



# Voices<sup>📶</sup> from Cameroon

2023



© UNFPA Cameroon 2019



# SUMMARY

<b>1. FOREWORD</b>	<b>6</b>	<b>8. RISKS AND IMPACT OF GBV</b>	<b>29</b>
<b>2. ACKNOWLEDGEMENTS</b>	<b>8</b>	Coping Mechanisms adopted by women and girls	30
<b>3. INTRODUCTION</b>	<b>10</b>	<b>9. AVAILABILITY OF GBV SERVICES</b>	<b>32</b>
<b>4. METHODOLOGY</b>	<b>12</b>	Barriers-Risk accessing services	34
Limitations	13	<b>10. GBV RISKS ACROSS HUMANITARIAN ACTION</b>	<b>35</b>
<b>5. KEY FINDINGS</b>	<b>14</b>	Avaibility of humanitarian aid	35
<b>6. WHO IS MOST AT RISK OF GBV?</b>	<b>16</b>	Barriers-Risks accessing aid	35
Where GBV happens...	17	Registration	35
Is GBV getting better or worse?	18	Distribution	35
<b>7. GENDER BASED VIOLENCE RISKS BY TYPE</b>	<b>19</b>	Post distribution	36
Sexual violence	20	<b>11. WHAT CAN WE DO?</b>	<b>37</b>
Sexual exploitation,abuse and harassment	22	Conclusions and Recommendations	37
Forced and child marriage	22		
Emotional abuse against women and girls	24		
Intimate partner violence	25		
Physical Violence against women	26		
Economic abuse against women and girls	27		

# 1. FOREWORD



**Pr Marie-Therese Abena Ondo**  
Minister of Women's Empowerment  
and the Family, Cameroon

The protection of women and girls' rights is a major preoccupation of the Government of Cameroon. Addressing Gender Based Violence is essential to achieve the objectives of the National Development Strategy (NDS30), gender equality and the Sustainable Development Goals by 2030. Every woman and girl deserves a life free of violence and rights to safely achieve her full potential. According to the 2018 Health and Demographic Survey, 43% women aged 15 – 49 were victims of physical or sexual violence and about 26% of that same age bracket declared that their husbands exercised physical, sexual or psychological violence on them. Femicide is rising in Cameroon in an alarming rate, drawing a deep concern of public authorities.

The humanitarian crisis exacerbates the situation as gender based violence increases while services are unavailable, leaving survivors with no or limited support. Intimate partner violence, sexual violence and the denial of resources and opportunities for women and girls are widely reported in service provision points in crisis affected areas of Cameroon. In addition, child marriage and survival sex are increasingly adopted as negative coping mechanisms as consequence of food insecurity and adverse climatic conditions.

**Voices from Cameroon** brings forward the voices of women and girls in crisis affected regions to share experience of what their lives look like. It is an opportunity to disclose the gaps to be addressed in the response and call upon collective effort to alleviate the consequences of the crisis against women and girls. It is an opportunity to address the root causes of GBV that continue to negate women's and girls' rights jeopardizing their capacity to contribute towards the achievement of sustainable development.

Considerable effort and commitment, underpinned by the ratification of international conventions have been made to ensure GBV is addressed in all its forms. The formulation of the National Strategy to combat GBV 2022-2025 illustrates that commitment, which has increased visibility on the momentum to end GBV and has been vital in raising visibility on the issue. The Coordination platforms established under the GBVAoR have shown significant impact in improving access to services. However significant and sustained resources are still needed to ensure that solid foundations are in place for its implementation and to ensure crisis affected women and girls are safe and able to achieve their full potential. The Government of Cameroon recognizes that the SDGs will not be achieved when women and girls remain exposed to GBV, hindering their participation in development initiatives and opportunities.

The government of Cameroon supports the voices of women and girls who participated in this assessment to make an appeal for continued and sustained support to the implementation of the National Strategy to Combat Gender Based Violence and the promotion of other gender equality initiatives. It is through collective and joint actions that this will be achieved. We hereby reiterate our gratitude to all technical and financial partners that continue to support the National Gender Policy and the National Strategy to Combat Gender Based Violence.



**Dr Justin Koffi**  
Resident Representative  
UNFPA Cameroon

Women and girls are entitled to have agency over their bodies and lives including during conflicts or natural disasters when they are exposed to higher risks of Gender-based Violence (GBV) and when their access to resources and services is hampered.

In Cameroon, the Humanitarian Response Plan (HRP) is currently guiding the response to the needs of 4.7 million people. 51% of these people are women and girls: 987,000 of them are estimated at direct risk of GBV.

At UNFPA, the sexual and reproductive health agency and the lead of the Gender-based Violence Area of Responsibility (GBV AoR) under the umbrella of the Protection Cluster, we work to ensure that the GBV prevention and response is efficiently resourced, delivered and coordinated and that risks are minimized across all sectors of humanitarian interventions. This year, we are requesting \$ 15.2 million to protect 703,000 women and girls from GBV; the GBV sector is chronically underfunded as in 2022 we received 28.1 % of our demand. This chronic underfunding of what is among the most widespread human rights violations needs to shift. In our patriarchal society, where gender sensitive data are not always available, including the needs of women and girls in policies and strategies

needs additional efforts. That is why we have decided with the Ministry of Women's Empowerment and the Family (MINPROFF) to roll out the qualitative assessment **"Voices from Cameroon"**.

"Voices from Cameroon" provides a detailed picture of women and girls' experiences in humanitarian and fragile contexts of Cameroon. Its preliminary findings have been used for the planning of the 2023 humanitarian program cycle. "Voices from Cameroon" responds to our accountability toward women and girls among the affected population, and more precisely to the ones frequently left behind in the humanitarian response planning and implementation. "Voices from Cameroon" can also be used in advancing the commitments of the GBV Call to Action for the protection from GBV in emergency.

I am deeply grateful to the Ministry of Women's Empowerment and the Family, to the vibrant Women-led Organizations, International and National Organizations and to the donors who made possible this first edition of "Voices from Cameroon". The courageous women and girls that we listened to during the assessment are these voices from Cameroon towards eradicating GBV, because **"together we can"**.

## 2. ACKNOWLEDGEMENTS

This report and its methodology have been developed under the coordination of Liliane Munezero and Charles Kengah with the support of Kate Robinette, overseen by Noemi Dalmonte. A special thanks on the conception phase to the GBV AoR and the precious help of Adish Maudho as well as to UNFPA in Syria, and in particular to Ward Jacobs and Fulvia Boniardi who shared their multi-year experience of the well-known **“Voices from Syria”**. A special thanks to the graphic designer Felix Fokoua for the beautiful finalization of this document.

The data collection phase has been possible thanks to the collaboration of various stakeholders in the North-West, South-West, Far-North, East, Littoral and

Adamawa and the valuable contribution of GBV AoR members who participated in the field operations coordinated by Charles Kengah, Hichai Malama, Florence Ediu Aliba and Kathel Ngo Boumso. More precisely the MINPROFF and UNFPA acknowledge the work of Women-led Organisations (WLO) namely ALVF, HADASSAH, QFF, of international NGOs such as IRC, of United Nations entities as IOM, and the many other local actors namely LUKMEF, CAMHELP, Caritas, COMINSUD, SERVITAS Cameroon, CAFRAD, H4BF, UYO, RESEVCOMP, AJASEED, RIDEV, NOLFOWOP, FEPEM, GADDA, Association MANG-MBOUM.

This assessment has been funded by UNFPA regular resources, with a complementary contribution of USAID.



### 3. INTRODUCTION

**G**ender-based Violence (GBV) is one of the most widespread human rights violations in the world. It affects women and girls disproportionately due to the underlying social injustice and power imbalance leading to gender inequality. In Cameroon, GBV prevalence is marked by higher rates of intimate partner violence and of child marriage, and despite being a national concern, addressed by various policies and a recently updated GBV National Strategy (GBVNS), progress towards the elimination of GBV are slow.

The Fifth Demographic and Health Survey (DHSC-V) 2018 indicates that, among women of reproductive (aged 15 to 49) :



**> 50 %**  
experienced intimate partner violence



**47 %**  
experienced various forms of emotional violence



**39 %**  
physical violence (committed mostly by the intimate partner : **64%**)



**13 %**  
experienced sexual violence



**11 %**  
women gets married before the age of 15



**36 %**  
were married before the age of 18



The Female Genital Mutilation (FGM) rate of Cameroon is only of **1.4%**, but it is

**20 %**  
in certain hot spot regions such Far North and South West whereby the practice is still widespread.

The different crises that affected Cameroon exacerbated women and girl's exposure to Gender Based Violence, posing a threat to their safety while hampering their access to basic services, opportunities, resources and their ability to fully achieve their potential, to build resilience and empowerment. Cameroon has been impacted by three main humanitarian crises, in Far North, North West, South West and CAR refugees in the eastern regions, characterized by insecurity, socio-political crisis, armed conflict, and natural disasters. In addition, 2022 was marked by cholera outbreaks, floods and increased food insecurity. Those crises have forced millions of people into displacement, in search of safety and better living conditions.

In November 2022, more than 2 million people were on the move within Cameroonian borders, including internally displaced people, returnees and refugees. Women and girls caught in displacements are exposed to increased risks of GBV exacerbated or created by extremely hard living conditions, human rights violation and lack of access to basic services.

From January to December 2022, the GBV Information Management System (GBV/IMS) (in Far North, North West and South West), 94% of victims of gender-based violence who reported in secure positions are women and girls. Incidents reported by men and boys are reported as emotional violence, and most are consequences of GBV experienced by a woman close to them, with some incident of sexual violence against boys.

In November 2022, the government of Cameroon launched a second generation, four-year long National Strategy against Gender Based Violence which aims to contribute to the reduction by at least half the rate of GBV by 2026, in a context weakened by COVID-19, insecurity

and humanitarian crises. The strategy was informed by years of Cameroon government efforts to address GBV issues and investment to eradicate this human rights violation that obstructs women's full participation in the achievement of sustainable development goals. In early 2023, Cameroon adopted a National Action Plan to eliminate Female Genital Mutilation, another milestone towards the elimination of such an harmful traditional practice.

However, the women and girls situation in crisis affected regions requires more and more attention to ensure their needs are made visible and addressed in the humanitarian and development country response. There is no better way to capture this than to listen to the Voices of women and girls who are caught in humanitarian crises caused by the conflicts, natural disasters, and outbreaks in Cameroon. Voices from Cameroon, brings to the fore the voices of Cameroonian women and girls living in crisis affected regions.

## 4. METHODOLOGY

The methodology of “Voices of Cameroon” has been developed by UNFPA and the MINPROF on the basis of lessons learned and tools developed by UNFPA in Syria and Sudan, with support of the technical expertise in information management of the regional-level GBV AoR. UNFPA has then conducted qualitative research between October and November 2022 in 6 crisis affected regions (South-West, North-West, Far North, East, Littoral and Adamawa). Facilitators and data collectors interviewed 611 persons, 394 women 23 girls 179 men 15 boys, thanks to 66 community focus group discussions (FGD) and 14 FGDs with experts and first-line service providers. Enumerators were recruited from operational GBV actors in the geographic areas of research interest. The GBV AoR coordination team in Cameroon trained all enumerators.

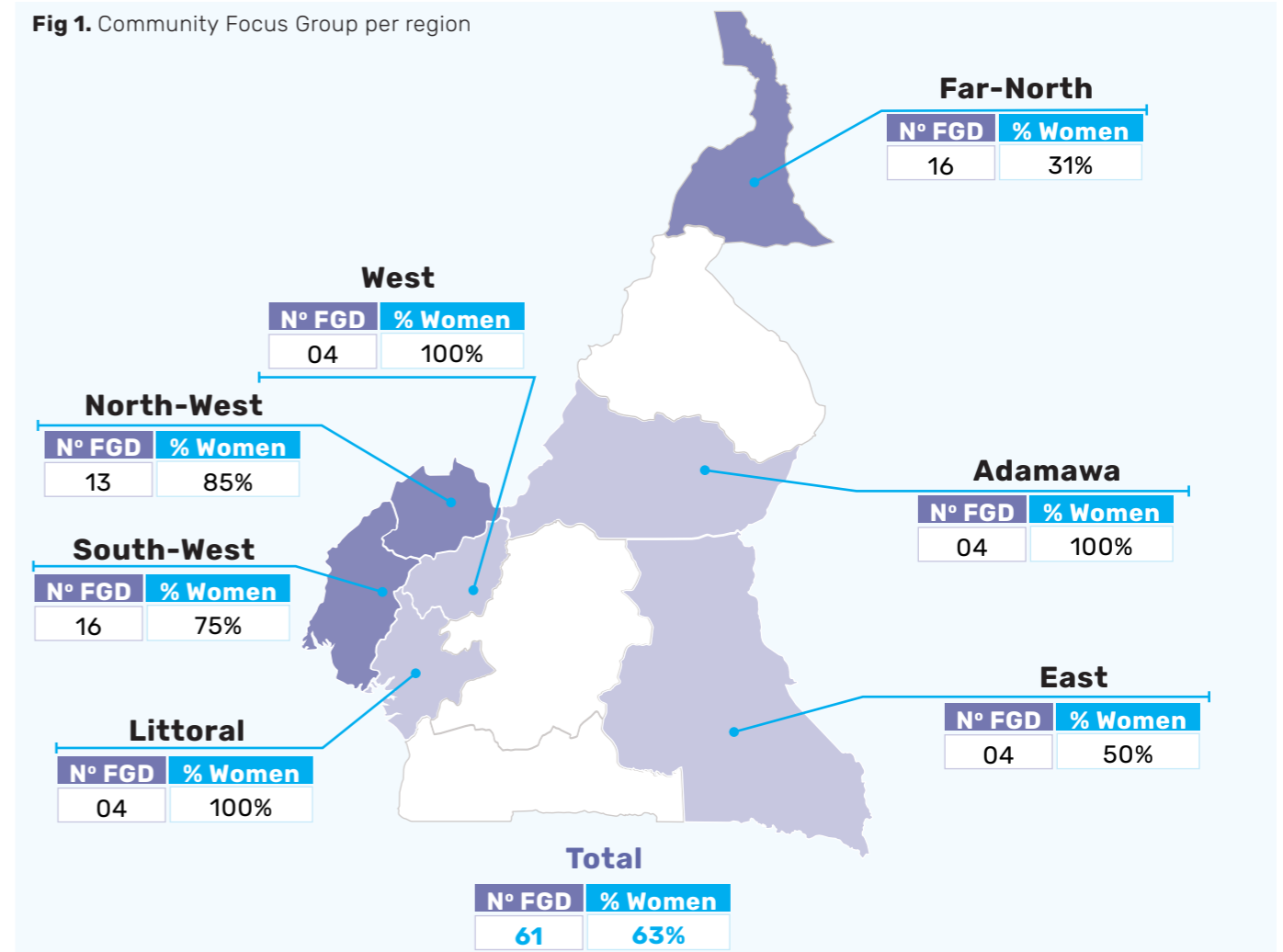
The FGD tools included the following types of GBV : sexual violence (with some specific questions to disaggregate information on (i) sexual exploitation and abuse and harassment as well as (ii) rape), intimate partner violence, early and forced marriage, economic violence, physical violence, emotional abuse/violence,

The data treatment and analysis was done by a team of two consultants, and separately conducted in North-West and South-West Regions and the rest of regions in Far North, East, West and Littoral, following Cameroon Humanitarian Program Cycle (HPC) for 2023 dividing the country in “humanitarian crises caused by continuous violence in the Lake Chad basin and in the North-West and South-West”. Due to the quality of data collected, 5 community FGDs from the South-West region were not exploitable in this report. The analysis covered over 61 community FGDs, e.g. 567 persons. 67% of the groups specifically targeted women and girls. 52% of FGS involved Internally Displaced People (IDP) and 36% Host Communities. Refugees and Returnees were also represented in the research.

Community FGD per status of respondents	N°	Percentage
IDPs	32	52%
Host communities	22	36%
Refugees	3	5%
Returnees	4	7%
<b>Total</b>	<b>61</b>	<b>100%</b>

Table 1. Community Focus Group per region

Fig 1. Community Focus Group per region



The areas with largest population displacement were selected for this assessment, to ensure safety of people participating in FGDs. Service providers selected FGD participants targeting individuals from distant geographical scope within the same locations in the capacity of IDPs, returnees and host community and in the Far North regions, Refugees were also target for FGDs for community persons. While for FGDs for experts, it was done with service providers providing lifesaving services in the areas of interest.

The assessment grouped persons by age, in the North-West and South-West among IDPs and host communities, while in the Far North among IDPs and refugees out of camps. Some community leaders, religious leaders, women group leaders and health personnel took part in this assessment too.

The consultancy team extracted quantitative information from the Kobo tool and uploaded the database on MaxQDA. Code set was adapted from Voices from

Syria and adapted to Cameroon context. The consultant team ran over 10,000 codes from the responses of FGD participants and prepared this report in collaboration with the UNFPA Country Office. The report was then shared for comments to all GBV AoR members, discussed and validated with the MINPROFF.

### Limitations

Measuring the prevalence of GBV is not the objective of this study, as good practice dictates for humanitarian actors to assume that GBV is happening where humanitarian and other response is active. GBV remains mostly unspoken and underreported in all contexts and all places. FGDs can help provide a more nuanced and detailed understanding of the types of GBV, the populations at risk, and what people do to cope with these risks. The distribution of FGDs is also not equally representative of the whole country, so the conclusions can not necessarily be generalized nationally.

## 5. KEY FINDINGS

The violence that women face in concerned settings is rooted in the pre-existing imbalance of power between men and women, and the subsequent abuse of that power. Through focus group discussions, community members and first-line responders have highlighted several interlinked factors in Cameroon related to crisis and poverty that shift this balance of power even further between men and women, and between perpetrators of violence and survivors.

Crisis, insecurity, poverty, displacement, and COVID-19 have negative effects on everyone regardless of age and sex. However, women and girls face an additional layer of distinct risks related specifically to their gender. There are very few places that women and girls consider safe and free from gender-based violence. Perpetrators of GBV range from those closest to women and girls as intimate partners, parents, teachers, friends and community members to those who they may come in contact with because of the presence of conflict, such as members of armed groups. All types of GBV included in the FGD tools, namely sexual violence, intimate partner violence (IPV), early and forced marriage, economic violence, physical violence, psychological violence, sexual exploitation and abuse, were commonly mentioned as problems in communities across the country.

More precisely sexual violence as well as emotional abuse against women and girls was reported by 95% of focus group discussion as occurring in their communities, 93% reported early and child marriage in their communities and 92% reported the existence of intimate partner violence in their communities. Across the country, 85% of the groups also reported economic violence, in particular denial of resources, opportunities and services.

**95% OF FOCUS GROUP DISCUSSION REPORTED SEXUAL VIOLENCE AS WELL AS EMOTIONAL ABUSE AGAINST WOMEN AND GIRLS... 93 % REPORTED CHILD MARRIAGE IN THEIR COMMUNITIES, 92 % REPORTED INTIMATE PARTNER VIOLENCE IN THEIR COMMUNITIES... 85 % REPORTED ECONOMIC VIOLENCE, IN PARTICULAR DENIAL OF RESOURCES, OPPORTUNITIES AND SERVICES.**

1.



**In times of crisis, the impact of intimate partner violence is amplified,** increasing women's vulnerability and psychological distress. Insecurity, poverty, displacement, and COVID-19 in the humanitarian contexts of Cameroon were all noted to increase women's and girls' risks of IPV. Violence at the hand of an intimate partner tends to be cyclical and repeated rather than a one-time incident, often escalating in severity and can result in serious physical injury. In such situations, women may feel that nowhere is safe and free of violence, whether inside or outside the home.

2.



**Economic violence** was noted as being especially pervasive, and with a ripple effect of broad negative impacts for women and girls and a strong link to contexts of conflict, increased poverty and displacement. Economic violence prevents women from achieving a level of independence and resiliency needed to cope with crises, and men may use this as a tool to ensure their continued power over women in their lives. The inability to access basic needs for herself and her family, and reliance on humanitarian aid distributions, can make women vulnerable to sexual exploitation and abuses as well as to survival sex.

3.



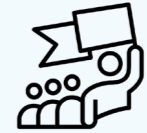
**Humanitarian workers and GBV service providers are generally trusted in communities,** which is an opportunity both in ensuring women and girls' safe and equal access to humanitarian aid, and in expanding the limited number of safe people that GBV survivors may turn to for help. This trust is a condition of women accessing humanitarian services: without it, women and girls will not feel safe accessing services, and therefore will have unequal access. This trust is also an important opportunity to increase access to GBV services, as women and girls noted humanitarian workers as one of the few trusted people to whom they may disclose their experience of violence. To fully benefit from this opportunity, humanitarian actors in all sectors should be trained on how to handle GBV disclosure and how to safely refer to GBV services.

4.



**Women and girls still face risks of sexual exploitation, abuse and discrimination when accessing aid.** FGDs revealed that some women and girls did not perceive humanitarian aid as given for free; specifically, within the registration. FGD participants noted potential requests from community leaders for money, a share in the distributed material, or sexual favors in exchange for registration as eligible aid beneficiaries. Humanitarian actors have the responsibility to ensure that distribution of assistance is neutral and impartial, which may include enforcing tighter control on registration process and increased follow up on post distribution and post service delivery. Collaboration with local women leaders and Women Led Organizations, and consultations with women and girls can help humanitarian providers to evaluate safe access for women and girls to aid.

5.



**Awareness and advocacy on GBV is working.** Many FGDs participants cited the positive effect of awareness raising by humanitarian actors on GBV and available services. Engagement with community members, community leaders and family members helped with violence prevention and holding perpetrators accountable for their actions, as well as increasing the likelihood of survivors coming forward to access needed services. However, comprehensive care for GBV survivors is difficult if other services are unavailable, overburdened or of substandard quality, including health services, legal aid, emergency cash or financial aid, shelters, livelihoods or vocational training.

6.



**Functional enforcement systems and availability of legal services may decrease the incidence of GBV on some levels,** but they may not work for all types of violence. For example, FGD participants noted the hesitation that women might feel in reporting their husbands to police for GBV. Engagement of community and religious leaders on accountability for some perpetrators was noted as an action that can help fill this gap and begin to shift harmful gender norms.

7.



**Tension between host communities, displaced populations and non-state armed groups** disproportionately affect displaced women and girls. Harassment and emotional abuse vis-à-vis women receiving aid from host communities who feel excluded from distributions and service provision constitutes a further barrier for services for people in displacement.



## 6. WHO IS MOST AT RISK OF GBV?

**W**omen and girls were identified overwhelmingly as the most at risk to all types of gender based violence. Among them, adolescent girls, widows, People living with disabilities (PLWDs) were at particular risk. Adolescent girls for example, often face double violence risks, with fewer resources to cope with them: they face similar types of GBV as adult women (sexual violence, sexual harassment, sexual exploitation, intimate partner violence) as well as violence that children may face, such as family violence or violence at school. Family violence and street harassment may escalate at puberty, when culturally society may start thinking of girls as women.

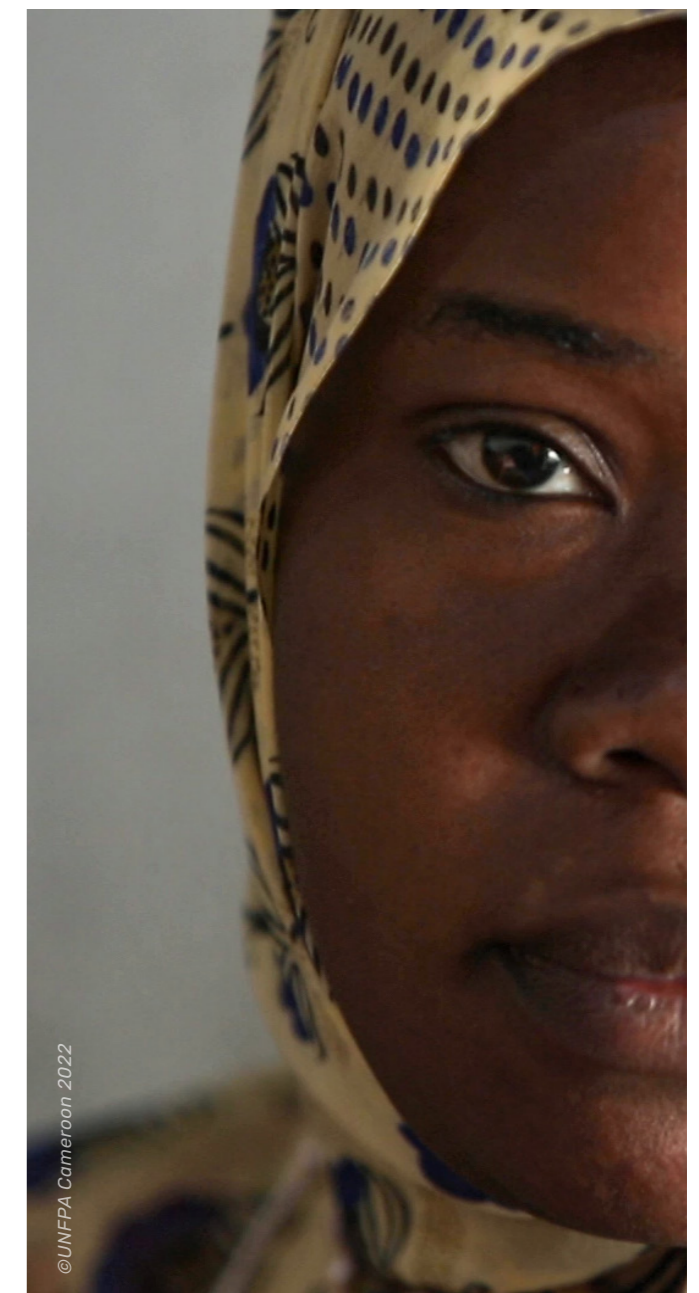
Married women are most at risk of intimate partner violence by husbands. Economic vulnerability was noted to be a particular risk for women and girls in general, and more specifically widows, married and divorced women were noted to be at most at risk of suffering economic abuse or violence. "Women are not allowed to own assets like farms or land. Husbands collect money from their wives after sales, and they don't send child girls to school. Women don't talk where men do. Women do not control finances." (IDP Woman South-West)

In humanitarian settings in North-West and South-West regions, all focus groups identified displacement as a vulnerability factor to all types of violence, as violence is exacerbated by the loss of social network, financial hardship and tensions with local communities that displacement brings. Girls were noted to be at particular risk of facing forced marriage, as well as widows and pregnant women and adolescents. Due to conflict-related poverty or due to traditional harmful gender norms and roles "Some families marry out their children as a result of pregnancy or because of poverty, as there is no money for school fees or to pay back loans." (IDP Woman, North-West)

In Littoral, Far North, East, West and Adamawa, women and girls face similar challenges than in North-West and South-West. Refugees are considered as more at risk of facing forced and early marriage. Across all focus groups in those regions displacement and disability were considered as vulnerability factors.

Although women and girls are overwhelmingly noted as the most at risk to GBV, boys were noted to face physical violence in contexts of violence against children, and men in contexts of physical abuse committed by armed forces. Infrequently, homosexual men and boys were also identified in the FGDs as being at risk of GBV.

### Where GBV happens...



@UNFPA Cameroon 2022

There are very few places – public or private – that women and girls consider safe and free from gender-based violence. Some places, such as violence occurring in the home, may have been unsafe since before the crisis. Other locations cited as most exposed to GBV by women and girls are specific to a humanitarian setting, such as checkpoints or distribution points. Women and girls also declared feeling unsafe in places related to their daily activities, such as when they fetch water at public taps, rivers, wells, and boreholes; at markets, on the way to and at schools, farms and fields, in their workplace, police stations, abandoned buildings and bars.

## Is GBV getting better or worse?

Within the FGDs participants were asked whether they had noticed changes in violence and GBV specifically in their communities in the past years. Participants noted both positive changes with decreases of violence, and negative changes where violence increased: just over half of all focus groups reported that some types of violence decreased, while 1 in 3 groups reported that violence against women and girls has increased.

Among the factors that contributed to improvement and decreased GBV, participants in FGDs mentioned the presence of protection responders and awareness raising sessions. Support from local authorities and perpetrators being brought to justice are other improvement factors mentioned during discussions.

Loss of livelihoods, spiking prices of commodities, poverty and unemployment are reported as factors that hinders improvement and lean to increased GBV. The presence of State security forces and NSAG, conflict, unemployment especially among IDPs and Covid-19 are identified as factors that worsen incidence of violence against women and girls.

All services providers consider that violence has worsened in the North-West. In North-West and South-West regions, community focus groups strongly agreed that physical violence and economic violence were increasing while trends on rape and domestic violence were unclear. Some communities reported that early marriage, forced marriage and female genital mutilations (FGM) were decreasing due mainly to awareness, availability of services, humanitarian presence and the support of local leaders and religious leaders. The other regions reported also similar trends regarding FGM and early and forced marriage, however, they reported increases in physical violence, sexual violence, economic abuse and emotional abuse. Reasons to increase are linked to the presence of armed groups and forces, conflict, the effects of Covid-19 on the economy and poverty as well as the perception of impunity of perpetrators.



## 7. GENDER BASED VIOLENCE RISKS BY TYPE

**G**ender-based violence was identified as a widespread problem that women and girls face across the entire country.

While all types of GBV were commonly mentioned as problems in communities, economic violence and early/forced marriage were noted as being especially pervasive and with broad negative impacts for women and girls, and with a strong link to contexts of conflict, increased poverty and displacement. Details of these types of violence are highlighted below.

## Sexual violence

All FGD mentioned presence of sexual violence in their communities at least once. Communities presented rape (including marital rape), sexual harassment and sexual assault as concerning, which included violations and abuse withing wedlock (domestic violence) and also occurred in forced and early marriages.

Women and girls are the most vulnerable to all types of sexual violence according to community FGD while boys appeared frequently affected by physical violence, including at family level. Rape is mentioned as the main form of sexual violence women and girls face.

Men were overwhelmingly identified as main perpetrators of sexual violence. Family members appeared often and economic violence, generally connected

Less often FGD reported that sexual violence was more likely in abandoned areas such as unfinished constructions, bars (or locations where alcohol was distributed) and public places such as schools. Checkpoints, camps and military areas were less reported. Sometimes this violence is exerted using social media or online. On the contrary, while speaking specifically about rape, participants in FDGs frequently reported that rapes happen close to water supply points, when buying or selling in marketplaces and shops in public places, places close to bars, schools and when collecting firewood. Armed men but also male community members were more likely to rape women when working in agricultural lands, on the way to work, close to isolated areas, abandoned areas or unfinished buildings. Some FDGs in Far North has linked state armed forces deployment with increases on risks of sexual violence in their communities.

**“Everyone here has experienced sexual violence; my partner sometimes forcefully has sex with me under the pretext that he has paid my bride price and owns me.”**

*Woman IDP, Littoral*

with heritage and widowed rituals. Teachers, employers were less often mentioned as alleged perpetrators in relation to husbands were also identified as perpetrators of sexual violence, as well as security forces and community members.

The main place where women and girls are at risk of suffering sexual violence is in the home, which is partly explained by the high incidence of marital rape and sexual abuse in a domestic sphere. Women and girls are also exposed to sexual violence when working in agricultural activities, going to the market or selling goods in the market, on the road to agricultural fields or crops. Also, women face risks of sexual violence when fetching water, using latrines, and gathering firewood.

In North-West and South-West regions, women and girls are noted to face risks of violence from armed men in general (community member, family member, husband). Disabilities and adolescents were also targeted by perpetrators. Women are not safe of sexual violence at home as it is revealed to be the main location of sexual violence in North-West and South-West regions. Women also suffered sexual violence when passing by isolated areas and abandoned areas and places with no lighting, in the proximity of bars and places that distribute alcohol and when working on agricultural activities, fetching water or simply in public places like schools or markets.

In East, West, Littoral, Far North and Adamawa, FGD reported that mainly women and girls were at risk of sexual violence but

also widows and married women (due to the high incidence of intimate partner violence and marital rape). Some focus groups linked disability, displacement and LGBTBI community as survivors as well as boys in the context of violence within family. Main perpetrators identified in those regions are men (family member, community member and husband), boys and armed men.

Conflict and poverty are main risk factors of sexual violence often linked with displacement and lack of lighting following community focus group discussions participants while service providers put more emphasis on harmful gender norms and traditions and power imbalance between men and women.

The threat of sexual violence is increasing according to community focus groups. Some focus groups linked it with the deployment of State armed forces, the presence of NSAGs and IDPs. Weak functionality of law enforcement and low rate of punishment of perpetrators would be a worsening factor according to the communities.

Women suffer Injury, health problems and unwanted pregnancy which conducts to social shame and rejection and consequently depression, emotional trauma and sometimes death or suicide. Women suffering sexual violence often drop out school or are pulled out of school by their guardians to protect the family from “shame”. Because of harmful gender norms and social pressure. In the Far North, sometimes families marry survivors to perpetrators.

**“Some family decide most times for forcefully send their pikin (children) them for married because some man dan rape them or ei than carry belly at a young age so as for move shame from their family”.**

*Female IDP, West Region.*



## Sexual exploitation, abuse and harassment

Women face sexual harassment and sexual assault when accessing to services, when working or simply when doing daily activities. Sexual harassment appears as unwelcomed sexual advances or offers of sexual exchanges.

Occasionally, when women and girls do not accede to men's sexual demands they assault or threaten women to report to their husbands or to NSAG.

**"Doctors record our intimate when labor or during pre-natal visits. We are scared and we refuse sending our daughters to the hospital even when they were raped."**

*woman IDP, West Region*

**"In order for my things to be sold, some persons make advances at us. Or even try touching us in a compromising and sensitive areas like buttocks and breast."**

*woman IDP, Littoral*

## Teachers and doctors are among the perpetrators who also harass and abuse women and girls

as also registration workers for humanitarian assistance that sometimes engage in unlawful exchanges of aid for money or sexual favors. This affects service provision causing lack of trust on service providers and stigma in accessing.

**"If somebody from the host community comes to ask for your daughter's hand, you are obliged to give despite her being small, since they come in the company of your landlord or guardian, you are obliged to give. Since he's going to leave you some money, which is weird, the girl doesn't often agree but we force her because, if not, how do we do it? Life is hard."**

*Woman IDP, Far North*

## Forced and child marriage

93% of FGDs revealed the presence of child and forced marriage in their communities. Girls, adolescent girls, women, widows and boys are more likely to suffer a forced engagement.

The main risk factors are gender roles and traditions that push families to marry their daughters if they become pregnant (shotgun marriage), or even when they are in age to get pregnant in order to "prevent" the possibility of pregnancy out of wedlock and consequently family shame and stigma. Widows are vulnerable to Levirate practices, which is the forced marriage of the widow to her brother-in-law in case of the death of her husband.

Poverty comes up as a strong risk factor. Reportedly, families may marry women and children without their consent as a debt payment or to gain a sufficient economic status or position (servile marriage). In addition, in some cases, families wed their daughters when they cannot, or can

**"Parents (Fathers) say that girls shall not have her first menstruation at her parents but at her husband's house."**

*Woman, Far North*

no longer support school fees and costs, under the agreement that the groom would take care of the bride's schooling. Sometimes, there is coercion for early marriage. The risks and negative impacts of child marriage for girls are substantial. Girls engaging in sexual activity are more at risk of sexually transmitted infections, while early pregnancies pose enormous health risks, including even death, for both the mother and her baby.

All Focus groups in the Far North and in the West reported early marriage in their communities, 85% of groups in North-West and 86% of the groups in South-West reported the same, 75% in the Adamawa and East and only 50% of Littoral groups.

Girls, adolescents and widows are mentioned as the most vulnerable to forced marriage in the Far North, East, West and Adamawa.

When results of women FDGs in Far North were filtered, the weight of traditional gender roles and violent culture on early and forced marriage came stronger while the general result of poverty was the stronger reason for child and forced marriage. Women FDG in the Far North also reported that often women were married to relatives (Levirat/Sororat) for "protection":

**"Women are inherited by the brothers of the deceased husband."**

*Host Woman, North-West*

In Far North, East, West, Littoral and Adamawa child marriage is perceived as decreasing thanks to awareness, the presence of humanitarian actors and the support of community leaders enforcing existing laws and norms forbidding child marriage. Also, some religious leaders are championing the change with positive impact. In North-West and South-West, communities also perceived a decrease of early marriage based on the presence of legal services, financial support and the factors above mentioned.



## Emotional abuse against women and girls



93% of FGD revealed the existence of emotional abuse or violence in their communities. All of the groups in the case of North-West and South-West. In the North-West and South-West, community focus groups reported that men, boys, adolescents, armed men, family members and husbands were main perpetrators of emotional abuse while in the other regions, host community, community members (often bike-riders), armed men and husbands were main perpetrators of emotional violence against to women and girls (often IDP). It is therefore linked with tensions between host and displaced communities. Sometimes they are called names like :

**“«Amba», cut head (beheaders), Bamenda, just because we are IDPs and we really do not know what to do.”**

*IDP Woman, Littoral*

Market, workplace, roads, agricultural fields and public places were often mentioned as places where emotional abuse came from the host community. Roads and agricultural fields were mentioned when this abuse are committed by armed men. When coming from husbands the location of the abuse is home or private propriety.

**“Women are also blamed by State military for giving birth to non-state armed groups (NSAGs), and being unable to tell them to drop weapons and stop fighting.”**

*Service Provider North-West*

Very often, emotional abuse is linked with harassment and sexual harassment. In some FGD in refugee areas, service providers and humanitarian workers were reported as perpetrators of emotional abuse in their service provision to displaced communities hampering quality and access to needed services.

**“I was insulted at the hospital by a nurse when my husband was admitted because I was constantly complaining of his condition. She replied in French saying this anglophone woman is disturbing me. With that I got angry and left the hospital. Till date I have not gone there again.”**

*IDP Woman, Littoral*

## Intimate partner violence

In some cases, women and girls suffer violence when engaging in marriage (early/forced marriage), during marriage (IPV, economic abuse or violence) and at its end (economic abuse and poverty).

92% of community focus groups have reported prevalence of Intimate Partner Violence (IPV) in their communities. In conflict affected areas of North-West and South-West it has been 98% of the FGD disclosed the existence of IPV in their communities while 87% of the focus groups consulted in Littoral, East, West, Far North and Adamawa reported the existence of IPV in their communities. It was reported by services providers as the main source of violence together with sexual violence.

Husbands and men are the main perpetrators of intimate partner violence against women and girls. Some FGDs from all regions of study have reported that wives of armed men are more at risk of suffering IPV which is reportedly more common when the union is an child marriage.

Intimate Partner Violence has strong links to physical violence, economic violence and emotional violence. In the North-West and South-West regions, community focus groups reported strong linkages with sexual violence and economic violence while in Far North, Littoral, East, West and Adamawa, it was more often linked with physical violence and marital rape.

Some husbands feel entitled to sex because of traditional gender norms (such as the payment of the dowry) and when women are not receptive to sexual demands some husbands would threaten or beat their wives or they would starve their families by limiting or denying resources and financial resources of their wives.

Consequently, husbands try to limit the resources of their wives to maintain submission through limiting their access to education, limiting their access to work,

limiting their freedom of movement or simply by robbing or stealing their wife's income (including humanitarian-funded Village Savings and Loans Associations-VSLA). Some FGDs have reported that husbands beat them when receiving humanitarian aid which is coherent with the feeling of emasculation of the fear of loss of control over the family resources.

In cases of dissolution of the marriage (by death or divorce) women in FGD have reported that men do not provide necessary alimony for the children (in case of divorce) while in case of widowed, assets are appropriated by the family of the deceased in both cases leaving a heavy burden to women.

As reported both marital rape and physical violence would be worsened in presence of alcohol or drugs. Also, conflict and poverty has been reported as risk factors by participants in focus groups discussions.

Considered as a family affair, IPV is underreported. Nevertheless, local authorities would fine perpetrators of IPV and in some rare cases order compensation to women. Some women would avoid reporting for fear, intimidation but also because fear of losing the income that is paid to local councils.

**“First, because women don't report, by fear of rejection or more and worse violence. Next, because GBV is still considered as a taboo, when a husband beats his wife or rapes her, people say it is out of love and the issue should be settled within the house.”**

*Woman IDP, Littoral*

Available data does not allow to state a decrease of IPV, nevertheless, all of the violence that are related with IPV (economic abuse and violence, physical violence, emotional abuse and sexual violence in North-West and South-West) has been reported as increasing. In addition, risk factors are reportedly worsened (mainly conflict, poverty, and impunity).

Communities have pointed at awareness, humanitarian presence, availability of services and engagement of authorities, community leaders and religious leaders as improving factors.

### Physical Violence against women

89% of FGDa across the country revealed that women and girls are at risk of suffering physical violence. For North-West and South-West 83% of FGDs revealed the presence of physical violence against women and girls. In North-West and South-West men, armed men and husbands were the most commonly named perpetrators while in the other regions men, fathered, husbands were most often named. Boko Haram, boyfriends and community members were also present as relevant perpetrators.

***“We try to be more submissive and cooperative. At home, we should do our very best to make peace reign. Even if we are hurt, we shouldn’t say anything. Men always have the final say.”***

*IDP Woman, Littoral*

In North-West and South-West regions, women and girls were especially at risk of suffering physical violence. Also, IDP, single women and adolescents and female students were named as people of concern. Communities consider that conflict is a driver for physical violence. Women also bear conflict related physical violence when having intimate involvement with armed men, or just for receiving humanitarian aid as aid is sometimes perceived as biased by parties to the conflict. According to a returnee woman in South-West.

***“Women might be beaten for taking some NFIs and Food Items from the government. As much as they need these items, even when distributed by humanitarians they fear being tortured since they might not have believed that the assistance is not from the government. They equally fear being filmed during the distribution process since it will be evident enough that they received some items. unless the population is sensitized.”***

*Returnee Woman, South-West*

In North-West and South-West men aggress women and girls in public places such as bars and proximities of places where alcohol is consumed, market, schools, when working on agricultural activities or on the way to them, abandoned or dark areas and in the proximity of military facilities, checkpoints and areas of deployment.

Specifically in the Far North, armed groups reportedly kidnap and assault women when accessing farmlands or in the bushes when getting firewood. Some FGDs in the Far North reported that IDPs would be especially at risk.

### Economic abuse against women and girls

Married women and widows are most likely to suffer economic abuse. FGDs reported that some women may not be allowed to work by their husbands, and those that do work or participate in income generating activities may not have control over their earnings when they arrive home and also may face sexual harassment at the workplace. As reported by FGDs, husbands seize resources obtained or belonging to their wives. Women in FGDs sustained not having control over the use of their earnings, including money obtained through humanitarian aid and humanitarian-funded income generating activities.

***“Mensell women’s agricultural production and food or non-food assistance, but they do not do so to meet the family’s needs afterwards.”***

*Woman, Far North*

***“The sect Boko Haram kidnaps women, girls and men when they go to the farmland or when gathering firewood. Women are fiercely beaten, and boys and men are killed or forcibly conscripted to the sect.”***

*IDP Woman, Far North*

As per research, boys can be victims of violence in the family too, while pregnancy and displacement are revealed as a vulnerability factor that expose women and girls the most.

Financial resources obtained might sometimes be spent on leisure activities, alcoholic drinks, drugs or prostitution.

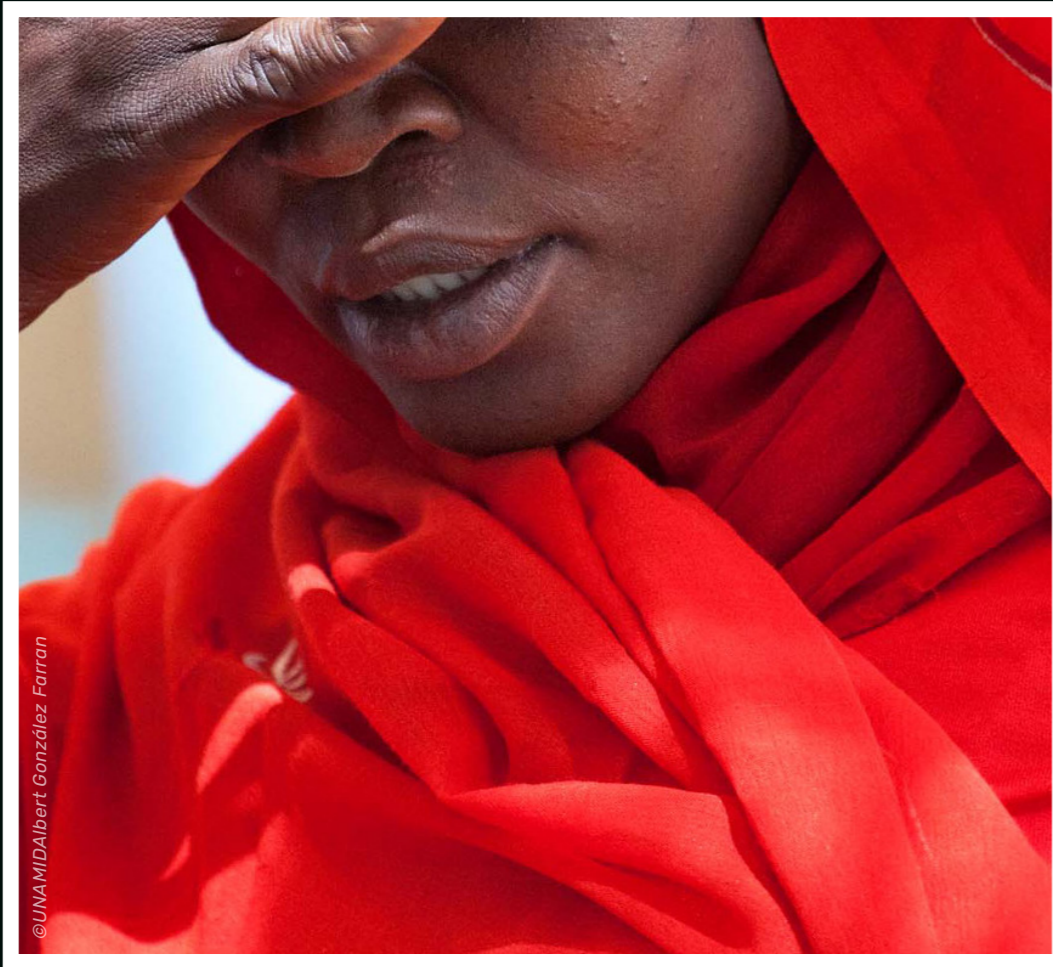
***“My husband seizes all my ‘njangi’ money (money from a savings group).”***

*Woman returnee, South-West*

Widows suffer from denial of resources from family members, especially in-laws. Widows’ and children’s lack of heritage rights or unfair distribution of inheritance often leaves the family of the deceased with very limited resources, as in-law families would take possession of all goods.

***“Most of women and girls have no access to inheritance.”***

*Man IDP, Far North*



©UNAM/Albert González Farrán

***“My in-laws took all my deceased husband’s little rodents and then they came back to take two bags of corn. But, as God’s judgement is never far, Boko Haram came and took all my in law’s goods, including the little rodents.”***

*Widow woman, Far North*

## 8. RISKS AND IMPACT OF GBV

**W**hile 92% of the FDG reported that there are negative consequences for women and girls who report violence, only 66% of FDGs reported that alleged perpetrators faced consequences for committing it. All the service providers’ focus groups reported victim blaming.

Community focus groups revealed that women and girls face health problems, injuries, emotional trauma, death and shame and family rejection, depression, and suicide. Pregnancy and abortion sometimes result also on father risk of early and forced marriage to keep family honour based on traditional gender roles.

©UN Women/Catianne Tijerina

***“Many girls deliver by c-section and others die because of infections. Despite that it hurts them, they are ashamed to tell anyone, and they do it just to their mom but the moms prefer keeping the secret and the only thing they can do is finding plant leaves and cortex for self-medication which sometimes complicates the situation and sometimes they die.”***

*Woman IDP, Far North*

Community tends to judge more severely women and girls that suffer violence than their perpetrators. Women and girls are often blamed for the gender violence they face, and they are conscious of that risk.

This happens specially when women and girls are perceived as deviating from submissive behaviour such as refusing marital sex, requesting money or complaining for lack of money for household needs or by not performing traditional roles (cooking) or by performing non-traditional activities (such as participating to VSLA or receiving humanitarian aid).

**“Men think it’s women’s attitudes that get them into trouble and situations like rape”**

*IDP Woman, Littoral*

When men abuse women and girls communities question if women were behaving in a submissive and traditional way:

**“The reaction of the community depends also on the daily behaviour of the victim”**

*Host man, Far North*

As part of submissive behaviour women and girls should limit their freedom of movement or change behaviours like dressing, time of being in public places or:

**“They should avoid abusive words and hate speech that will provoke anger in men, they should take up their responsibilities as women at home.”**

*Host Woman, North-West*

## Coping Mechanisms adopted by women and girls



The most common theme among responses of FGDs participants on coping with violence was that the burden of preventing and responding to GBV is put on the shoulders of the survivor herself. Women and girls are largely on their own in dealing with the violence that they experience, with very few feasible options available for support.

Across all locations, groups reported that women often take up negative or restrictive coping strategies in order to keep themselves safe from GBV, such as altering the way that they dress, restricting their movement by avoiding walking during dark hours or near bars, and moving in groups when going to fetch water or to fields and markets. While women may seek to obtain financial independence, in some cases this may mean resorting to survival sex or prostitution.

Women and girls are more likely to disclose and report where service delivery is available. Survivors trust friends, community leaders, humanitarian (service delivery) and health staff for disclosure



when they suffer Gender Based Violence (GBV) to accessing protection services, accessing to health services, and seeking for justice.

Many FGDs participants stated that women and girls who face violence remain silent for fear of shame, retaliation, stigma, fear of being married to the perpetrator and lack of a trusted person to whom to disclose.

**“We can’t do anything. We just live with the situation. We have gotten used to violence somehow. We know that men are the bosses, and we should just follow them. Whatever we intend to do will just be in vain.”**

*Woman IDP, Littoral*

Some groups reported positive coping mechanisms such as seeking protection services, disclosure to close friends or relatives, denunciation and participating in awareness sessions. When disclosing, women report being able to turn to trusted community leaders, religious leaders, friends and humanitarian and service provision staff, including health staff.

In all countries, community FGDs has revealed that awareness, humanitarian presence and service provision, engagement of local leaders and religious leaders are improving disclosure.

FGDs pointed at intimidation, fear for their

safety and administrative heaviness as barriers to reporting. When reporting, perpetrators are often unpunished or when punished, they reportedly pay fines to local leaders or bribe State authorities. When State security forces are reported, they are transferred to other duties, while women often face victim blaming.

**“Beatings between husband and wife are very common and are not reported. This is because they avoid their husbands being fined by the traditional council. The money will be useful in the house rather than spending in paying finds. Equally some are not reported in order to avoid shame. Rape from husband is revealed not to be reported because it is considered at a family affair.”**

*Returnee woman, South-West*

Lack of trained and reactive referral pathways and service provision hampers disclosure and put survivors in further risk:

**“We talk mostly among ourselves to feel better or bear the burden because reporting to forces of law-and-order rather makes matters worse. Some of them make advances at us and when we turn them down, the matter dies down.”**

*IDP Woman, Littoral*

Financial dependence on their husbands is a barrier to reporting. Some survivors try to find an alternative financial source to reach the capacity report. As revealed by service providers, many survivors fear the period of detention of the perpetrator as he is often the breadwinner.



## 9. AVAILABILITY OF GBV SERVICES

Focus groups participants most commonly identified health, psycho-social support services (PSS), education, awareness raising sessions, civil documentation, women and girls' safe spaces, child friendly spaces and police or security services as being present in their communities. GBV specialised services for survivors and community centres were also mentioned, while financial support was rarely mentioned by participants.

In the focus groups with GBV experts and service providers, participants were asked about the quality of available services. Services providers considered that, where present, health and PSS providers delivered with acceptable quality. In the Far North, GBV case management provision was considered of poor quality, while in South-West and North-West it was considered to be quality service provision. In general, service providers considered legal support being the weakest of the services delivered followed by security services.

Region	Health	PSS	GBV Case management	Safety and Security	Legal support
Far North	Poor	Good	Poor	Good	Poor
North-West	Good	Good	Poor	Very Poor	Poor
	Good				
	Good	Good	Good	Poor	Poor
	Good	Very Good	Good	Poor	Poor
	Good	Good	Good	Good	
		Good	Good		Poor
	Good	Good	Good		Poor
	Very Good	Very Good	Good	Good	Very Good
	Good	Good			
South-West	Good	Good	Good	Good	
	Very Good	Good	Good	Good	
	Good	Good	Good	Good	Good
		Good	Poor	Very Poor	Poor

Table 2. Service providers' opinion on the quality-of-service provision

Community focus groups reported that distance to services hinders quality deliveries. Focus groups in North-West reported that on the way to services, recipients risk retaliation of NSAGs. In the Far North, some focus groups revealed that recipients must pass through checkpoints where they are often requested for payments or are harassed,

**“Civil documents like ID cards are made in town. This forces them to move but they find it challenging since they are sometimes harassed at each checkpoint, some are coerced to give out their contacts before they are free to go and later get disturbing calls. If they do not respond positively the chances are high to face more harassment or pay some money to the officer whatever they request from you.”**

*Returnee Woman, South-West*

Moreover, as reported, are areas of concern for sexual and physical violence. Some communities are as far as 8 hours walk from service provision and the cost of transportation sometimes makes the use of services unbearable or put clients face to impossible choices.

Community focus groups also reveal that services are often not free (e.g. health) which add users the triple charge of paying for the services, for the transportation and to the checkpoints.

Focus groups also reported discrimination and rudeness on treatment to displaced people and people from other communities. People living with disability also face extra physical barriers when accessing services and sometimes services providers staff are not flexible enough to find solutions that ensure service provision to PLWD. Other barriers of access are linked to the opening hours conflicting with women traditional roles and tasks such as childcare and housekeeping.

In addition, survivors do not perceive service providers as confidential, and fear being exposed and facing shame or being connected to their perpetrator who might retaliate.



©UNHCR Cameroon 2022

**“We fear sharing information given that those providing services are members of the host community and may connect with perpetrators.”**

*IDP Woman, Littoral*

## Barriers-Risk accessing services

980% of FGD reported access constraints to reach services, of those, **98% sustained that women and girls in particular may struggle to access services.**

Barriers for women and girls include discrimination in access to services and lack of information or awareness of services deployed. This lack of information was sometimes linked to the more difficult access to phone devices for women. Services are also reportedly located far away from communities, requiring recipients to travel long distances, often by foot since most cannot afford the cost of transportation to arrive at the locations where services are provided. This travel is considered dangerous in general but more so for women and girls. Long distance also makes services **inaccessible to people living with disabilities (PLWD).**

*"They [health service providers] touch your buttocks and breasts, some even want to sleep with you, if you refuse, they ask you for money or they trouble you by wasting your time until you wait!"*

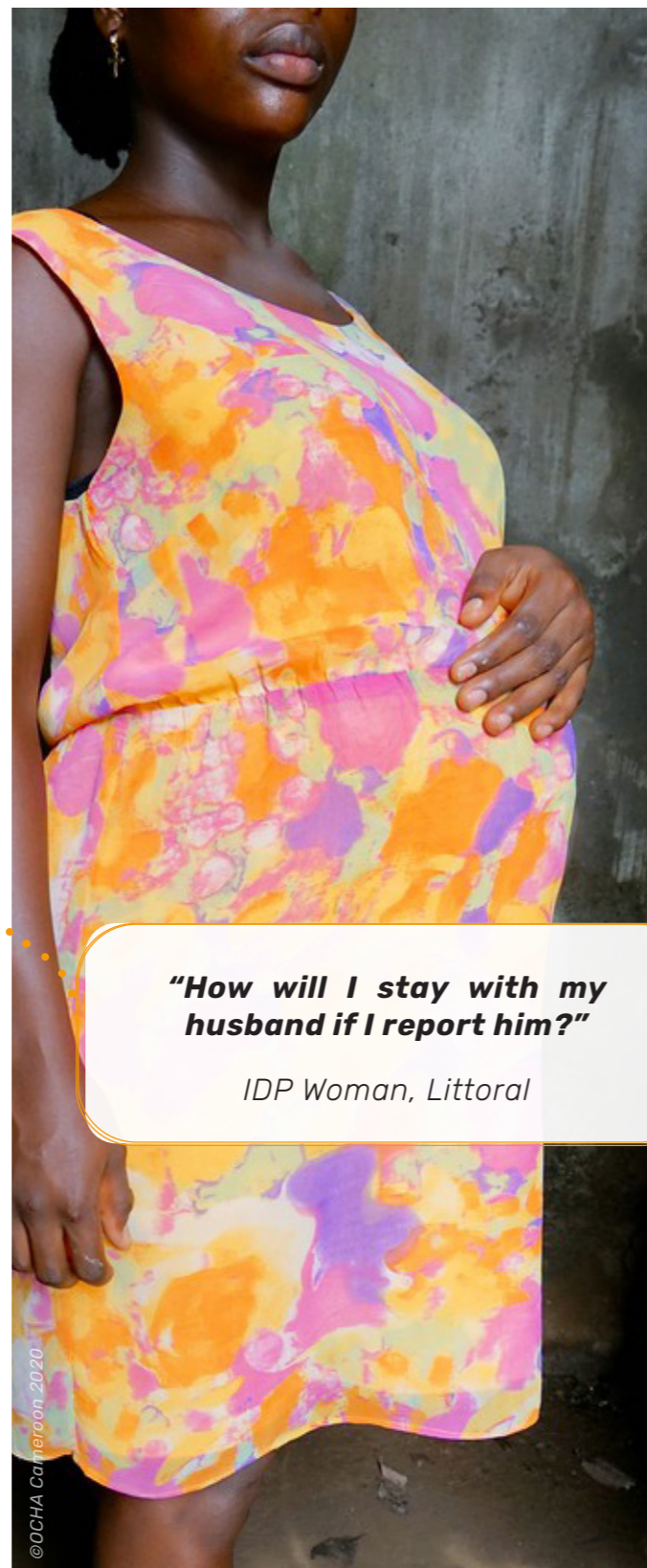
*IDP Woman, Littoral*

**While security and legal services may decrease the incidence of some types of GBV violations.** but they may not work for all types of violence. For example, FGDs participants noted the hesitation that women might feel in reporting their husbands to police for GBV.

Some FGDs have reported a decline in using services due to fear of shame, lack of confidentiality of services and stigma. **Sexual harassment and payment for services** are mentioned as access barriers for women specifically, as well as **lack of permission by husbands** as a barrier to the use of medical services, sexual and

reproductive health services (SRH) and distributions.

Tensions between host communities and displaced people sometimes condition access to service provision. IDPs reported being discriminated against and harassed based on their displacement status by both service provider and host community.



*"How will I stay with my husband if I report him?"*

*IDP Woman, Littoral*

## 10. GBV RISKS ACROSS HUMANITARIAN ACTION

### Avaibility of humanitarian aid

Most of the focus groups across the country (83%) reported that their communities were receiving some sort of humanitarian aid. FGDs participants mentioned receiving in-kind and/or cash and voucher assistance (CVA) for Food and Shelter-NFI goods, as well as distributions of WaSH supplies, dignity kits, menstrual hygiene kits, school kits, school nutrition programs and health.

### Barriers-Risks accessing aid

Among FGDs that reported that their communities were receiving humanitarian aid, **67% report having access issues to distributions and 42% report that access constraints affect women in particular.**

### Registration

Similar to the barriers identified for services, focus group participants identified lack of phone connectivity and consequently lack of awareness of registration or distribution process as an important barrier. In addition, FGDs report that women are less likely to own an electronic device than men, making this barrier even more important for women and girls. The process of registration is often reported as prone to favouritism and community members may not understand targeting criteria.

### Distribution

Men may block their wife's access to distribution sites, even when she is registered and otherwise eligible. This was identified as a significant barrier specifically for women and girls. FGDs participants mentioned several factors that might affect men's lack of permission, such as transportation costs or fear for their wife's safety during crowded distributions. In addition, some FGDs have revealed that men may feel emasculated by

*"We fear sharing information given that those providing services are members of the host community and may connect with perpetrators."*

*IDP Woman, Far North*

©OCHA Cameroon 2020

the fact of women bringing goods home, which they perceive as a challenge to traditional gender norms.

Distribution sites are reported as far from affected communities, which add a cost for beneficiaries to reach aid, affecting particularly PLWD. In the moment of distribution, FGD participants reported sexual harassment against women, overcrowded distribution sites and pushing which affects especially PLWDs and pregnant and lactating women (PLWs). Irregular phone connectivity has also been mentioned as a challenge for beneficiaries to receive their benefits in CVA operations.

### Post distribution

Carrying items back home has been reported as a struggle especially for people living with disabilities and pregnant women due to long distances. In addition, some FGDs flagged the **misperception of lack of neutrality of humanitarian aid by non-state armed groups (NSAG)**,

***“Any donations or support in line with the government poses a threat to us because our communities still harbours separatist fighters.”***

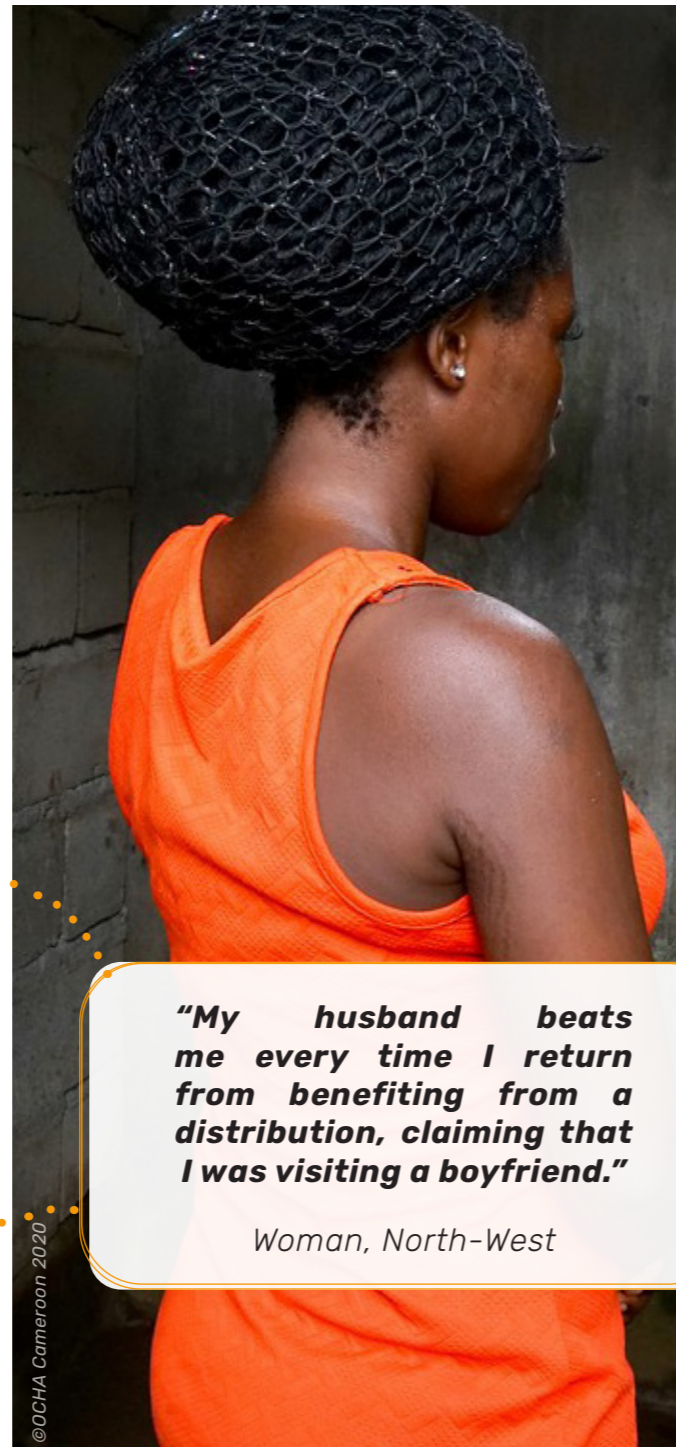
*IDP Man, South-West*

humanitarian aid recipients and the consequent fear of recipients to retaliation from these groups. Since often the distribution recipients are women, it is more likely to be women that face this risk.

***“Their homes are not secure. They often prefer not to receive services to save their lives”***

*IDP Woman, Littoral*

Overall, across the country it was mentioned in 27% of the FGDs that humanitarian aid was reportedly not distributed for free. In the case of North-West, South-West and Far North, unlawful exchanges of humanitarian aid was disclosed in 15% of the FGDs, pointing at exchanges of money, favours and sexual favours to be included in distribution lists often to local chiefs and occasionally to aid workers and registration staff. Some chiefs and communities perceive that it is the chief's right to obtain a share of received goods.



***“My husband beats me every time I return from benefiting from a distribution, claiming that I was visiting a boyfriend.”***

*Woman, North-West*

©OCHA Cameroon 2020

## 11. WHAT CAN WE DO?

### Conclusions and Recommendations

This first edition of **“Voices of Cameroon”** describes seven principal findings, which suggest approaches, advocacy and identifies five specific sectors that have an important role to play towards the elimination of gender-based violence in crisis zones in Cameroon.

- **First of all**, the qualitative assessment clearly shows that the impact of intimate partner violence is amplified in the crisis affected areas of Cameroon; as a consequence, it is essential that GBV specialized actors develop specific interventions to address IPV. For instance, GBV actors could adapt in ensuring that GBV case-management integrates “safe shelter”, protection plans and CVA solutions, and that capacity building, including of health service providers and law enforcement officials, are specific for IPV.
- **Second, the magnitude of economic violence** has consequences on women's immediate survival and on the feminization of poverty in crisis affected regions in Cameroon in the longer term. To address the consequences of economic violence and economic empowerment solutions must be integrated throughout humanitarian and development action, and systematically in referral pathways. In rapid response interventions in particular, programmatic integration in the form of cash and voucher assistance can be scaled up to foster resilience and reduce the risks of violence.
- **Third**, the general trust in humanitarians of all sectors of the emergency response and the gender sensitive programming well established in Cameroon create a conducive environment for GBV survivors to report abuses. It would then be essential for all sectors of the humanitarian response to introduce training on the GBV pocket guide in order to strengthen the adherence to 2015 GBV IASC Guidelines. While service providers are generally trusted as by women and girls, there are sometimes negative attitudes towards survivors. To address this major challenge, GBV actors should ensure that social norms and the survivor centred approach are addressed in training so that personnel demonstrate improved survivor-centred attitudes, knowledge and skills. In addition, comprehensive implementation of Accountability to Affected Populations (AAP) frameworks, regular consultations with women and girls and their participation in humanitarian activities as well as the implementation of accessible and reactive feedback mechanisms would help all actors, including GBV services providers, to better monitor the humanitarian response and react to possible policy breaches. Humanitarian actors in particular should actively seek their guidance and advice by using available methodologies (safety audits, safety walks, participative mapping...).

- **Fourth**, as this report underlines the risk of sexual exploitation and abuses, it is critical that all, including the humanitarian community reinforce the protection against SEA, in order to avoid that SEA undermine the trust in humanitarian operations. The humanitarian community has zero tolerance for SEA. SEA is a violation of human rights, when committed by humanitarian aid workers is an abuse of power and trust in assisting the affected population and it is considered an act of gross misconduct. Even when the SEA is not directly committed by an aid worker, humanitarians have the responsibility to ensure that SEA is not committed in association to humanitarian operations, and this includes enforcing tighter control on registration process and increased follow up on post distribution/post service delivery. Collaboration with local women leaders and Women Led Organizations, and consultations with women and girls can help humanitarian providers to evaluate safe access for women and girls to aid. Acknowledging the work of the **PSEA network in Cameroon**, this report would like to underline that all humanitarian organizations should prioritize adoption and close monitoring of **PSEA work plan**, implement **strong AAP procedures**, and have functional **CBCMs**. When SEA is reported, humanitarians must be sure that survivors receive the appropriate assistance and referrals, in liaison with the GBV AoR.

- **Fifth**, another important cross-cutting finding of this report is on the impact of **tension between host communities, displaced populations and non-state armed groups**. This dynamic has highlighted the need for implementation of measures to tackle social cohesion and mitigate the risks of violence against displaced women and girls. Harassment and emotional abuse vis-à-vis women receiving aid from host communities who may feel, wrongly or not, excluded from distributions and service provision has to be addressed systematically by humanitarian organizations.

- **Sixth**, these assessment findings demonstrate **effectiveness of community engagement as GBV prevention strategy**, awareness and **advocacy**, which might be considered a good practice not only for violence prevention but for improved services for survivors and the fight against impunity. Community engagement might increase the accountability for perpetrators of forms of GBV which are criminal offences, and increase the likelihood of survivors coming forward to access needed services. Community members, community leaders and family members are documented to be allies in GBV prevention and response and can be active actors for positive outcome on social norms changes. As a basic principle in GBViE programming, while engaging in prevention activities that create demand for services, services need to be available. Comprehensive care for GBV survivors is difficult if the various GBV services are unavailable, overburdened or of substandard quality, including health services, legal aid, emergency cash or financial aid, shelters, livelihoods or vocational training. It is also recommended that non-GBV actors add GBV messages while carrying out other types of humanitarian activities, with the help of GBV experts within the organization or at the GBV AoR. When such an approach is adopted by a non-GBV-humanitarian actor strong coordination and collaboration among sectors happen, ensuring that expectations of survivors are met.

- **Seventh**, findings show that functional enforcement systems and availability of legal services may decrease the incidence of GBV on some levels, but they may not work for all types of violence. For example, FGD participants noted the hesitation that women might feel in reporting their husbands to police for GBV. Engagement of community and religious leaders on accountability for some perpetrators was noted as an action that can help fill this gap and begin to shift harmful gender norms.

- **Eight**, Voices of Cameroon identify specific needs and actions to be taken by four humanitarian sectors to reduce risks of GBV to occur as well as for a more concrete adherence to GBV Guidelines :



- > **Water, Sanitations and Hygiene sector.** Community FGDs have reported that water points and latrines are areas of risk for GBV including for sexual violence. It is recommended to verify that WaSH infrastructure and activities are not implemented in the surroundings of places where alcohol is distributed, areas where there is high presence of armed men (like military barracks) or areas lacking lighting (or providing necessary equipment to facilitate lighting). Humanitarian partners should consult women when implementing WASH activities and actively seek their guidance and advice by using available methodologies (safety audits, safety walks, participative mapping...)



- > **Food Security and Shelter-sector.** It is reported that humanitarian aid can be sometimes perceived as biased. While humanitarians have not often been identified as vehicles for discrimination in the targeting of the beneficiaries, local leaders have been. Many humanitarians aid relies on local leaders for registration of beneficiaries that rightly involve the affected population, if this process is or is perceived as biased or corrupt the impact on the humanitarian action is very negative. Women in particular are at double risk of harm, as they face sexual harassment or demands for bribery from registration and then when attending distributions that armed groups perceive as biased. All people involved in the distribution cycle should be trained on humanitarian principles and the recipients should be

aware of the gratuity of humanitarian aid and be aware of reactive reporting mechanisms including active reporting mechanisms. Humanitarian deliveries are also perceived by some husbands as emasculating or threatening the existing power imbalance between husband and wife, which leads to IPV or physical violence. It is a good practice consulting or delegating on women, women leaders or women led organizations (WLO) when organizing distributions. Keeping a good system of accountability to affected populations (AAP) and reassess distribution risks with women and girls and reach out for feedback through active mechanisms.



- > **Health sector.** Health providers are at the forefront of GBV response and one of the services with a bigger reach. They are often the reason that survivors have to report violence and health staff are often trusted with disclosure. Health workers are also reported as perpetrators of sexual violence. Because of the heavy responsibility they carry, health service providers should be carefully trained on reporting mechanisms, ethical behaviors and PSEA in crisis and humanitarian settings.



- > **Protection sector.** Awareness raising activities are bringing change to communities. Reported decreases of violence are connected to the existence of referral pathways and awareness raising activities according to community focus groups. Advocacy with local leadership and religious leaders is reportedly effective to reduce violence as well as functional law enforcement mechanisms. Services

provision having a substantial impact on reductions of violence against women include legal services and financial support for survivors. Limited reach of services hampers a sharper reduction on violence against women mainly for those that lives in isolated and rural areas.

In addition, the assessment has large elements underlining that men perceive financial independence of women and girls as a threat to existing power imbalance. When targeting women for VSLAs and IGAs, partners should involve women leaders, WLOs and women and girls in general in consultations to assess the safest way to ensure that dedicated funding is serving its purpose and then ensure that AAP, including active feedback mechanisms are available, known, and responsive. Farmlands and the roads to farmlands are one of the main hot spots for physical violence, harassment, and sexual violence. Also, marketplaces are reported as areas of concern for harassment, sexual harassment, and emotional abuse (mainly targeting displaced populations). When designing programs, it is important evaluating with women and girls that programs are coherent and do not harm principle ensuring that women and girls are not put at further risk in places of concern.





© OCHA Cameroon 2020






## United Nations Population Fund


 Mont Febe Road

 P.O Box 836 Yaounde

 +237 222 219 863

 /UNFPACameroun

 /UNFPACameroun

 [cameroon.unfpa.org](http://cameroon.unfpa.org)