



# International WOMEN's Day

« Women in leadership: achieving an equal future in a covid-19 world »

***Women and the fight against Covid-19***

8<sup>th</sup> march  
2021



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# Abstract

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The Covid-19 pandemic is creating a profound shock worldwide with various implications for men and women. Women are serving on the frontlines against Covid-19 and the crisis impact on them is conspicuous. They face compounding burdens as they are overrepresented in health systems, continue to do the majority of unpaid care work in households, face high risks of economic insecurity and increased risks of violence, exploitation, abuse or harassment during times of crisis and quarantine. In Cameroon, as in many other countries, women are at the forefront of the battle against the pandemic as they make up more than 2/3 of the workforce (health care workforce); this situation exposes them to greater risk of infection. The importance of women in the fight against Covid-19 is evident as they represent more than 3/4 of those who are in indirect contact with Covid-19 victims. They are overrepresented among nurses and midwives, and underrepresented among physicians, dentists, and pharmacists. This gives women working in the health care sector a double burden due to a higher risk of infection and care burden.

Not only do women dominate in employment in the care sector, they also provide most unpaid work at home. This unpaid work includes making sure that household members stay safe from Covid-19. Ensuring that children wash their hands regularly with soap, wearing masks and staying indoors during lockdown periods become difficult. Confinement measures as well as social and childcare facilities largely increase the demand for care and push children to adhere to anti-Covid-19 measures. Economic and social policy measures must be embedded in broader efforts to mainstream gender in response to the crisis. In the short run, it means wherever possible, applying a gender lens to emergency policy measures. In the long run, it means that Cameroonian Government has to put in place a sound operating system for gender mainstreaming, relying on ready access to gender-disaggregated evidence in all sectors and capacities. The government must ensure that all policy and structural adjustments aimed at recovery go through robust gender and intersectoral analysis so that differential effects on women and men can be assessed and tackled.

# Introduction

The Covid-19 health crisis has once more helped to expose the crucial role of women in the society. Throughout this preoccupying health context, women are found on the front line in the fight against the pandemic, be it in households, at work places or in public. Whatever the case, be they company or organization managers, employees in the health sector, workers in other branches of the formal sector, or workers in the informal sector (caterers, traders, etc.) or housewives, these women are strongly involved in this fight.

Within the framework of the 2021 edition of the International Women's Day (IWD) celebration under the theme: "**Women in leadership: achieving an equal future in a covid-19 world**", BUCREP intends to produce a brochure on the sub-theme: "**Women and the fight against Covid-19**". This brochure shall, on the one hand, provide information on the contributions of women on the fight against the pandemic, and on the other hand, contribute in identifying some priority actions meant to support their initiatives.

This brochure shall handle the following headings: i) Covid-19 epidemiological situation, ii) methodological approach, iii) level, Covid-19 information channels and respect of barrier measures, iv) contribution of women in the fight against the pandemic.

## 1. COVID-19 EPIDEMIOLOGICAL SITUATION

The coronavirus illness or Covid-19 is an emerging viral zoonosis-type sickness which is provoked by the coronavirus SARS-CoV-2)<sup>1</sup>. This sickness spread throughout the world, thereby obliging the World Health Organization (WHO) to declare a Public Health Emergency of International Concern (PHEIC) on 30 January 2020. In the same vein, WHO declared the Covid-19 epidemic a pandemic on 11 March 2020.

The most common Covid-19 symptoms similar to those of the flu. These are: fever, cough, fatigue and respiratory disorder. So many of the virus carriers are asymptomatic, or may show light symptom (a little cough, fever) without a respiratory disorder. In its most virulent forms, the appearance of an acute respiratory distress syndrome may lead to death of fragile persons because of their advanced ages or in the case of comorbidities<sup>2</sup>. Given that the main contamination mode is from person to person, every person is likely to contract the disease.

The coronavirus epidemic, which was first declared in Wuhan (China), has inexorably spread in the world. At the moment, 204 countries worldwide have been affected by the pandemic, over 106 million persons infected with over 59 million recoveries and over 2 million deaths, a majority of these (95%) from Europe, United States, Asia and Latin America (WHO, 2021).

In Africa, the first declared case was in Egypt in February 2020. WHO Africa statistics of 10 February 2021 show 3 693 393 confirmed cases and 96 232 registered deaths. South Africa and Morocco are current leaders in the number of confirmed cases with 1 479 253 and 476 125 respectively. They are followed by Tunisia (218 564 cases), Egypt (170 780 cases) and Ethiopia (143 566 cases). Concerning deaths, South Africa is followed by Egypt with 46 869 and 9 751 cases respectively. These are followed by Morocco (8 424 deaths), Tunisia (7 332

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<sup>1</sup> New variants appeared in some countries (England, Brazil, South Africa, etc.)

<sup>2</sup> Comorbidity is defined as the presence of an illnesses and/or various chronic or serious disorders joined to the initially diagnosed illness.

deaths) and Algeria (2 924 deaths).

In order to limit the spread of this disease, WHO recommended the setting up of basic protection measures as well as the strengthening of preventive hygiene especially through the avoidance of physical contacts, embraces and handshakes, gatherings and large festivities as well as non-essential movements and travels. These measures are accompanied by the washing of hands, the isolation of sick or infected persons, etc.

Sub-Saharan African countries seem to be less affected than the rest of the world, but the disease is present there. In Cameroon, the first case was recorded on 6 March 2020. In order to ensure the protection of the population and limit the spread of this disease, necessary measures were taken by the authorities.

### **Box 1: Government response strategy to Covid-19**

Following an inter-ministerial concertation on 17 March 2020 to take stock of the situation and identify appropriate actions to be implemented, the government immediately took 13 measures to fight against the pandemic. The President of the Republic then instructed the implementation of the following measures which came into force on Wednesday 18 March 2020 until further notice :

1. Cameroon's land, air and sea borders will be closed: consequently, all passenger flights from abroad will be suspended, with the exception of cargo flights and vessels transporting consumer products and essential goods and materials, whose stopover times will be limited and supervised: Cameroonians who wish to come back home should contact our diplomatic representations;
2. The issuance of entry visas to Cameroon at the various airports shall be suspended;
3. All public and private training establishments of the various levels of education, from nursery school to higher education, including vocational training centres and professional schools, will be closed;
4. Gatherings of more than fifty (50) persons are prohibited throughout the national territory;
5. School and university competitions, like the FENASSCO and University games are postponed;
6. Under the supervision of administrative authorities, bars, restaurants and entertainment spots will be systematically closed from 6 p.m.;
7. A system for regulating consumer flows will be set up in markets and shopping centres; les déplacements urbains et interurbains ne devront s'effectuer qu'en cas d'extrême nécessité ;
8. Urban and inter-urban travel should only be undertaken in cases of extreme necessity;
9. Drivers of buses, taxis and motorbikes are urged to avoid overloading: law enforcement officers will ensure they comply;
10. Private health facilities, hotels and other lodging facilities, vehicles and specific equipment necessary for the implementation of the COVID-19 pandemic response plan in Cameroon may be requisitioned as required, by competent authorities;
11. Public administrations shall give preference to electronic communications and digital tools for meetings likely to bring together more than ten (10) people;
12. Missions abroad of members of Government and public and para-public sector employees are hereby suspended;
13. The public is urged to strictly observe the hygiene measures recommended by the World Health Organization, including regular hand washing with soap, avoiding close contact such as shaking hands or hugging, and covering the mouth when sneezing.

The government measures, if respected, shall more or less limit the spread of the disease among the population. On 13 May 2020, these measures were softened considering the drop in the spread of spread of the pandemic and its negative effects on other sectors of activity of national life. It was thus that itw as decided that bars, restaurants and leisure spots would remain open after 6p.m. with the obligation however, for the clients to respect the barrier measures, especially wearing the protective face mask and respecting the social distance. In the transport sector, the measure which reduced the required number of passengers in all public transport (bus or taxi) was uplifted, but the wearing of the mask remained compulsory and overloading proscribed. Other measures were taken concerning exemption from global tax and parking fees as well as the axel tax for the 2nd quarter of 2020.

In order to control the spread of the sickness, a Covid-19 information monitoring unit was set up at the National Operations Centre for Health Emergencies. According to statistics, it is shown that the height of contamination was reached on 22 June 2020 with 3 993 registered active cases. On 26 November 2020 Cameroon had crossed the bar of 24 000 cases tested positive, and was ranked 11th in the classification of African countries as concerns confirmed cases, with the highest recovery rate (95%). Over 18 000 Covid-19 tests (Rapid Diagnostic Test and Polymerase Chain Reacion) had been carried out by that date. By 15 February 2021, the number of registered contaminated cases had risen to 32 098, recovery cases had risen also to 29 501 while the total number of deaths caused by Covid-19 rose to 474.

Following the prescribed barrier measures, a relative calm in relation to the pandemic was observed. But due to the observed relaxation in respecting the barrier measures, the contamination curves have been reversed. This therefore brings up to date, especially in Cameroon, the problem of measures to be taken to curb the spread of the pandemic.

## STOCK TAKING OF THE COVID SITUATION

in Cameroon on 15 February 2021



MINSANTE, 2020

## 2. METHODOLOGICAL APPROACH

The data herein presented are basically drawn from: i) a documentary review; ii) the database of the survey on Covid-19 gender impact on Cameroon carried out by BUCREP, with support from UNWOMEN Cameroon in May 2020; iii) interviews conducted on ten women drawn from various family and professional backgrounds such as:

- A woman at the head of an international organization;
- A woman at the head of a public establishment;
- Women of the health sector (doctor, nurse, non-professionals of the health sector, etc.);
- A woman working and the nursery and primary education sector;
- Women working in the sector of services (bayamsellam, cashier at a bank, cashier at a travelers' agency, etc.);
- A woman leader of an association.

These women shared their experiences in the fight against Covid-19, be it at the professional or family level.

## 3. COVID-19 INFORMATION LEVEL, CHANNELS AND RESPECT OF BARRIER MEASURES

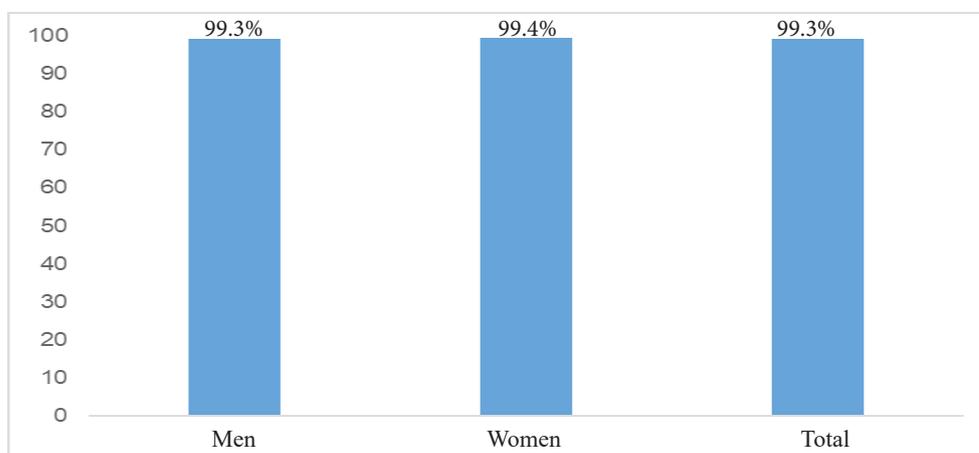
The unexpected appearance of the Covid-19 pandemic in the world led to the adoption of new behavioural patterns and preventive attitudes in the face of the disease, both at the individual and at the collective level.

Communication and sensitization are basic links in the prevention and response strategies against the Covid-19 pandemic. It is therefore important to know this disease and appropriate the barrier measures, in order to better fight against the disease.

### 3.1 Covid-19 information level

According to the Rapid Assessment Survey (GIRAS) carried out by BUCREP in May 2020, it was noticed that almost every respondent (99.3%) had already heard of Covid-19. As for the women interviewed, this proportion stood at 99.4% against 99.3% for men, as shown in diagram 1 below.

***Diagram 1: Proportion (%) of respondents (by sex) having heard of Covid-19***



Source : ONUNWOMEN-BUCREP, GIRAS COVID-19, 2020

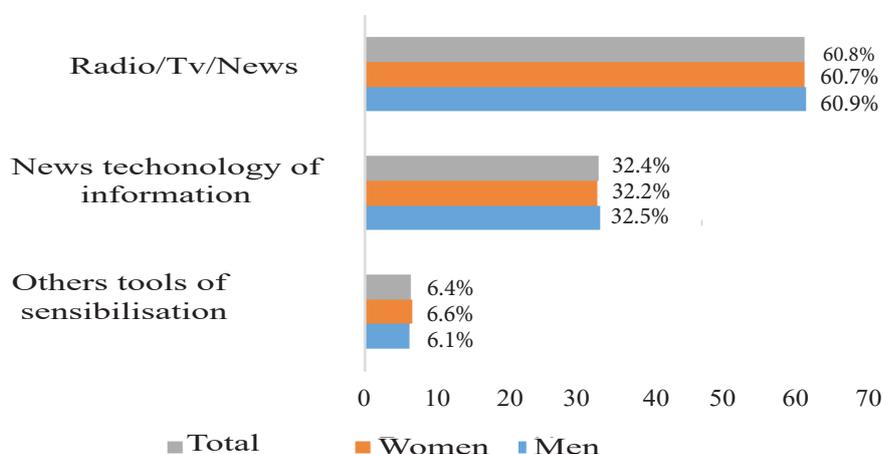
### 3.2 Covid-19 informations channels

According to the results of the same survey, it was noted that the main source of information concerning Covid-19 is the classical media, that is: radio, television, written press.

In order of importance, women receive information on this pandemic as seen below:

- The radio, television and newspapers for 6 out of 10 respondents;
- New information technologies (social media, telephone, etc.) for a little over 3 out of 10 respondents;
- And other information sources: peers, public services and other non-governmental organizations or civil society (6,6%).

***Diagram 2: Main sources of Covid-19 information (%) for respondents***



Source : ONUWOMEN-BUCREP, GIRAS COVID-19, 2020

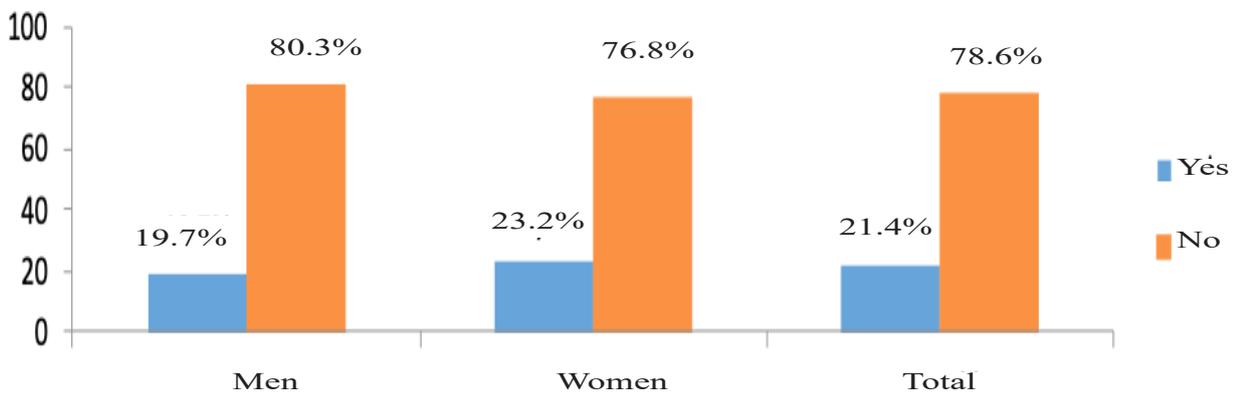
### 3.3 Respect of barrier measures

Women were interviewed on the respect of the following measures:

- The ban on joining assemblies of over 50 persons;
- The ban on overloading in public transport;
- The obligation to cover one's mouth and nose with a disposable napkin, or use the crease of the elbow when coughing or sneezing;
- The obligation to wear a mask when leaving the house;
- The obligation to respect a social distancing measure of at least one meter;
- The obligation to wash hands several times every day with a hydro-alcoholic solution and/or soap;
- The obligation to leave the house only when necessary.

According to this survey, most women respected at least one of the cited government measures, representing 99.5%. Among these women, 23.2% claimed to have respected all the measures.

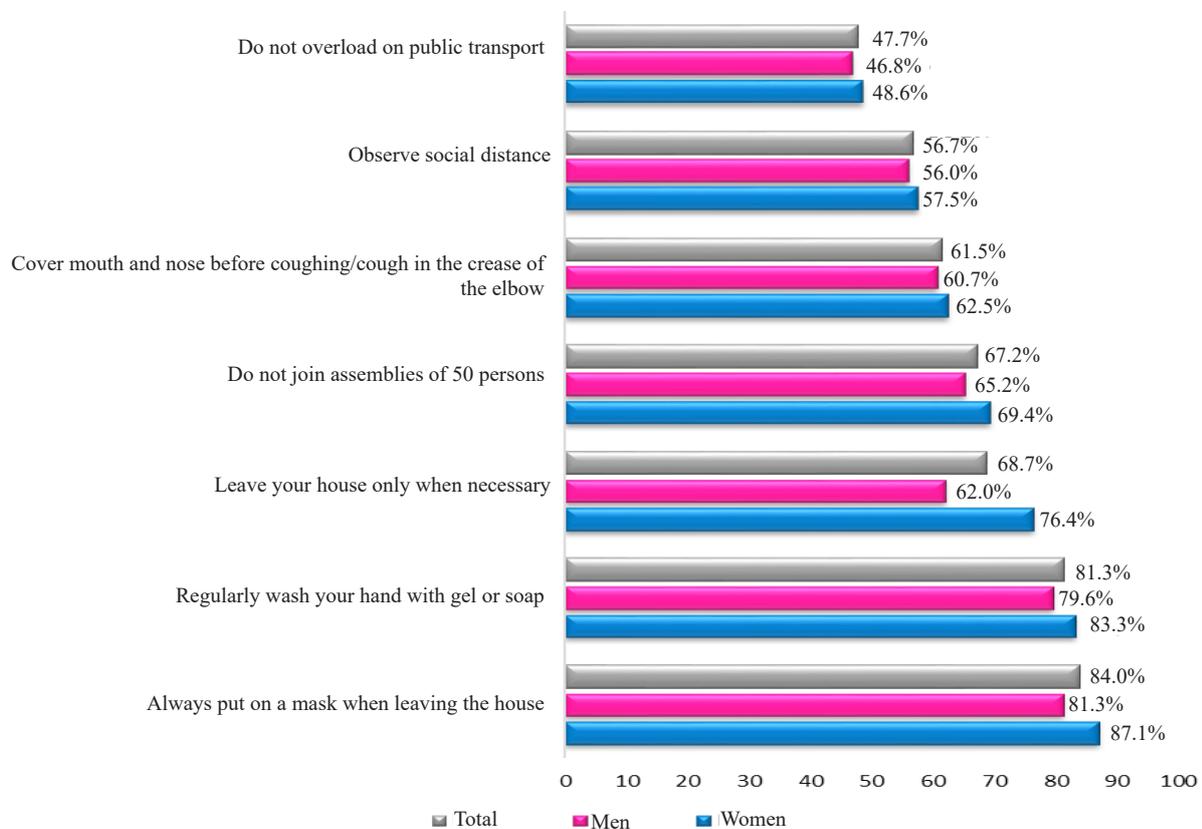
**Diagram 3: Proportion (%) of respondents (by sex) who claim to respect all government measures**



Source : ONUNWOMEN - BUCREP, GIRAS COVID-19, 2020

The government measures that were most respected by respondents are: regular wearing of the mask and regular washing of hands. In all, 87.1% of women claimed to regularly wear masks when leaving their homes, and 83.3% claimed to regularly wash their hands with gel or soap. The least respected measure of all is “No overloading in public transport”. Only a little less than the average number of women (48.6%) claimed to respect this measure.

**Diagram 4: Proportion (%) respondents (by sex) who claim to respect at least one type of government measures**



Source : ONUWOMEN- BUCREP, GIRAS COVID-19, 2020

## 4. ROLE OF WOMEN WITHIN THE COVID-19 CONTEXT

Women's role within the context of the Covid-19 pandemic remains indisputable. They have experienced and increase in their mental load and responsibilities within the household. In effect, they are highly involved in household chores on the one hand, and also found in the heart of the fight against the pandemic.

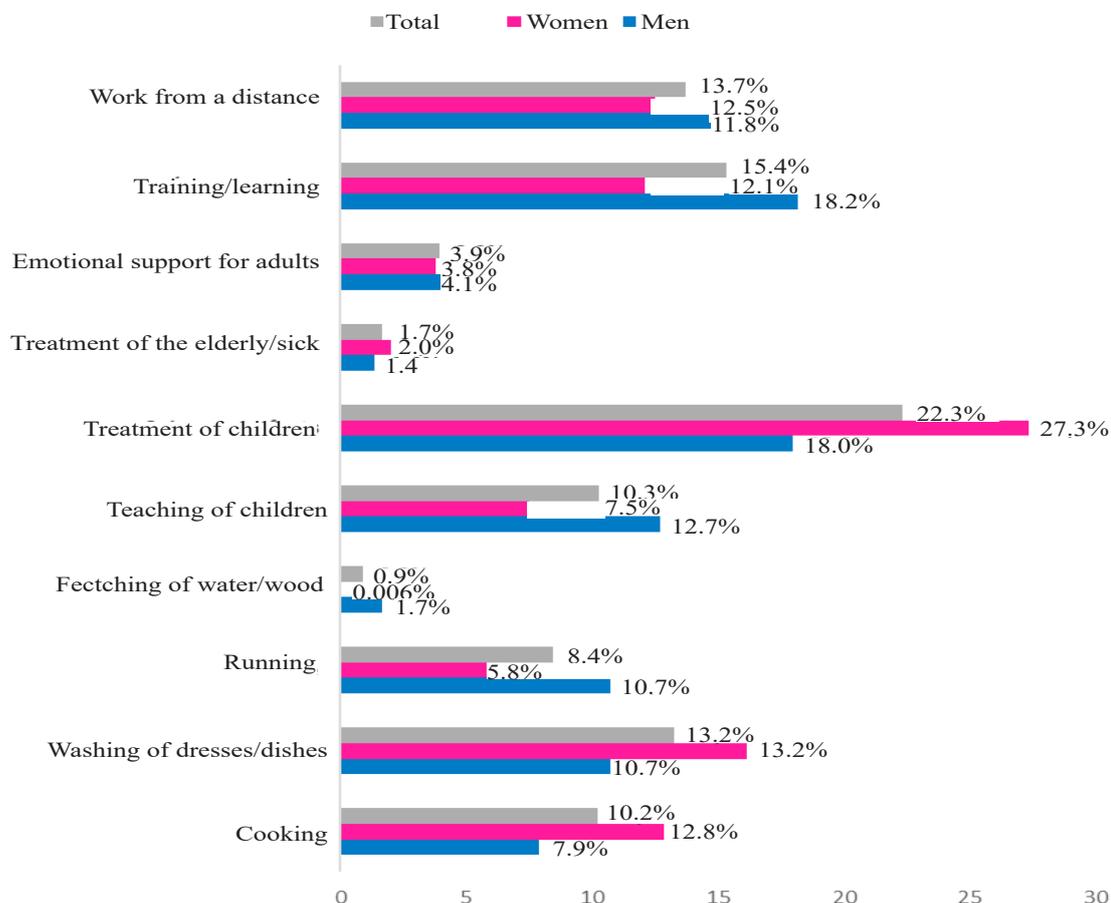
### 4.1 Increased involvement of women in household management, and girls in household chores

The results of the GIRAS (2020) survey carried out by BUCREP show that with the entry into force of government's measures for the fight against the pandemic, respondents claimed to have spent most of their time taking care of children (22.3%), undergoing a training (15.4%), working from a distance (13.7%) and taking care of the dwelling (13.3%).

According to the very survey, women (27.3% against 18% for men) claimed to have allocated more time in taking care of children while men (18.2% against 12.1% for women) claimed to have spent most of their time undergoing a training.

This increase in time and difficulty of household work for women are justified by the permanent presence of spouse and children at home. In addition to these domestic tasks, women also claimed to have been carrying out their professional activities, including helping children with their studies. Consequently, the mental load borne by women to plan all these activities could get more serious.

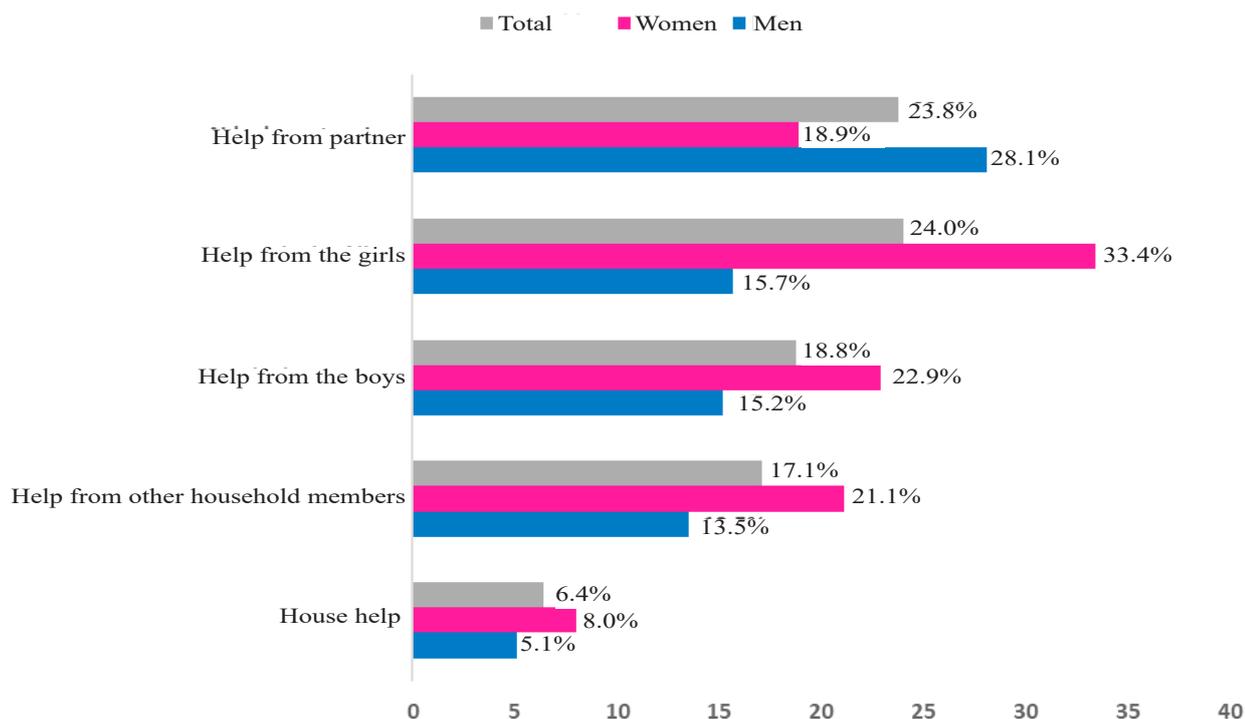
**Diagram 5: Proportion (%) of respondents (by sex) who carry out the most time-consuming activity**



Source : ONUWOMEN-BUCREP, GIRAS COVID-19, 2020

Generally speaking, girls remain more involved in household works during this Covid-19 period. In fact, respondents declared that most of the help provided them came from girls (24%), followed by help from partners (23.8%), then boys (18.8%) and other household members (17.1%). Additional help from housekeepers remained quite marginal because only 6.4% of respondents mentioned them. These housekeepers, who are mostly women, have experienced a drop in their activities with a heavy effect on their income and subsistence means.

**Diagram 6: Proportion (%) of respondents (by sex) who declared having received more help according to source**



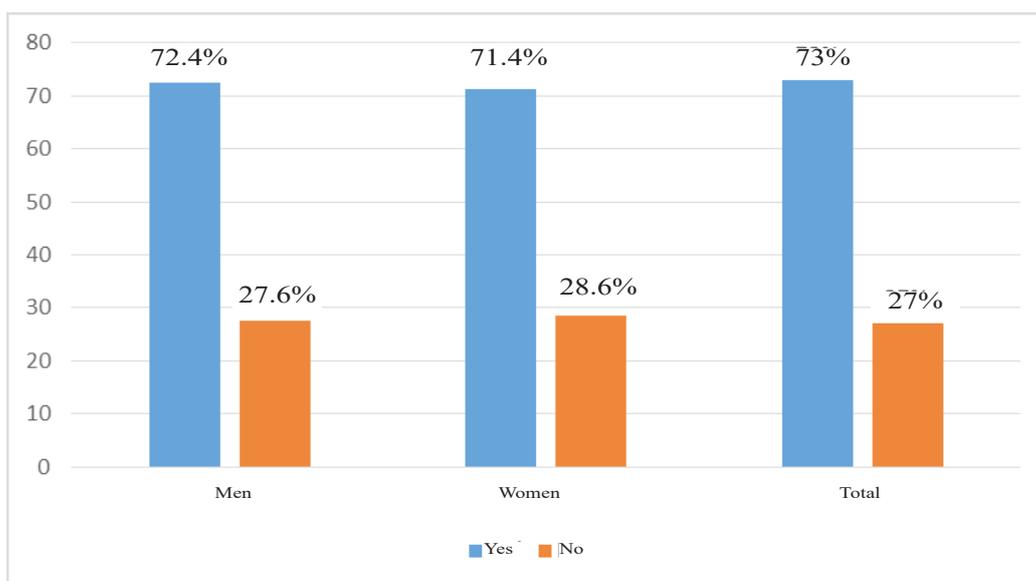
Source : ONUWOMEN - BUCREP, GIRAS COVID-19, 2020

The preceding results highlight the gender-based social and stereotypic constructs linked to the division of work in the household based on sex, which assign household tasks to women and girls. With the entering into force of government's measures for the fight against Covid-19, such inequalities also increased considerably.

#### 4.2 Women's contribution to household chores through the implementation of adaptive strategies

Government measures had a toll on the daily activities of households. Both women and men virtually claimed that an adaptive strategy was implemented in their household in response to income reduction, loss or suspension, or the rise in household expenditure. Thus, in order to meet government's measures, a little over 7 women on 10 claimed that an adaptive strategy was implemented in their households (BUCREP, GIRAS, 2020). Though relatively little, in relation to men, this proportion however remains significant.

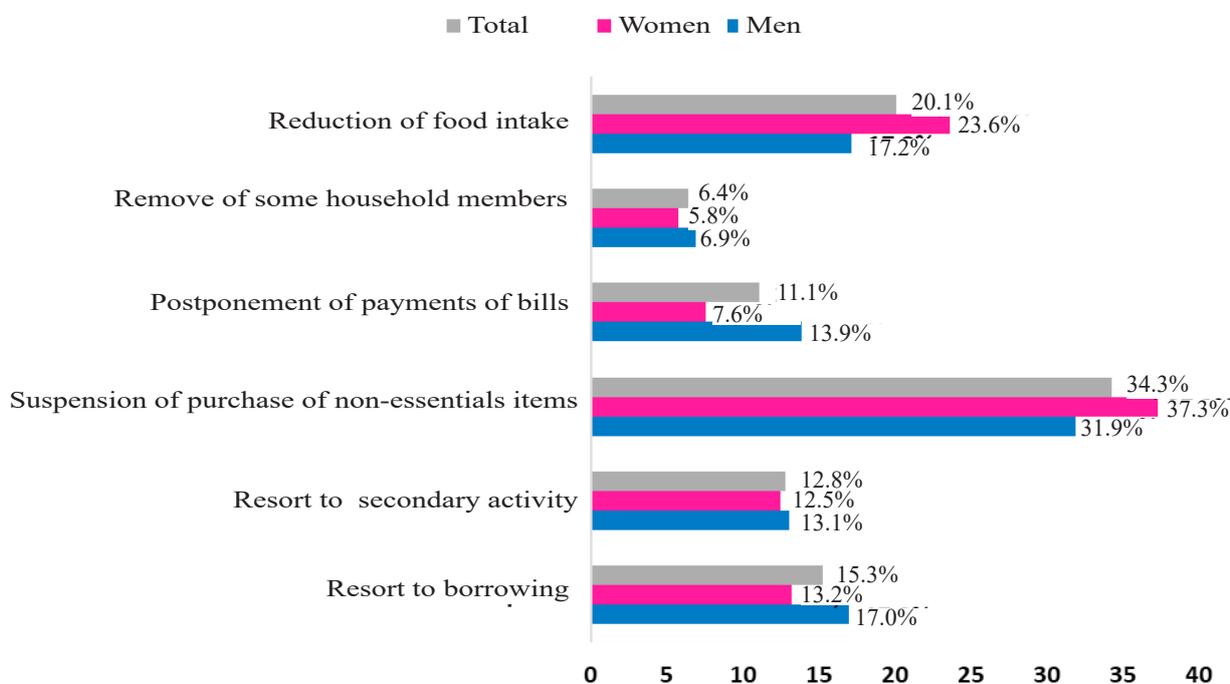
**Diagram 7: Ratio (%) of respondents reporting implementation of an adaptive strategy in their household**



Source : ONUWOMEN-BUCREP, GIRAS COVID-19, 2020

The same survey indicates five main strategies, including suspending unnecessary purchases (37.3%), reducing the daily food ration (23.6%), borrowing (13.2%), having another source of income (12.5%) and delaying the payment of bills (7.6%). The vast majority of women reported having opted for strategies related to the household daily management.

**Diagram 8: Ratio (%) of respondents by type of adaptive strategy by gender**



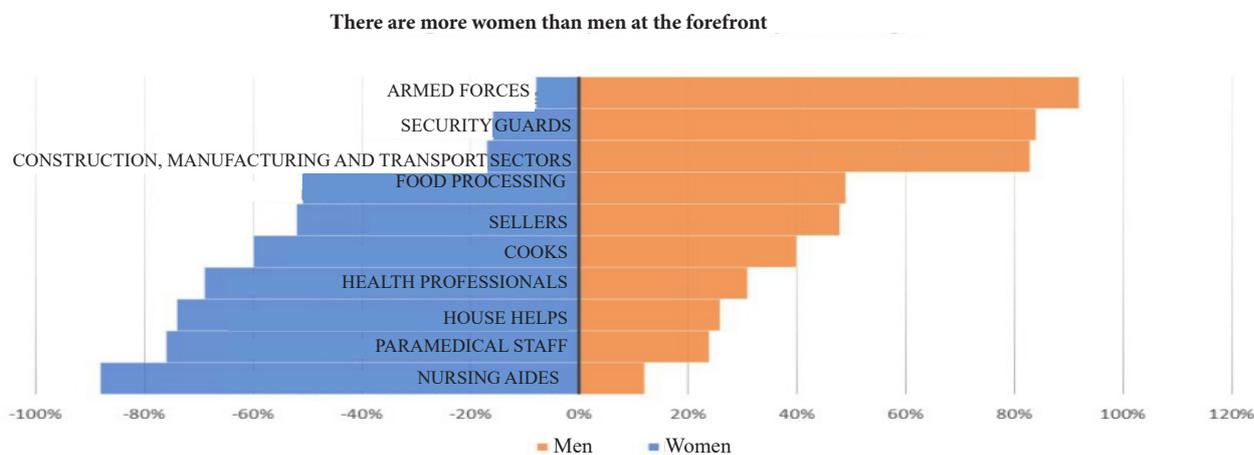
Source : ONUWOMEN-BUCREP, GIRAS COVID-19, 2020

These strategies enable households to cope with increased day-to-day household spending (food, hygiene products such as soap or hand sanitizer, water and electricity bills), spending related to the purchase of alternate play and learning material for children and adults or telephone and internet bundles.

### 4.3 Women at the forefront in the fight against Covid-19

ILO data (2021) show by and large that women are more involved than men in occupations that expose them to Covid-19. These include care assistants, paramedical staff, house helps, health professionals, or workers dealing in sales and catering.

**Diagram 9:** Ratio (%) of women and men exposed to Covid-19 by occupation type



Source : ILO data, 2021

Women, due to their role as caregivers, at home or in health facilities, are disproportionately exposed to the virus. Globally, 88% of personal care assistants and 69% of health professionals are women (UN WOMEN, 2020).

### 4.4 Women, at the heart of the fight against Covid-19

Au terme des entretiens avec les personnes ressources, il est ressorti de manière générale que des mesures de lutte contre la Covid-19 ont été initiées ou implémentées par les femmes interviewées aussi bien dans leur ménage que sur leur lieu de travail.

#### \* At the place of work

Women at the helm of companies or International Organisations have implemented the following measures:

- implementing a response plan for the most vulnerable women and girls.
- installing hand washing and disinfection devices,
- distributing face masks,
- minimizing staff during meetings or working sessions,
- alternating staff at work, taking temperature by using thermoFlashes, and
- screening tests.

As far as health professionals are concerned, the interviews indicated :

- raising public awareness for observance of all preventive measures,
- compulsory wearing of face masks,
- minimizing the number of visitors to patients,

- systematic coronavirus testing for patients with symptoms of respiratory disease,
- cleaning parts with chlorinated water, using gloves systematically, etc

In the education sector, the main measures implemented were as follows:

- awareness-raising among students and teachers through sketch, songs and stories about Covid-19,
- compulsory wearing of face masks,
- washing hands systematically,
- observance of physical distance, etc

In the service sector, the following measures were implemented :

- compulsory wearing of face masks,
- providing hand sanitizers,
- installing hand washing devices,
- raising awareness among workers, users, visitors and travellers through messages, press releases and posters,
- reducing working hours through the introduction of shift services,
- taking temperature by using thermoFlash by security guards,
- limiting visits to work, etc.

As far as associations are concerned, awareness-raising activities have been carried out by members who are health professionals. Likewise, remote working via SMS has been put in place.

**\* As concerns households and families**

- the measures implemented therein are:
- consuming hot herbal teas,
- compulsory wearing of face masks,
- washing hands systematically,
- using hand sanitizers,
- restricting mobility,
- physical distance,
- limiting visits and outings by children,
- not participating in community events (weddings, funerals, etc.),
- Wearing face masks, washing hands systematically, using the phone to keep in touch with family and friends.

These interviews revealed a number of difficulties faced by women in the fight against the pandemic. These are mainly :

- carelessness from the population in the application of all preventive measures enacted by the Government,
- the reluctance of users to apply preventive measures
- the wearing of non-compliant, and dirty face masks, etc.
- the lack of preventive equipment or difficulty in getting face masks.
- the shortage of health professionals,
- the denial that the pandemic exists,
- the failure of caretakers to strictly respect preventive measures (wearing of face masks, physical distance).
- the failure of parents to provide masks,
- the failure of students to wear their face mask throughout the day.

- the vandalism of students who constantly destroy washing devices,
- water supply issues due to regular water shortage by CAMWATER,
- the lack of money to buy sanitizers and face masks,
- the loss of income.

## Conclusion

The available data and interviews thus indicate the vital role of women in the fight against Covid-19 both within households and places of work or communities. With regard to this effective contribution by women, the difficulties they face in fighting against the pandemic, and the current worrying epidemiological situation, it is necessary to strengthen women's means of action. This includes improving the awareness and information of the population in general and women in particular, improving their economic and working conditions, and research–action.

### a. Improving awareness and information on the pandemic

- Intensifying awareness raising through other means (NGOs, community leaders, women leaders of associations, etc.). With this in mind, the following actions could be initiated: (i) conducting local awareness campaigns in public places, women's meeting or community-based venues ;
- Tailoring better awareness messages to specific targets (young people, men, women, the elderly, street children, disabled persons, rural population, Covid-19 patients, etc.) in order to combat misinformation, prejudice and stigmatization. This involves the following actions in particular: (i) translating awareness messages into national languages; (ii) formulating them according to specific targets and; (iii) identifying the most appropriate means for reaching these targets.

### b. Improving the economic situation of the population, especially women

- Continuing the free distribution of preventive equipment to health workers as well as most vulnerable households, and implementing social measures for the population;
- Promoting the local production of soaps, face masks, and hand sanitizers by women's associations, especially girls.

### c. Improving working conditions

- Continuing the free distribution of preventive equipment to workers;
- Promoting conditions conducive to remote working by setting up the appropriate technological equipment,
- Ensuring the availability of face masks in corridors and meeting rooms.

### d. Research–action

- Conducting advocacy to MINSANTE in order to disseminate disaggregated epidemiological data by gender and age.

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## VARIOUS FAMILY AND PROFESSIONAL PROFILES, WITH THE SAME STRUGGLE: FIGHTING AGAINST COVID-19

### INTERVIEW 1: A WOMAN AT THE HELM OF AN INTERNATIONAL ORGANIZATION



*Hind JALAL,  
Representative a.i. UN Women Cameroon*

**Introduce yourself by stating your name, profession, role or position within the organization where you work.**

I am Hind JALAL, UN Women Cameroon Representative, the United Nations organization for gender equality and women's empowerment.

**Tell us about the organization in which you work, and, in a few words, what you do on a daily basis. What are your responsibilities ?**

UN Women has been set up in Cameroon since 2011 following the birth of UN Women in 2010. The organization is implementing its third Strategic Note 2018–2020 structured around 5 themes, namely 1) governance, leadership and political participation, 2) economic empowerment, 3) combating gender-based violence, 4) women, peace, security and humanitarian issues, and 5) border issues with the

Second Chance Education and Vocational Training project

**Within the framework of the fight against COVID-19 at work, what are the various activities that you have carried out? Describe in detail the measures that have been implemented in this organization (differentiate high pressure moments from moments when the pressure to deal with the disease dropped).**

Before the pandemic, 2020 was expected to be a key year for gender equality as we planned to examine achievements and speed up progress on gender equality and women's empowerment with the launch of Generation Equality, the celebration of Beijing + 25, the 20th anniversary of UNSCR 1325 and 10th anniversary of UN Women. Sadly, with COVID-19 outbreak, and as world countries

took strong measures to curb its spread, social and economic consequences were devastating with an unprecedented loss of income, especially for the most vulnerable. Women and girls are most exposed to the material hardship associated with the economic fallout; while closing schools and health care services increases the pressure of unpaid care and domestic work, women and girls have been more exposed to gender-based violence. All this increases poverty rates and aggravates food insecurity in communities. In Cameroon, up to 80% of women work in the informal sector, which means that they do not benefit from social welfare and are not eligible for recovery plan measures.

This unprecedented global emergency forces us to be daring in our response. At UN Women Cameroon, we have reviewed and reorganized our actions to respond to these enduring risks. In this situation, we have drawn up and implemented a response plan which targets the most vulnerable women and girls. The action plan is based on 3 main themes 1) Communication in crisis and community involvement. 2) Capacity building and knowledge dissemination and 3) Service delivery.

**In implementing these measures, what specific difficulties have you encountered? What solutions and strategies have you developed ?**

Several challenges have been encountered in relation to implementing programmes for the beneficiaries while respecting preventive measures. In spite of these constraints, UN Women Cameroon has been able to make some major achievements. In close collaboration with the government and civil society, UN Women has enhanced gender mainstreaming in the Humanitarian Nexus for Development and Peace to respond to the challenges posed by the three crises arising from conflict areas in CAR, barbaric acts of the Boko Haram Islamic group in Far North and crisis in the English-speaking regions of the country, which have seriously impacted the daily lives of women and girls in the regions concerned and throughout the country.

In order to prevent the spread of the virus in households and families, what specific measures have you taken and how did you implement them? (actions taken in the context of the fight against COVID-19 in households and broader places).

**Tell us if you encountered any difficulty in implementing these actions and how you circumvented them.**

Just like the discipline in the office, I have maintained the same sense of responsibility in my private life. This pandemic is critical and must be faced meticulously and without any risk.

My social life has changed and has been minimized. Of course, it is very difficult but there is no other choice until we can find the way out of this crisis together.

Despite the uncertain progression of the pandemic and its global economic, social, financial and cultural consequences, 2021 will be a pivotal year as it will encompass the main gender-related challenges that we will have to overcome together with the spirit of “Build Back Better”. I remain determined to help enhance women and girls’ rights in Cameroon.

## INTERVIEW 2: A WOMAN MANAGING A PUBLIC COMPANY



***MBARGA Bernadette Françoise,***  
*General Manager of the Central Bureau for Census and Population Studies (BUCREP)*

**Introduce yourself by stating your name, profession, and the role or position you hold in BUCREP**

**M**y name is MBARGA Bernadette Françoise. I am a professional demographer and General Manager of the Central Bureau for Census and Population Studies (BUCREP).

**Mrs. GM, can you tell us about your company and say in a few words, what you do on a daily basis ?**

**A**s General Manager, I am under the authority of a Board of Directors, which defines a policy that I have to implement. My work is all about carrying out and monitoring programmes of population studies, surveys and censuses in order to determine indicators for monitoring and implementing development programmes and policies. At present, I am working on an important project which is the execution of the 4th General Population and Housing Census,

the preparation of which is at the heart my daily concerns.

**Within the framework of the fight against COVID-19 at work, what are the various activities that you have carried out? Describe in detail the measures that have been implemented in BUCREP (differentiate high pressure moments from moments when the pressure to deal with the disease dropped).**

**I**would start by saying that I don't differentiate what you call high pressure moments from low pressure ones. In my opinion, the disease is as serious as at the time of its outbreak. From the first few months, i.e., after the government announced the measures enacted by the Head of State to fight against Covid-19, I had hand sanitizers, buckets, soaps bought and I requested UNFPA to provide all BUCREP workers with face masks, which was done. All workers were provided with washable and disposable face masks. Working sessions in the meeting room

are held with strict respect for physical distance and wearing of face masks. These measures taken since last year are still in force today. Before getting into the company premises, all users shall wear their face masks and let their temperature be taken by using the thermoFlash.

**In implementing these measures, what specific difficulties have you encountered? What solutions and strategies have you developed ?**

I would say that I do not have any particular issue in enforcing all the measures taken within BUCREP. From every indication, the workers kindly respect these measures.

**Briefly state your family situation (marital status—optional--, number of people in the household, number of dependants, etc.).**

I am a widow and there are four people at home. I have workers (cooks, cleaners, drivers, etc.) who do not live with me. These people come to work and return home in the evening.

**In order to prevent the spread of the virus in households and families, what specific measures have you taken and how did you implement them? (actions taken in the context of the fight against Covid-19 in households and broader places.)**

In my household, I apply the same measures as those taken in the office to fight against Covid-19. My domestic workers are bound to wear face masks. They all wash their hands regularly and respect physical distance. I had hand sanitizers installed on all floors.

**Tell us if you encountered any difficulty in implementing these actions and how you circumvented them.**

In my family, strictly speaking, there is no issue in respecting the measures taken to fight against Covid-19. However, I note, to my regret, that the population still fails to implement all the measures enacted by the Government to stamp out this disease.

### INTERVIEW 3: A FEMALE DOCTOR



**Dr. HASSANATOU IYAWA OUSMANOU,**  
*Paediatrician at Laquintinie Hospital, Paediatric Emergency Service .*

**Tell us about the organization in which you work, and what you do on a daily basis?**

The Paediatric Emergency Service of Laquintinie Hospital in Douala is a unit with 02 paediatricians, 02 to 03 general practitioners, 01 major, 01 permanent, 04 teams of 02 to 03 shift nurses, 02 guards and 03 cleaners. My day-to-day work is all about ensuring the smooth running of the service, doing a daily medical check-up in the morning and a counter-check-up in the afternoon. I also carry out consultations two to three times a week for outpatients and attend two weekly meetings: on Tuesday to make an inventory of deaths in the ward during the previous week, and on Friday to present serious cases for the follow-up during the weekend..

**Within the framework of the fight against COVID-19 at work, what are the various activities that you have carried out? Specify the concrete measures that were applied in this hospital at the time when the pandemic was very serious and when it died down.**

As part of the fight against the coronavirus in our service, we raised awareness among parents and above all encouraged the wearing of face masks and observance of preventive measures. To this end, we have put up posters to inform patients and other users that for each child hospitalized, only one caretaker is admitted and the number of visitors for hospitalized patients

is limited, and we ensure that visiting hours are strictly adhered to. Furthermore, we have introduced in the service the systematic coronavirus testing for any patient in respiratory distress under oxygen because it is worthy of note that in paediatrics, we have many cases of bronchitis which come in according to the seasons, and therefore some children who suffer from it can be placed under oxygen even if they are not infected by the coronavirus. A systematic test is recommended for all these patients.

Even when the outbreak of the disease has decreased, we have continued to raise awareness and encourage the wearing of face masks for all caretakers. We have also always encouraged parents to strictly respect preventive measures. For children from 0 to 6 years old, the wearing of face masks is not essential even if they are hospitalized. However, caretakers and workers must always wear their face mask and have a sanitizer to frequently disinfect their hands.

**In implementing these measures, what specific difficulties have you encountered? What solutions and strategies have you developed?**

The main difficulties encountered are related to the disregard of some preventive measures by caretakers. These include measures relating to the wearing of face masks and physical distance. Can you imagine that when getting into the hospital, a single patient can be followed up by 4 to 5 caretakers? This situation is so embarrassing for the ward workers.

Faced with the difficulties encountered, the strategy was to place a guard at the entrance to the ward at all times to remind, monitor and demand compliance with preventive measures, including strict observance for the wearing of face masks and visiting hours.

**Briefly describe your family situation and state the specific decisions you have taken to prevent the spread of the virus in your household and family.**

I am married, mother of 04 children, with 14 dependents in my household. In terms of preventive measures, I must say that during the outbreak of the pandemic, it was not easy.

With the lockdown, all my children were home. They were overall 07 in school. So, they had to be kept busy while being encouraged to respect preventive measures. They had to be fully aware in order to remind even visitors that the Coronavirus exists and they should wash or disinfect their hands before getting into the house.

As a health worker, I was obliged to go to hospital with all the risks that this entailed for myself and my family members. I used to work 03 working days a week. I stayed home the remaining days. To go to work or leave the house, I no longer carried a handbag. I used a plastic bag instead. I always disinfected myself and my shoes with bleach as soon as I returned home. I always took the clothes I wore off and put them in the laundry basket for thorough cleaning. I must confess that it was a tough moment for me especially as my children could no longer hug me when I returned. I first had to take my bath before any physical contact with them. That was the real difficulty I had during the “lockdown” period.

Moreover, I refrained from visiting anyone in my family during the Coronavirus “lockdown” period. During occasions, I would call and tell them that I am in a very vulnerable position. Thankfully, I was understood. The obsessive fear of the disease also helped. I was going to blame myself when knowing that I am the one who spread the coronavirus in my family. So, I really refrained, especially for those who are vulnerable.

For the moment, we try as much as possible to respect preventive measures, wear face masks, and let nature do the rest.

## INTERVIEW 4: A NURSE



*NYANGONO EDOU Paulette,  
Senior Nurse at the Yaoundé Gynaeco-Obstetric and  
Paediatric Hospital, Head of the Emergency Unit.*

**Tell us about the organization in which you work, and, in a few words, what you do on a daily basis.**

**F**irst, in our hospital, we are involved in health promotion, care of the sick, disease prevention and governance. All our activities are based on these main themes.

**Within the framework of the fight against COVID-19 at work, what are the various activities that you have carried out ?**

**S**ince the outbreak of Covid-19, when the first cases were detected in Cameroon, reception centres to take care of the sick were opened. The Yaoundé Gynaeco-Obstetric and Paediatric Hospital was not chosen as a reception centre for patients of Covid-19. The reason for this is that the hospital is a 'mother and child' centre. That's not the point! Generally, you know that when a person is ill, he or she goes to a hospital and it is after diagnosing the patient that he is referred to a specific service. This is in fact one of the responsibilities of the emergency unit. When we receive a patient, we consult him, and later lift the emergency. Two cases can arise here: The first case is when the patient can be put under observation in order to be stabilized and treated on the spot, and at the end of the treatment, he goes back home. The second case is when surgery, resuscitation or gynaecological operation is required. In this case, we refer him to one of these

services within the hospital. If his treatment requires a specialized field which we do not have here, we refer him to another hospital.

This means that when we receive Covid-19 patients, at least when we detect symptoms of this disease on a patient, we call the Ministry of Public Health immediately. And depending on the measures that have been taken, the Ministry directs the patient where he or she needs to be taken care of.

**I would like you to specify the concrete measures that were applied here at the Gynaeco-Obstetric and Paediatric Hospital at the time when the pandemic was very serious and when it died down.**

**I** will, first of all, tell you that the disease has always been present as before. It is still spreading in our society. As evidence, in our service, we always receive patients with this condition since the emergency unit is the gateway to the hospital. This is where I am drawing your attention, because people should not give up. There was a lot of agitation during the outbreak of the disease here and this was caused by what was happening in Western and Eastern countries, which was broadcast on television. It was this obsessive fear that also spread here and cause people to take it seriously. Yet even now, we have to remain on alert until the disease is really eradicated.

At the beginning, as it was done throughout the country, we took special measures to face this new pandemic. The hospital made arrangements. A door only for entrances was opened (in front of the emergency unit), and the old door by which people used to get in and leave the hospital (which is higher up) was for exits. So, people entered the hospital through one door and left through another. All the measures enacted by the Ministry of Public Health were applied: anyone wishing to get in the hospital was bound to wear a face mask. Once within the hospital, thermoFlashes were used for systematic temperature taking, and several hand-washing devices were installed

to enable people wash their hands while avoiding long queues. And to present, the wearing of masks is still compulsory and hand washing devices are still installed.

**In implementing these measures, what specific difficulties have you encountered? What solutions and strategies have you developed ?**

The first issue was to acknowledge that this new disease is real. Some acknowledged it, but others denied its existence and they did not see the necessity of all the recommendations that were enacted. And as the hospital assigned a few people at the entrance to enforce the measures, it was not always easy for them to carry out their duty. They faced some people who were nonconformists and only accepted it as it was compulsory. This was not aimed at compelling people, but letting them understand the need to respect these measures, which are essential for protecting each and every one. However, over time, many people were fully used to these measures, which has made it possible to fight against several diseases apart from Covid-19. With physical distance and regular hand-washing, the transmission chain of several diseases has been broken, or at least minimized. These include ‘dirty hand diseases’ as we commonly refer to them: typhoid fever, intestinal worms, yeast, amoebas, and many other diseases that are transmitted by human hands.

The second issue was the staff shortage: we had to deploy workers at the entrance of the hospital as I said earlier although this had not been planned before the outbreak of this disease. As a result, many of the hospital’s services were understaffed and there was much more work, both for those who remained in the various services and those who were assigned to the entrance to the hospital. There was no motivation to do this work; we were only insulted by all people. Fortunately, the decree of the Head of State to raise the retirement age for civil servants partially solved this problem.

The third issue was related to the lack of preventive equipment. We didn’t have any, and thank God, as we cooperate with the Chinese, they gave us the vast majority of face masks we used. We seriously lacked equipment. We were really at the front without weapons. God protected us and we succeeded because if the situation here was like in Europe, everybody should have been dead by now. We weren’t protected; apart from the face mask and gloves that

we usually put on here in the hospital, we didn’t have the rest of equipment. We received the first equipment long after we had started the fight. So, if people were to die from this disease, they would have been dead. And even when we received this equipment, they were really not enough to handle all the cases, we could receive. So that’s the situation we experienced, and only God knows how to protect Africans.

**Briefly describe your family situation.**

I live with my husband, my children and other family members. There are more than ten people in the house.

**In order to prevent the spread of the virus in households and families, what specific measures have you taken and how did you implement them ?**

As preventive measure at home, we have applied systematic hand washing. A hand-washing device (water and soap) has been set up and everyone shall wash his/her hands as soon as he/she arrives; anyone who is also used to changing his/her clothes is free to do so. When my children go to school, they wear their face masks.

**For sure, there are also difficulties in passing the message across and enforcing the recommendations. I would like you to share with us your experience in terms of the difficulties encountered and solutions adopted.**

The main issue here is to always have face masks and remind the children to wash their hands, etc.

## INTERVIEW 5 : A HOUSE WIFE IN A HEALTH CENTRE



**ASSE,**  
*Cleaner in the Ahala Health Centre*

### **Briefly introduce yourself**

I am Mrs Asse, a cleaner in the Ahala Health Centre

### **What's the nature of your job?**

When I come in the morning, I wear my uniform, mask and gloves. I first wash the wards. Later on, I clean the yard. I spray, with chlorinated water, door handles and all spots touched by hands. Once I have finished my work, I sit down because I can have another work to do. When there is no more work, I just wait for my departure time.

### **On the whole, do you take care of the yard and spots such as toilets as well as working and admission wards ?**

There is division of labour. I solely deal with the toilets and wards of this building since I am not alone.

### **Dans le cadre de la lutte contre la Covid-19, que faites-vous au quotidien ? Est ce qu'il y a des mesures particulières qui sont prises au sein de cet hôpital ?**

Yes, there are. We are always reminded that we should regularly wash our hands with soap or

rub hydro-alcoholic gel on them. When somebody comes to this hospital, he has to wear a mask. At the reception or any other spot where patients or visitors are received, the implementation of the social distancing measure is compulsory. This hospital even has a Coronavirus screening centre.

### **Since you have a screening centre, it, therefore, means that discussion and education sessions involving all the hospital staff certainly take place?**

Yes, but not all staff members take part in these sessions. However, our bosses who are invited repeat session presentations and provide us with directives concerning the pandemic

### **Does the hospital give you gloves and face masks or do you buy them?**

yes, the hospital offers them

### **Do you take specific measures in your work within the fight against Covid-19?**

I apply all the measures which we are taught here in the hospital. I apply the same measures even in my household.

### **I think that there have difficult moments due to the presence of so many patients and other hospital users (attendants, visitors, etc). How do you manage this situation?**

During these moments, many people came for screening. We took precautions to protect ourselves since the hospital had a high risk of contamination because it was full of patients.

### **What is your family situation and how many neighbours do you have ?**

I am cohabiting with someone. We are six at home. I do not have many neighbours. I have just one, whom I rarely see because she leaves early in the morning

### **Let us talk about the fight against Covid-19 in your private life, your household, your family or your surroundings. What do you do in your household to fight against this disease?**

In my household, I sensitize everyone to the need to respect barrier measures, especially the one dealing with "confinement", since visits are out

of the question. I have forbidden my children from strolling. I have also forbidden them from getting involved in friendly or family visits since one never knows where harm may come. I have forbidden them from embracing me when I come back home. When a visitor arrives, they tell him/her from a distant position that I am not at home. They have learnt how to avoid contacts with visitors. My other family members live far away from here. Since the advent of Covid-19, I have not seen them and vice versa. We only talk on the phone due to the confinement measure.

**Do you mean that the sensitization message, in relation to the pandemic, is easily understood in your household ?**

This message is well understood in my household though I still have little children. The last child (three years old) does not certainly understand much of it

**During this period, there have certainly been sad events such as deaths, or happy ones. How did you manage them? ?**

I travelled once; that was to my husband's village for a death ceremony. I left on a Saturday and returned on the same day. I avoided crowds since they increase contamination risks because during such a situation, the social distancing measure cannot be applied.

Are you afraid whenever you are getting to your place of work?

I was traumatized due to the presence of Covid-19 patients in the health centre. Now, I have understood that this disease is easily treated when it is diagnosed very early. It does no longer scare me.

**Do you respect barrier measures while continuing to sensitize those around you ?**

I tell my children that, when I am not around, they should close the door and watch television or do other things. I often tell them to inform visitors that mama is not around.

**Do you mean that you did not experience difficulties in prompting those around you and your family to implement the barrier measures? Globally, did people respect these measures ?**

My family members are far away from me and we talk to each other much more on the phone. I continue to sensitize them and most of them comply with the measures

**Do you really think that women have a role to play in the fight against Covid-19 ?**

Women have a role to play in this fight because it is, first and foremost, their duty to cater for the welfare of household members.

## INTERVIEW 6 : A HEADMISTRESS



**NANTCHOUAG TIMI Christianne Marlyse Epouse  
KOUETE NGOUNOU**

*Headmistress and co-founder of Groupe Scolaire Bilingue  
Beautiful Zion, Ngouso*

**Introduce yourself by mentioning your name, profession and the post you occupy in the institution in which you work**

I am Nantchouang Christianne, co-founder of a school complex. I am a teacher and graduate of the Yaounde Government Primary School Teachers' Training College (General Education, A Level).

**Present the institution in which you work and tell us, in a few words, the nature of your daily task?**

The school which I manage is found in Ngouso. It has complete nursery and primary levels. It also has two sections, namely, the Anglophone and Francophone sections. I supervise the work of all the staff of the complex on a daily basis. Supervision consists in planning, managing and coordinating school activities as well as ensuring compliance with the requirements of the pedagogic monitoring of teachers. It also consists in ensuring the organization of lessons during classes; setting up a pedagogic team; ensuring a smooth conduct of teaching in school as well as coordinating educational stakeholders and enlisting their collaboration.

**What are the various activities which you have, so far, organized in this school within the framework of the fight against COVID-19 ?**

The activities which I carry out daily within the said framework are as follows: insisting on the wearing of masks within the school premises and ensuring that teachers and pupils regularly wash their hands. We have produced sketches, composed songs and produced tales on the fight against Covid-19. They sensitize pupils and teachers..

**Did all these activities take place without problems? What difficulties did you face ?**

The difficulties in this fight mainly come from the fact that parents do not give their children masks. Pupils who have masks find it difficult to wear them throughout each day. Moreover, they constantly destroy buckets equipped with taps. We have water problems due to regular CAMWATER cuts. This situation has led to an excessive use of hydro-alcoholic gels. We also insist on social distancing measures. However, it is difficult to apply them to pupils

**I would like that you introduce yourself at the personal and family levels**

I am married within the framework of monogamy. I have four children. We are six in our household. I also cater for a big family made up of my nieces, nephews, mother and younger sisters though they don't live with me..

**What actions have you taken in your household and family to fight the disease? Did you experience some difficulties ?**

We regularly consume hot herb tea so as to avoid Covid-19 contamination. I also insist on the washing of hands and the use of gels. I try to sensitize my broader family to the importance of preventing this disease through daily actions. One of the greatest difficulties is to respect, and enable compliance with, isolation and social distancing measures. People find it difficult to avoid visits and to organize events (marriages, death ceremonies, etc) or to participate in them

## INTERVIEW 7 : A WOMAN IN THE TRANSPORT SECTOR



*KIPO Mireille Dominique,  
Counter clerk in the travellers' section of a transport  
agency in Yaounde*

### **Introduce yourself by describing your profession and your duties in this agency**

I am KIPO Mireille Dominique. I am a counter clerk in the travellers' section of a transport agency in Yaounde.

### **Generally describe your activities.**

Generally, I am in charge of customer services, the sale of tickets and client counselling. I am also in charge of passenger movements in and out of trains after journeys as well as information on travel rates.

### **What activities have you, so far, carried out to fight Covid-19 in your duties?**

In order to access the passenger station each morning, the temperature of each employee is taken by a security officer (using a thermoFlash). Everyone is obliged to wear a mask (including passengers) before accessing the passenger station. Within the premises of the station, everyone must always put on a mask (even in offices). At the counter where I work, we are protected by a window pane through which we can communicate

with customers. In front of each counter, there are hydro-alcoholic gels for the disinfection of hands.

Each morning, customers receive information on barrier measures and they are told to always wear their masks and disinfect their hands. Hydro-alcoholic gels have been kept in front of the gate so that they can disinfect their hands.

Doctors and nurses from the Ministry of Public Health coordinate activities dealing with the respect for barrier measures. Posters explaining how hands should be washed or disinfected are found on several walls.

Upon the departure of a train, sensitization announcements on the compulsory wearing of masks are made.

**What are the concrete measures taken to fight against Covid-19 during the two Covid-19 periods (the first, being a great-scale period, and the second, being a period with a reduced scale)? Was there any behavioural difference in your daily professional life ?**

There have been some slackening actions between the two main periods.

During the high-pressure period, MINSANTE was present at the station to ensure compliance with barrier measures. Daily reports were produced and passengers were checked to ensure that there was social distancing in trains. Some carriages were not used and only half of their seats were sold. For example, in a sleeping carriage with four seats, only two seats were reserved per journey. During the low-pressure period (amidst the slackening situation), carriages have, once more, become full though there is always an insistence on the wearing of masks and hand disinfection at the disinfection tunnel

**What difficulties have you experienced, so far, and what are their solutions ?**

They are enormous because Covid-19 has obliged us to be wearing masks daily and not be breathing in pure air. It was not easy to enable

passengers to believe this situation. Some of them who do not believe in the disease do not respect barrier measures. This disease has caused our institution to be using some of its funds to renew, whenever need be, its stock of masks. Generally, it took some time for this activity to occur, but as time went by, we adapted to the situation. Strategies such as abundantly ordering masks and hydro-alcohol gels were resorted to. We reminded security officers of the need to be more rigorous. At a given moment, our health centre did no longer have screening materials. Thus, we opted to do screening here.

### **Briefly describe your family status**

I am living with my mother, children, brothers and sisters. I am a spinster and the mother of a girl. We all live in a fenced house. We are surrounded by neighbours.

### **What are the activities you have carried out to fight against COVID-19 in your household and at a broader scale?**

During the high-pressure period, all household members contributed, at home, to the fight against the disease. The most surprising fact is that children rapidly contributed by producing hydro-alcoholic gels with a bleach and “Pax” water. At the entrance to our house, we have kept a container and soap for the constant washing of hands. We explained to children the effects of the disease and the protective measures. The wearing of masks has been rendered compulsory.

### **Broadly speaking, what was your family’s relationship with your family and neighbours**

In my neighbourhood, we were not greeting neighbours with our hands. We used elbows and prevented children from going to neighbours’ houses. Their games with neighbours were limited and they were always reminded of the existence of the disease.

### **And during the low-pressure period ?**

During this period, there has been a complete slackening of measures. However, we continue to ensure that hands are being washed and masks are being worn by household members when out of home. There is no longer a bucket at the entrance of our home, and the frequency of hand washing has reduced. The wearing of masks has become a problem to our children because of the mocking remarks they suffer from in streets. Personally, when I am in a taxi or the market with a mask, passengers and other persons tell me to stop creating an atmosphere of fear around me as concerns a non-existent disease. Some persons sometimes threaten to remove my mask

and during these moments, I feel that I am a “traitress”. This situation has led to a complete slackening of my attitude.

### **What are the major difficulties you have experienced in the fight against the disease and what are the solutions in your household and your surroundings ?**

Personally, the wearing of a mask was the main difficulty since I could not breathe normally. It was torture because, at a certain moment, I said to myself that it shall be the cause of my death instead of Covid-19. This perception was also predicted on the type of mask I wore. The masks meant for medical staff really prevented me from breathing normally. I, therefore, chose cloth masks which enabled me to better respect...

At the family level, the main difficulty was to always remind children that they should wear masks and wash their hands. Another difficulty was to provide money for the purchase of gels and masks which were constantly in short supply. We decided to produce at home our hydro-alcoholic gels and masks

## INTERVIEW 8 : A WOMAN WORKING IN THE BANKING SECTOR



**NZEKIO Laetitia Lise,**

*Cashier in a micro-financial institution in Yaounde*

### General Introduction

**G**ood morning. I am Nzekio Laetitia Lise, a cashier in a micro-financial institution.

### What are the activities carried out, so far, in your professional life to fight against Covid-19?

**B**ased on my memory, the Covid-19 period started from the end of February 2020 and ended at the beginning of March 2020. The government took some compulsory measures, namely, the compulsory wearing of masks and the washing of hands. Any person who got into our bank had to first wash his/her hands and have a mask on his/her face. Our working schedule was altered. We each worked within two weeks each month. This was an attempt to reduce the number of workers at each given time. Work did not stop. We were “confined” (in a different way, when compared to other countries). For example, I was working for a week in every two weeks and during my week of rest, I was replaced by another cashier. Taking cognizance of the fact that there are 4 cashiers in this institution, two cashiers worked each week. During this busy period, the main cashier was also playing the role of cashier for a week in every two weeks. Thus, she had two posts. All workers combined roles in order to reduce the number of

staff at work at any given moment.

Currently, much is no longer said about Covid-19 but it keeps on spreading. The users of our services are still compelled to wear masks. Up to this moment, there is a spot in front of our institution for the “washing of hands”. Each user of our services must always wash his/her hands before getting in. Temperatures are still being taken at the entrance

### What are the specific difficulties you experienced when implementing these measures ?

**C**some users of our services refuse to wash their hands at the entrance. Others are against the taking of temperatures. This situation sometimes leads to disorder in front of our institution. At times, a security officer or the head of our institution has to talk to them so that they should obey instructions. Some users of our services wear wrong masks, very dirty masks, or medical masks for more than three hours or even throughout a day or several days without changing them.

Compliance with the social distancing measure has enabled us to avoid direct contact with these persons. The distance concerned varied from one to two metres. We constantly used hydro-alcoholic gels.

After receiving or giving money to a customer, I always used a gel.

During busy periods, only 5 persons were allowed to get in at a time. The other persons had to wait outside for their turns. This measure was respected through the assistance of the security officer. Customers’ chairs were arranged in conformity with the social distancing measure.

### What is your family situation ?

**I**live with my parents, grandmother and niece. I am the youngest person in my family. I do not have any encumbrances. My father is 79 years old. My mother is in her sixties while my grandmother is almost a hundred years old. A lady has been recruited to cater for my grandmother; this lady does not live with us..

**What actions have, so far, been taken in your household?**

**W**e were applying the barrier measures at home. At the entrance to our house (at the gate), there was a bucket equipped with a tap. Whenever a person visited us, he first washed his hands and then disinfected them with a gel. My mother bought a good quantity of face masks. The social distancing measure was respected especially between the elderly and younger persons. Despite the fact that my grandmother was always at home, she always wore a mask whenever there were guests in our house.

The first action is the use of masks. I am now used to always wearing a mask, even when I went out to buy bread at the store of our area. This was due to pressure from my parents and the fact that I live with elderly and fragile persons. Whenever I came back home, the first thing I always did was to wash my hands and disinfect all my body. I am used to washing my hands up to the extent that it has become second nature or a routine in my life.

During this period, all family meetings were postponed to the period during which the government lifted “confinement” measures.

**What are your major obstacles and what are the solutions ?**

Each weekend, my mother disinfected our entire house with disinfectants which she brought from her United Nations office. She always disinfected our house immediately we parted company with our visitors.

You had to wash your hands before getting into our house. Nobody got into our house without washing his/her hands.

## INTERVIEW 9: A FEMALE « BAYAM SELLAM »



*NJENGUE Marie,  
Reseller, head of Shed 1 of Mfoundi Market*

**Briefly tell us something about your daily work? What are your duties ?**

I am a reseller. My daily task consists in buying fresh food supplies and reselling them on a profit basis. As shed head, I play a triple role :

- \* I am the link between market authorities and my colleagues (resellers) in shed 1 ;
- \* I am the mediator in conflicts concerning my shed colleagues;
- \* I ensure that shed 1 is clean.

**What are the various activities carried out by you in your shed within the framework of the fight against COVID-19? ?**

Some associations have sensitized us to the need to implement barrier measures. Moreover, some citizen-friendly companies freely gave us buckets, water and gels for a better protection of our customers and ourselves. However, since the advent of the government decision to relax barrier measures, there has been some slackening in their implementation. Some women claim that the disease has been conquered.

**What are the specific difficulties experienced by you in the implementation of these measures?**

The major difficulty was the loss of income. Some of our usual customers no longer go into the market. They prefer supermarkets and roadsides or market sides. In this context, it is difficult to sensitize women to the need to implement barrier measures since they are unable to satisfy their basic needs (feeding, decent housing and health needs). Some of them have abandoned their duties due to lack of capital to boost their activities.

**What are the solutions and strategies you have, so far, adopted ?**

There are no miraculous solutions. The government has to help us to revive our activities by granting us financial assistance to boost our activities. Council authorities may increase the number of sheds inside the market, thereby enabling sellers who obstruct the movements of customers to have better spots.

**Briefly describe your family situation [marital status (optional); number of persons living in the same household; number of persons being catered for; etc].**

I am married. I have seven children and several grandchildren. Most of these children have left us; however, we are now nine. .

**What specific decisions have you taken to avoid the spread of the disease in your family and how have you succeeded in applying them? (Actions undertaken to fight against COVID-19 in your household and in a broader framework).**

We always keep a bucket and soap at the entrance of our house for visitors and even for ourselves (whenever we come back home). Moreover, we regularly consume some herb tea produced with lemon and ginger; we think that it can strengthen our immune system.

**Did you experience obstacles in these actions and how did you overcome them?**

I did not actually face any difficulty in my family. It was just a matter of loss of my purchasing power.

## **INTERVIEW 10: FEMALE LEADER OF AN ASSOCIATION**

*Name of Association: Batibo Women's Association, Yaoundé Branch*

*President: Mrs Lucy ATUH,*

*Main Function of the President: Coordination of activities that contribute to the socio-economic empowerment of Batibo Women in Yaoundé. These activities include counseling, assistance in difficult times (illness, loss of loved ones, etc.), the provision of low interest loans from the association's saving scheme, etc.*

### **VARIOUS ACTIVITIES CARRIED OUT TO FIGHT COVID 19 WITHIN THE ASSOCIATION.**

#### **A. At the Peak of COVID19**

At the peak of COVID19 pandemic and in consultation with other members, in person meetings were stopped in compliance to government instructions.

Financial transactions during the lockdown period went on via mobile transfers.

Information was sent to members via SMS.

#### **B. After the lift of the Ban on Meetings**

When the ban on public meetings was uplifted, in-person meetings of the association resumed with the respect of the various anti-COVID measures prescribed by the state.

At the beginning of every meeting, members were reminded of the need to continue to respect prescribed anti-COVID measures such as social distancing, wearing of face masks, and washing of hands with soap, non-touching of the mouth or the nose and so on.

Members of the association who work in the medical field were given the opportunity once in a while to inform others of the existence of COVID19 and its dangers.

Members of the association are encouraged to take the COVID test which is free.

#### **Difficulties Faced**

Some members of the association do not believe that COVID 19 exists. They consider it as an illness of the Western World. They refuse to respect the prescribed anti-COVID measures. As a solution, members are often reminded of the need to apply anti-COVID measures during meetings and that defaulters will either be fined or banned from meetings of the association.

### **FIGHT AGAINST COVID 19 WITHIN THE HOUSEHOLD**

Mrs Lucy Atuh is a widow and the head of her household made up 8 persons.

At the peak of the COVID19 infection, strict instructions were given to all members of the household to remain indoors and to respect all anti-COVID19 measures. Equally, only adults members were allowed to go out periodically, mostly to the market or to attend church service.

The main difficulty faced was keeping children indoors. As she reported, "It is difficult to keep children indoors. They always want to move out of the house. They as well as other members of my household found it difficult to remain with the face mask for long periods".



### **Making Every Woman and Girl Count (Women Count):**

The UN Women's flagship programme, Making Every Woman and Girl Count (Women Count) is geared at contributing in improving the production and use of gender statistics and disaggregated statistics, so as to sustain the implementation and monitoring of SDGs both at the national and local levels.

In Cameroon, this programme seeks to reinforce gender integration into the National Strategy for the Development of Statistics so as to better monitor SDG 5 as well as gender indicators of other SDGs. The intention is to make gender statistics available and accessible, and be analysed so as to clarify the drawing up of policies, advocacy and accountability. Similarly, it is also intended to ensure that governance, budgeting and planning processes fully reflect the accountability of national and international commitments as concerns gender issues.

#### **Key Actions of the Programme**

- Contributing to strengthening the regulatory and institutional framework of the production and use of gender-based statistics in Cameroon;
- Promoting the compilation of relevant gender-based data and their dissemination to users;
- Promoting the production of knowledge, the sharing of experiences as well as communication on gender-based statistics, SDG 5 in particular and SDGs in general;
- Strengthening the capacity of statisticians in terms of the inclusion of gender issues in the process of producing and analysing statistics;
- Backing up institutions responsible for producing statistics aimed at including gender issues in major operations of statistical production.

#### **Main Achievements in 2019**

1. Backing up the creation of an Inter-ministerial Committee on Gender-based Statistics in Cameroon, co-chaired by MINPROFF and NIS;
2. Backing up the creation of a Permanent Working Group on Gender-based Statistics in the National Institute of Statistics ;
3. Backing up the production and ongoing adoption of a regulatory framework on gender-based statistics in Cameroon, together with a minimum list of gender-based indicators to be regularly produced by the National Statistical System (NSS) ;
4. Backing up the creation of a network of focal points on gender-based statistics in major ministries and government institutions ;
5. Strengthening the capacity of actors of the National Statistical System in terms of gender-based statistics. 141 statisticians, demographers and other staff in charge of statistical issues (BUCREP, MINPROFF, RGAE, university lecturers, students of advanced statistical schools, representatives of civil society organizations) were trained ;
6. Backing up efforts that take into account gender issues in the realization of ongoing big statistical operations (especially the GPHC and RGAE) ;
7. Backing up the creation of a network of journalists and communicators in the field of gender-based statistics in Cameroon. This network aims at easing the dissemination of gender-based statistics (available within the National Statistics System) to a varied group of users of gender-based statistics ;
8. Backing up the creation of a gender-based Statistical Information System in MINPROFF (with the assistance of the National Institute of Statistics).

## **Nos Missions**

Le BUCREP assiste les pouvoirs publics et les acteurs du développement dans la prise en compte des phénomènes démographiques pour l'élaboration et l'application des stratégies de développement socio-économique dans le cadre des objectifs prioritaire définis par le Gouvernement.

A ce titre il est chargé :

- de concevoir la méthodologie des recensements et enquêtes à caractère démographique et d'en assurer l'exécution ;
- d'élaborer et d'assurer le suivi des programmes d'études démographiques en vue de permettre la prise en compte de la variable « Population » dans le processus de développement socio-économique ;
- d'élaborer des indicateurs sociodémographiques à travers des recensements, études, recherches et enquêtes auprès de la population.

## **Nos Partenaires**

Administrations publiques, collectivités territoriales décentralisées, organismes publics et parapublics, organisations internationales, investisseurs privés, partenaires au développement, ONG...

## **Our Missions**

BUCREP assists public authorities and other development stakeholders in taking into account demographic variables in the formulation and implementation of socio-economic development strategies within the framework of priority objectives defined by Government.

In this connection, it is responsible for :

- Designing and implementing a population census and survey methodology;
- Producing and monitoring population study programmes so as to promote the taking into account of the population variable in the socio-economic development process;
- Formulating socio-demographic indicators based on population censuses, studies, research and surveys.

## **Our Partners**

Government services; councils and regions; public and parapublic institutions; international organizations; private investors; development partners; NGOs; etc.

Central Bureau of Censuses and Population Studies



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