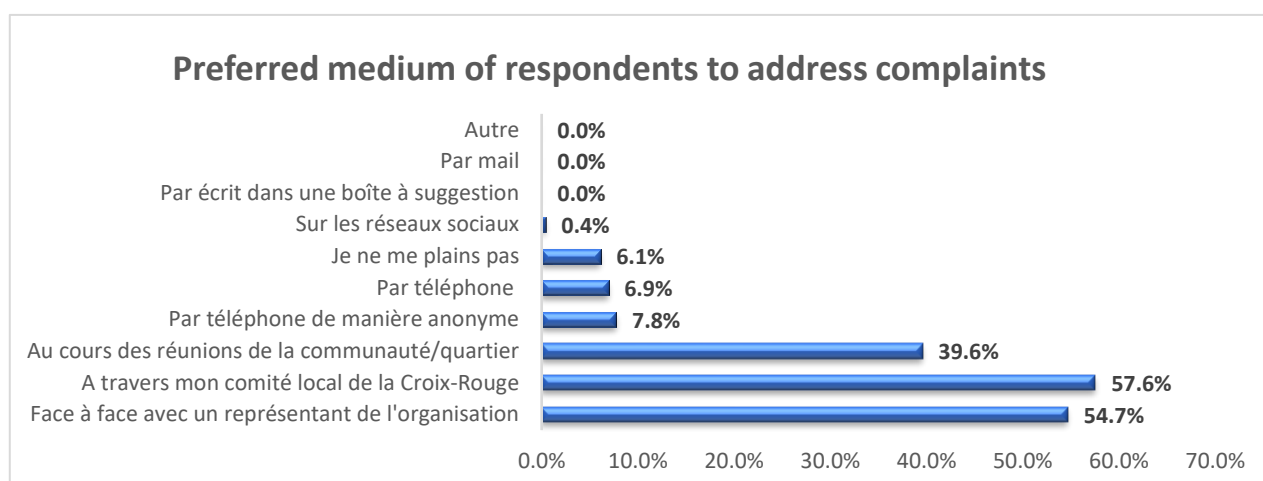
78% of respondents (more women than men) said they need to talk about their fears/concerns with others. Psychological support should therefore be considered as a major axis in the response to the epidemic.

Localities	I don't know		No		Yes		Total
	Female	Male	Female	Male	Female	Male	
Mémé	2,9 %	4,9 %	0,4 %	0,4 %	31,8 %	23,7 %	64,1 %
ZAMAï	2.0%	7.3%	0.4%	2.9%	13.5%	9.8%	35.9%
Total	4.9%	12.2%	0.8%	3.3%	45.3%	33.5%	100.0%

- Feedback

Most respondents would preferably: complain to their local Red Cross committee (57%), in person with a representative of the organisation (57%), during community/district meetings (39%) or anonymously over the phone (7% – mostly men). This applies to all age groups.

9- Knowledge of the Red Cross



All respondents are aware of the existence of the Cameroon Red Cross.

48% of them are very satisfied with the actions of the Cameroon Red Cross, 43% are satisfied and 6.85% are not satisfied.

It is interesting to note that 7% of men interviewed in Mémé are not satisfied with the work of the Red Cross. A community meeting should be organised in Mémé to discuss this aspect.

Localities	I don't know		Not satisfied		Satisfied		Very satisfied	
	Male	Female	Female	Male	Female	Male	Female	Male
Mémé	0,0 %	1,9 %	0,6 %	7,0 %	20,4 %	20,4 %	31,8 %	17,8 %
ZAMAï	2.3%	0.0%	2.3%	2.3%	17.0%	30.7%	25.0%	20.5%
Total	0.8%	1.2%	1.2%	5.3%	19.2%	24.1%	29.4%	18.8%

The target people told CRC First Aid Volunteers that famine was by far more dangerous than any disease and needs to be addressed with no delay. Some beneficiaries had noted the absence of Red Cross Volunteers in the field and reported they were abandoned for a while, obviously since March 2020, due to the cessation of activities of the 2019 phase of the IDPs Project. Such comments prompted reflection among the CRC committees on their engagement strategy with the community beyond partner-supported 'projects', i.e. both the exit strategy and

the long-term strategy for routine activities. Furthermore, communication and awareness raising messages need to be adapted to convey the message about the fact that although their priority needs are focused on food security, disease prevention and preparedness is essential since, even if their food needs are met, they would still be facing a risk of deteriorating health condition.

IV- CONCLUSION

- **While 98% of respondents have heard of COVID-19, 12% are unaware that coronavirus is a disease.**
- **71% of respondents think Covid-19 is very dangerous yet 10% consider the virus not dangerous at all.**
- **Only 45% of respondents do believe they could contract the virus.**
- **81% have received information about preventing coronavirus but less than half have heard about the symptoms, the modes of transmission or the actions to take in case they are infected.**
- **75% of respondents are aware that regular hand washing with soap and water is necessary to prevent the disease, but a large majority said they did not have enough soap.**
- **22% of respondents are not informed about the symptoms of the Coronavirus.**
- **40% of respondents are unaware of the modes of transmission of the virus.**
- **84% of respondents still shake hands and hug people out of their homes.**
- **There are many concerns about Covid-19 and the non-medical consequences (closing of schools and businesses, reduced access to food, reduced access to Humanitarian Aid).**
- **There are many rumours about the fact that the Coronavirus only affects white, rich or elderly people.**

I- RECOMMENDATIONS

It is important to focus (in addition to prevention messages) on symptoms, modes of transmission and on the actions to take in case of infection.

TOP PRIORITY MESSAGES:

-Emphasise on the fact that Covid-19 is real, that anyone can get the virus and that this is not a disease for white, old or rich people.

-Stress the fact that there should be no physical contact out of homes. Do not shake hands! Do not hug! Keep your distance.

-Insist that you can get sick without showing symptoms.

-Underline the fact that covid-19 is highly contagious and a deadly virus.

-In case you do have symptoms: (1) quarantine yourself until a test can be performed, and (2) dial 1510 who will deploy a RIRT or tell the patient to get to a Health Care Centre.

Equally highly recommended is to:

- Give priority to awareness-raising activities carried out by Red Cross Volunteers by means of megaphones in public spaces (markets, mosques and churches), educative

talks and leisure activities such as: sketches and theatres, since these are the population's preferred means of communication.

- Highlight the distinction between COVID-19 and other common diseases such as cholera or malaria.
- Set up a communication system to enable communities to share their fears, worries and concerns about this epidemic and its consequences.
- Set up more handwashing facilities. This highly recommended practice is not regularly implemented due to the lack or limited number of handwashing facilities. Empty devices also need to be refilled.
- Step up soap distribution to households.
- Involve communities in the production of face masks and soap.

II- APPENDIXES

Appendix 1: Terms of reference of the CAP survey

Terms of Reference of the Coronavirus (Covid-1) Knowledge, Attitudes and Practices (KAP) survey in Mémé et Zamai (Far North Re)

1- Context

The current outbreak of Coronavirus (Covid-19) disease was first reported in Wuhan, Hubei Province, China, on 31 December 2019 from clustered cases of atypical pneumonia, some of which were fatal.

On 30 January 2020, the World Health Organization declared the Covid-19 outbreak to be a public health emergency of international concern and on 11 March 2020, Covid-19 became a pandemic.

This pandemic spread at an exponential rate both in terms of the number of countries affected and the number of confirmed cases and deaths.

Cameroon reported a first case on March 5, 2020. Following this announcement made by the Ministry of Public Health, the Cameroon Red Cross promptly launched its contingency plan and response plan which is a contextualised version of the National Response Plan designed by the Ministry of Public Health and its partners. This response plan of the Cameroon Red Cross is based on seven operational axes therefore one of the prerequisites for proper preparation and effective response to Covid-19, is centred on risk communication and community engagement (CREC) which takes into account all the barrier measures prescribed by the WHO and the Government of Cameroon.

However, in spite of all the barrier measures for prevention and care deployed by the Government with the support of Civil Society organisations and national and international NGOs operating in Cameroon as from 12 May 2020, all 10 regions of the country are now affected. There were more than 8,000 positive Covid19 cases by 15 June 2020. The country is in an active phase of community transmission.

The Cameroon Red Cross, with the support of its Movement partners, the IFRC and the Swedish Red Cross, operates in the Far North Region since 2017, more precisely in Mayo-Sava, Mayo-Tsanaga and Diamaré divisions as part of a project to assist internally displaced persons and the host population in the IDP sites of Mémé, Zamai and Maroua 3.

The preparation and response to Covid-19 is a priority and an urgent axis in the context of the 2020 project. This component of the project focuses on WaSH and RCCE aspects. Therefore,

and in order to assess the impact of the awareness raising and community engagement activities on knowledge, attitudes and practices of the target communities, the CRC together with the IFRC shall conduct a CAP survey in Zamai and Mémé to serve as a baseline for this component of the project. A similar survey intended to serve as an endline guide shall also be carried out following the Covid-19 outreach activities.

2- Objective of the KAP survey

➤ General objective

Gather baseline information in order to analyse the current situation by determining the knowledge, attitudes and practices vis-à-vis Covid-19 for improved planning of interventions and updating of key messages used in awareness raising activities as part of the response to coronavirus among the internally displaced population in Zamai and Mémé, and the host community as well (Far North Region).

➤ Specific Objectives

These were:

- Assess the knowledge, attitudes and practices of the project's target populations with regard to Covid-19;
- Provide possible guidance for the development of a communication-awareness raising strategy adapted to the knowledge, skills and know-how of the project's target population in order to get them involved in the response;
- Identify expectations and obstacles to the implementation of the barrier measures prescribed by the government;
- Identify possible resistance (social, economic, cultural, religious, etc.) to the adoption of 'good practices' resulting from the response to Covid-19;
- Identify information sources/channels of displaced populations and neighbouring host communities in the sites of Mémé and Zamai relatively to the new coronavirus/feedback/complaints collection and management system to be set up;
- Collect quantitative baseline and endline data on KAPs in the target communities to assess the impact of the outreach activities carried out during the project

3- Outputs and Results expected

After the completion of this first phase of the KAP survey, a detailed report is expected, outlining the following elements:

- the general and disaggregated data of people surveyed;
- the understanding of Covid-19: symptoms, transmission, cure, prevention;
- attitudes towards Covid-19 transmission risk;
- usual practices with regard to Covid-19;
- expectations and obstacles related to the implementation of barrier measures;
- cultural and social factors and values that are limiting or underpinning the response to Covid-19;
- different channels/sources of information and the feedback management mechanism preferred by the target communities;

- General results analyses with recommendations;
- An appendix consisting of a table of numerical indicators to be updated during the exit survey to compare the results.

4- Activities to be carried out

- Update of the questionnaire;
- Set the representative sample size for each area;
- retraining/training of 16 volunteers and 02 supervisors on generalities about Covid and barrier measures, in data collection via the application “kobo collection”, including KAP survey forms;
- questionnaire test ;
- data collection;
- Data management and analysis;
- Report.

5- Methodology

This is a cross-sectoral survey conducted at the beginning of the Covid-19 response as part of the IDPs 2020 project.

Data collected during this first survey phase will provide the knowledge, attitudes and practices baseline (or reference value) of the target populations (IDPs and Host Population) of the IDPs project in the Mayo-Tsanaga and Mayo-Sava Divisions regarding the Covid-19 response. The same survey will be conducted in the final stages of the response and compared to the results of this baseline to assess possible changes in Knowledge, Attitudes and Practices after the implementation of the Covid-19 response activities under the project (after 2 months of operation).

Data collection methodology is a combination of interviews with a few key informants, in households, and observation...).

The ‘COVID19_Rapid_assessment_tool_KAP_IFRC_UNICEF_WHO_0503’ will serve as a guide.

6- Target population

The baseline study will be conducted in the same two IDP sites covered by the Swedish Red Cross-funded 2020 project, namely Mémé (Mayo-Sava) and Zamai (Mayo-Tsanaga).

The selection of interviewees for the survey will be based on a random sampling methodology. The total number of households to survey in each area is based on the number of people in that community. The total number of households to survey in each site is normally based on the number of people in that community, however, given the timeframe, this KAP survey should be a small-scale survey with a very limited scope. Therefore 250 households will be surveyed in the two areas.

7- Profile of volunteers for the conduct of the survey

16 volunteers and 02 supervisors in total, distributed as follows: 6 volunteers and 1 supervisor in Mayo-Tsanaga, 10 volunteers and 1 supervisor in Mayo-Sava will be selected in their

respective Divisional Committees to conduct the survey. The selection will be based on the following criteria:

- Experience in conducting surveys/assessments, preferably via kobo-collect;
- Sufficient level of education (enough reading and writing skills to understand and fill in the questionnaire);
- Gender balance;
- Fluency in the local language and in French.

8- Retraining of volunteers: Place and duration

The briefing/retraining sessions for volunteers will take place in each Divisional headquarters in the target area i.e. Mokolo in Mayo-Tsanaga and Mora in Mayo-Sava and are scheduled for 1 days.

Duration of the survey 4 days.

9- Indicative activity planning

Implementation Process	JUNE				JULY			
	W1	W2	W3	W4	W1	W2	W3	W4
Call initiation and Baseline project IDPs 2020 staffs (National Headquarters and in the field) CRC-IFRC		X						
Survey organisation (questionnaires, interviewers)			X					
Retraining/pre-test			X					
Field survey				X				
Results analysis					X			
First draft of the Report + restitution					X			
Final report						X		

Field activities will be implemented during 2 months and a second KAP survey will be conducted afterwards (confirmation of the date in August).

Appendix 2: Household Survey Questionnaire

Household Survey Questionnaire

Introduction *(Start talking to the head of the household or his or her representative who shall be at least 18 years old or more and should have living in the household for 6 months at least).*

Hello, we're from the Red Cross. We're working on preventing coronavirus disease. We'd like to ask you a few questions about it. The interview will take about 30 minutes. This information will help us assess your Knowledge, Attitudes and Practices regarding Coronavirus. The information we collect will remain strictly confidential. In addition, you do not have to answer

any questions about which you do not have an answer and you can leave the interview any time at your convenience.

Respondent's consent:

Do you agree to take a few minutes to answer our questions?

1. Yes → Consent
2. No → Why if not? – Interviewer record the reason and discuss it with the supervisor and then replace the household–.

General information

Date.....

Name – s – of volunteers
enumerators.....

Division.....Subdivision.....

Locality.....

Start of the interview.....End of the interview.....

GPS coordinates-----

Demographic data

Household head's identity

Sex: ☐ Male ☐ Female

Age group

☐ <12years ☐ 13–17 ☐ years ☐ 18–29years ☐ 30–
☐ 39years ☐ 40–49year ☐ 50–59years ☐ 60–69years
70–79years + 80 ans

What is the main language spoken at home?

Kanouri

Mandara

Mafa

Fulfuldé

Haoussa...

Are there any vulnerable people in your household – children under five years old, elderly persons, people with disabilities, pregnant or breastfeeding women – ?

☐ Yes ☐ No

Section 1: Knowledge

Q1 Have you ever heard of coronavirus – COVID-19 – ?

1. Yes
2. No
3. No answer

Q2 What do you know about coronavirus? – Only one option –

1. Nothing
2. A disease
3. A governmental programme
4. A TV/radion campaign
5. Other: _____

Q3 What have you heard about coronavirus disease? – One or more options –

- a. Prevention
- b. Symptoms
- c. Modes of transmission
- d. Actions in case I have symptoms
- e. Other: _____

Q4 How did you hear about Covid-19 – One or more options –

- a. Over the radio
- b. On Television
- c. On social networks
- d. Print media/News papers
- e. In Health Units
- f. From family members
- g. From friends
- h. From Community Health Workers – CHW –
- i. From Red Cross Volunteers /
- j. From other community organisation/NGO
- k. From community leaders
- l. From religious leaders
- m. From traditional healers
- n. From Health professionals – doctors, Nurses, midwives etc –
- o. From Traditional Midwives/Matrons
- p. From town criers – Griots –
- q. Via a public announcement
- r. From other community members
- s. Other _____

Q5 How do you consider coronavirus? – Only one option –

1. Very dangerous
2. Relatively dangerous
3. Not dangerous
4. Other _____

Q6 in your opinion, who are the persons most at risk? – One or more options –

- a. Children under 5 years
- b. Teens up to 15 years
- c. Young people
- d. Adults
- e. Elderly persons
- f. Pregnant women
- g. Do not know
- h. Other

Q7 What modes of transmission/propagation of the Coronavirus do you know? – One or more options –

- a. Blood transfusion
- b. sneezing/coughing droplets
- c. direct contact with infected persons
- d. Touching infected objects/surfaces
- e. Sexual contact
- f. Contact with infected animals
- g. Mosquito bites
- h. I don't know
- i. Other: _____

Q8 What symptoms of coronavirus disease do you know? – One or more options –

- a. Fever
- b. Cough
- c. Shortness of breath
- d. Breathing difficulties
- e. Muscle pain
- f. Headaches
- g. Diarrhoea
- h. I don't know
- i. Other: _____

Q9 Do you know how to prevent coronavirus? – One or more options –

- a. Sleep under a mosquito net
- b. Regularly wash hands with soap and water
- c. Regularly wash hands with an alcohol-based solution – hand sanitizer –
- d. Drink treated water only
- e. Cover the mouth and the nose when coughing or sneezing
- f. Avoid getting in close contact with any person who has fever and cough
- g. Avoid standing water
- h. Cook meat and eggs thoroughly
- i. Avoid direct and unprotected contact with animals and surfaces they come into contact with
- j. I don't know
- k. Other: _____

Q10 What more information would you like to know about Covid -19? – One or more options –

- a. Prevention
- b. Symptoms
- c. Modes of transmission
- d. Persons the most at risk
- e. Treatment
- f. Actions to take in case of symptoms
- g. Who take part in the response
- h. Other: _____

Section 2: Attitudes and practices

Q11 Who do you trust the most and would preferably get information about Coronavirus from? – One or more options –

- a. Health professionals
- b. Family members
- c. Friends
- d. Community leaders
- e. Religious leaders
- f. Members of the government
- g. Journalists
- h. Community health workers
- i. Red Cross Volunteers
- j. other community mobilisers/NGOs
- k. Traditional healers
- l. Matrons
- m. Educators/Teachers
- n. Artists
- o. Sport persons
- p. Searchers
- q. Other_____

Q12 What communication channels would you preferably get information about coronavirus from? – One or more options –

- a. Radio
- b. Television
- c. Visual materials
- d. Social media
- e. Schools
- f. Conferences
- g. Community dialogs
- h. Other community-based interventions – Theater, mobile cinemas, etc. –
- i. Other:_____

Q13 What measures did you take with your family to prevent coronavirus in recent days? – One or more options –

- a. Regularly wash hands with soap and water
- b. Regularly wash hands with an alcohol-based solution – hand sanitizer –
- c. Cover the mouth and the nose when coughing or sneezing
- d. Avoid getting in close contact with any person who has fever and cough
- e. Avoid standing water
- f. Cook meat and eggs thoroughly
- g. Avoid direct and unprotected contact with animals and surfaces they come into contact with
- h. I don't know
- i. Other_____

Q14 Do you consider taking measures to avoid the spread of the new coronavirus in your community important?

- 1. Yes
- 2. No

3. I don't know

Q15 What would you do in case a relative has symptoms? – One or more options –

- a. Look for a more experienced person for advice
- b. Go to a hospital/health care centre
- c. Go to the nurse in my district
- d. Get drugs at the market place
- e. Look for a traditional healer
- f. Prepare herbal medicines
- g. Pray for him/her
- h. Dial 1510
- i. Make sure he/she quarantine his/herself
- j. Other _____

Q. Do you know the incubation period of Covid -19? – Open question –

Q16 What do you usually do when you feel sick have fever of cough? – One or more options –

- a. Nothing, keep on living a normal life because the flu disappears after a moment
- b. Stay home, no spread
- c. Drink tee until I recover
- d. Ask my neighbours for advice
- e. Ask local healers for advice
- f. Go to a hospital/health care centre
- g. Take drugs – automedication –
- h. Dial 1510
- i. Other _____

Q17 How do you usually get information about fever, cough or flu? Or any other disease? – One or more options –

- a. Over the radio
- b. On television
- c. On social networks
- d. From health workers/health care centre
- e. From family members
- f. From friends
- g. From community leaders
- h. From religious leaders
- i. From community health workers
- j. From Red Cross Volunteers
- k. From other community mobilisers/NGO
- l. From traditional healers
- m. From Matrons
- n. From educators/teachers
- o. From other community members
- p. From 1510
- q. Other _____

Q18 In what language do you preferably get such information? – One or two options –

- a. Kanouri
- b. Mandara
- c. Fulfulde
- d. Haoussa

- e. French
- f. Other.....
- g. No answer

Q19 Which of the following measures is difficult to observe in your opinion? One or more options)

- a. Respect d'une distance d'au moins un (01) mètre entre les personnes dans les grandes surfaces, les maquis, les restaurants, les entreprises, les marches et les lieux publics ;
- b. Avoid getting in close contact with anyone who has fever, flu or cough
- c. Regularly wash hands with soap and water
- d. Regular use of alcohol-based solutions (hand sanitizer)
- e. Cover the mouth and the nose when coughing or sneezing
- f. No handshaking, no hug and no embrace
- g. Avoid eating bushmeat
- h. Cook meat and eggs thoroughly
- i. Closing of nightclubs, theaters, cinemas...
- j. Interdiction des rassemblements de population de plus de 50 personnes
- k. Wear a face mask
- l. Don't know
- m. Other

Q20 How do you usually greet relatives? (One or more options)

- 1. Handshaking
- 2. Hugging
- 3. Hand-waving
- 4. Verbally
- 5. Bending
- 6. With the shoulder
- 7. No answer
- 8. Other

Q21 Do you think the new coronavirus disease leads to stigma towards specific individuals?

- 1. Yes
- 2. No
- 3. Don't know

Q22 (If yes) Which group is discriminated in your community due to the new coronavirus disease?

- 1. Kanouri
- 2. Mandara
- 3. Haousa
- 4. Arabe Choa
- 5. Men
- 6. Women
- 7. Children
- 8. Albinos
- 9. Persons with Handicaps
- 10. Strangers/refugees
- 11. NGO/humanitarian workers
- 12. Other

Q23. Do you think a particular group is responsible for the spread of Covid-19 in your community?

- a. Yes
- b. No
- c. I don't know

Q24. If yes, which group? (Open question)

.....

Q25. Do you consider yourself as being at risk of contracting the new coronavirus disease?

- 1. Yes
- 2. No
- 3. I don't know

Q.26 Do you have access to a radio?

- 1. Yes
- 2. No

Q27. If yes, what stations do you usually listen to?

- a. National radio stations
- b. Local radio stations
- c. International radio stations
- d. No station
- e. No answer

Q28. Name the local/national radio station

Q29. At what time do you listen to the radio?

- a. Morning
- b. Noon
- c. Afternoon
- d. Evening
- e. Other

Q30. How would you complain from an organisation/a structure taking part in the response against coronavirus?

- a. In person with a representative of the organisation
- b. during community/district meetings
- c. Over the phone and talk to someone
- d. Via a letter in a suggestion box
- e. Through Red Cross local Committees
- f. Anonymously over the phone
- g. Per mail
- h. Via social networks

- i. I do not complain
- j. Other
- k. No answer

Q31. What are the major rumours/beliefs, concerns, issues and questions usually asked in your community?

.....

Q32. Do you have suggestions with regard to the actions to limit the spread of the virus in your community? (Open question)

Q33. Sanitary crisis and pandemics go along with fears and worries. What are your three major worries with regard to Covid -19?

- a. Loss of a relative
- b. Be infected
- c. Infection of a relative
- d. Overcrowding in health centres
- e. Closing of schools
- f. Closing of businesses
- g. Lack of economic opportunities
- h. Reduced access to livelihoods
- i. Job loss
- j. Civil violence
- k. Anxiety
- l. Other

Q34. Would you like to talk about your fears/worries with somebody?

- a. Yes
- b. No
- c. I don 't know

Section 3: Socio-demographic Characteristics

Q35. Sex of the respondent: 1. Male 2. Female

Q36. Age.....years

Q37. Level of instruction

- 1. No education
- 2. Primary school
- 3. Secondary school
- 4. Higher education
- 5. No answer
- 6. Other.....

Q38. Occupation

1. Student
2. Salaried person from the private sector
3. Merchant (carpenter/hairdresser/dressmakers etc)
4. Unemployed person
5. Retired person
6. Farmer
7. Herder/freelance shepherd
8. Civil servant
9. Freelance worker
10. No answer
11. Other.....

Q39. Did you know about the Cameroon Red Cross before this day?

1. Yes
2. No
3. No answer

Q40. What do you think of the Cameroon Red Cross and its actions?

1. Not satisfied
2. Satisfied
3. Very satisfied
4. I don't know
5. No answer

GPS: Geo-localisation of the household:

GPS: Geo-localisation (GPS coordinates of the household)/__/__/__/__/__/__/

ACKNOWLEDGEMENT

[Appendix 3: Focus Group Questionnaire](#)

SEMI-DIRECTIVE FOCUS GROUP GUIDE

TARGETS: Community/Religious leaders: Men and Women

Location of FGD: division/locality

Date:

Target: exemple: men/women/community/religious leaders

Interviewer 1:

Last name(s) and First name(s):

Tel

Interviewer 2/Rapporteur:

Last name(s) and First name(s):

Tel

Introduce the survey and its objectives

Consent:

Hello, we are from the Red Cross. We are working on preventing coronavirus disease and we would like to have a conversation with you on that subject. The conversation with you will take about an hour at most. The information will help us better understand what you need to know about Covid-19 and how to prevent its spread in your communities, taking into account your lifestyles and daily routines. All the information we will collect will be used in a strictly anonymous manner. Furthermore, you do not have to answer questions which you do not have an answers for and you may leave the focus group any time at your convenience. Do you agree to take part in this conversation? Yes/_____/no/_____/

- 1) Have you heard about the new disease called Coronavirus? How did you hear about this new disease? What do you know about it?

- 2) Where do you think this disease comes from? Where did it start?

Prompt: Does this disease really exist or is it an invention?

- 3) In your opinion, is this a real threat? Why/why not?

- 4) Where do people go when they feel sick or have signs such as cough, fever or breathing difficulties in your community?

Prompt: To the hospital or to a healer? or other? (pharmacy etc)

- 5) What do people say about COVID 19 in your community? and What information do you think is correct?

- 6) Tell us about the information/rumours in your community related to Covid-19! Which of these do you think are true/false?

- 7) How are Covid-19 patients or people having symptoms treated in the community?

- 8) Are people in your community feeling stigmatised regarding Covid-19? if so, please name them?

- 9) What reliable communication channels should be used to raise awareness about coronavirus in your community? Explain!

Do you have access to mass media and digital communication channels (radio, WhatsApp, social networks)?

- 10) What should be done and what means should be used to raise awareness in your community about the new Coronavirus? Radio, megaphones, posters, WhatsApp, face-to-face meetings?

- 11) Have you ever heard of barrier measures or actions? Can you please name 3 of them?

Prompt: Barrier measures are actions taken to contain the spread of the virus or prevention methods

- 12) How are people putting these into practice in your community?
What difficulties have you faced that prevent you from putting them into practice properly?
- 13) How do people observe social distancing measures in your community? Please explain! What factors prevent these measures from being observed?
- 14) How do you protect yourself from this new disease? How do you manage to observe social distancing measures? If you do not, what is preventing you from doing so?
- 15) What use (if any) do you make of face masks?
Prompt: How often do you wash masks (if you use washable masks)?
Do you share your masks with your relatives?
- 16) Did you notice changes in handwashing practices in your community since the outbreak of Covid-19?
- 17) What are your major fears and worries about this disease?
- 18) In your opinion, what community activities are most effective with regard to the prevention of Covid-19?
- 19) Do you have questions?

Based on the discussion, take time to give the group the latest information about the new coronavirus with reference to the guidance from the WHO, the CRC and MINSANTE. Hand out the relevant IEC materials to participants. You will have to:

- Explain what the new coronavirus is, including the severity of the infection;
- Describe the symptoms of the new coronavirus;
- Show the modes of transmission of the new coronavirus;
- Educate about proper practices to avoid infection;
- Describe actions to take in case a relative has symptoms;
- Describe the Covid-19 treatment;
- Discuss questions related to social stigma
- Let people know about 1510 for more information

Thank you for your time and comments!

Please tell participants how they can contact the CRC for more questions or comments.