SVRI Forum 2024

Multiplier effect of the involvement of men, boys and community leaders in the response to violence against women in North-West and South-West regions of Cameroon.

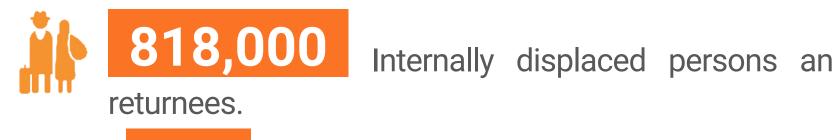
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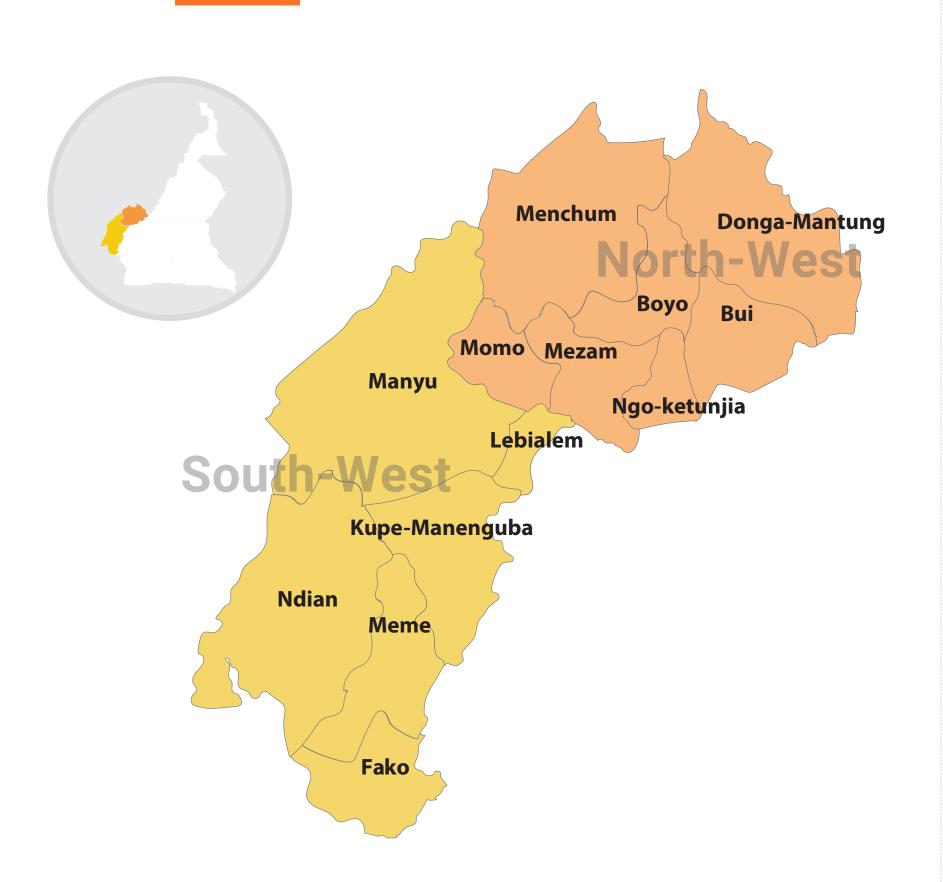


Context

The North-West and South-West regions of Cameroon have been affected by a socio-political crisis since 2016, resulting in:



• 52.9% are women and girls.



OCHA Humanitarian Action Overview 2024

GBV situation among women of reproductive age (WRA):



Intimate Partner Violence (IPV)

32% Nationwide.

- 48% In the North-West region of Cameroon.
- 41% In the South-West region of Cameroon.



Sexual violence by a non-intimate partner.



Have the ability to make their own informed decisions about sex, contraceptive use, and reproductive health care.

GBV policy and legal framework:



The country's legal framework contains discriminatory laws, especially concerning marital rape, inheritance rights, and the legal age of marriage for girls. Other laws lack clear and comprehensive definitions of gender-based violence.



The country has a National Gender Policy, a GBV National Strategy, a National Action Plan on Women Peace and Security and a National Action Plan to end Female Genital Mutiliation (FGM).

The United Nations Central Emergency Response **Fund (UN-CERF) catalytic support:**

In 2021 and 2022, UNFPA and UN-Women implemented a global UN-CERF project with activities on social norms in addition to lifesaving gender-based violence response. This pilot created learning on the referral of survivors.

Thanks to further UN-CERF funding for under-funded emergencies (January 2023 - August 2024), UNFPA has implemented several activities to provide quality and multisectoral services (psychosocial, medical and economic) to survivors of gender-based violence, through:





safe

spaces.



Health facilities in 23 hard-toreach localities.



Local

organizations, 2 of which are women-led.

The community mobilization component of the project, aimed at informing on GBV core concepts and principles and the availability of services, integrated the approach of engaging men, boys, and community leaders.

They were informed beforehand on available GBV services as well as SRH; they were consulted and involved in community activities.

Results

GBV specialised service provision:



Of clients (women and girls) were IDPs.

The most frequent reported forms of violence:



Denial of

resources, opportunities and services.





violence.

Men engagement:

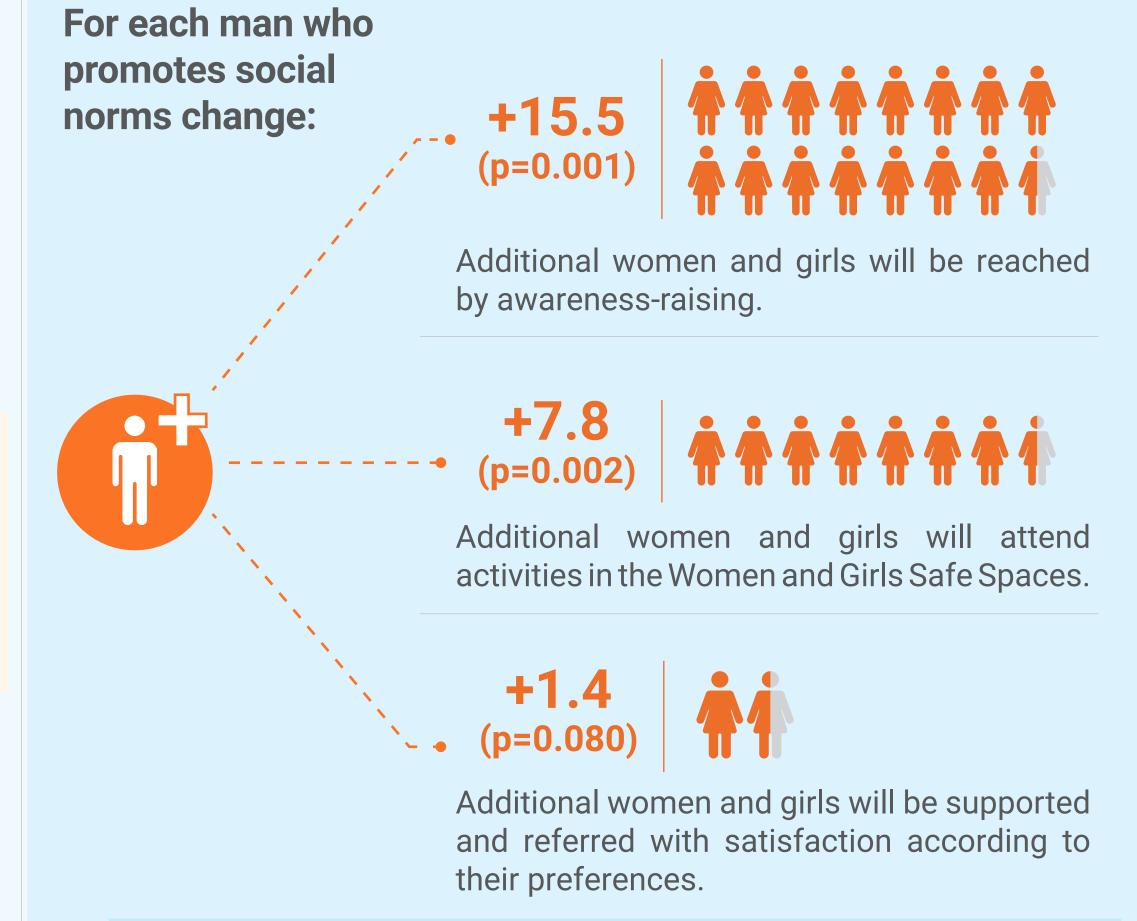


Men involved in GBV response:









This approach has resulted in a +0.3 point gain in effectiveness/efficiency towards achieving the target; it is therefore recommended as a good practice.

Impact of the Study / Programme

The active participation of men in interventions to end GBV is a factor in changing access to services in the humanitarian areas of North-West and South-West Cameroon. In particular, the involvement of men and boys has shown an increase in the frequentation of safe spaces exclusively for women and girls.

This positive impact on access to services clearly demonstrates the importance of taking into account social norms in humanitarian programming. This model should be replicated and scaled up to accelerate the effectiveness of the humanitarian response in these regions, and can be tested elsewhere.

Men, who are the large majority perpetrators of violence against women, when they are sensitized and associated with initiatives to prevent, mitigate and respond to violence against women, contribute significantly to referrals for services in humanitarian contexts, and maybe even to positive changes in gender and social norms in the long term.

