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MINISTÈRE DE L'AGRICULTURE ET
DU DÉVELOPPEMENT RURAL
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REPUBLIC OF CAMEROON
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MINISTRY OF AGRICULTURE AND
RURAL DEVELOPMENT
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EMERGENCY PROJECT TO COMBAT THE FOOD CRISIS

PROJECT MANAGEMENT UNIT (PMU)

A REPORT ON THEGBV/SEA/SH, MAPPING OF SUPPORT SERVICES, AND THE GENDER-BASED VIOLENCE MANAGEMENT PLAN (GBV/SEA/SH) IN THE FRAMEWORK OF PULCCA.

Final Report.

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Acronyms and abbreviations

Table 1 : Acronyms and abbreviation

ACAFEJ	Cameroon Association of Women Lawyers
AGR	Income-generating activities
ALVF	Association de Lutte contre les Violences faites aux Femmes (Association to Combat Violence against Women)
CAWOPEM	Cameroon Women's Peace Movement
CDHC	Cameroon Human Rights Commission
CEDEF	Convention on the Elimination of All Forms of Discrimination against Women
CFP	Centre de Formation Professionnel
CFPR-EB	Centre de Formation Professionnel Rapide d'Employés de Bureau (Rapid Vocational Training Centre for Office Employees)
CTD	Decentralised territorial authorities
DGSN	Délégation Générale à la Sûreté Nationale (General Delegation for National Security)
DSCE	Growth and Employment Strategy Paper
EAS	: Exploitation and Sexual Abuse
EDS	Demographic Health Survey
FGD	Focus Group Discussion
FOSA	: Health training
GBHS	Government Bilingual High School
GBVIMS	Gender Based Violence Information Management System
GHM	Menstrual Hygiene Management
GHS	Government High School
HS	: Sexual harassment
IEC	Information, Education, Communication
MGP	: Complaints management mechanism
MICS	Multiple Indicator Cluster Survey
MINADER	Ministry of Agriculture and Rural Development

MINAS	Ministry of Social Affairs
MINDEF	Ministry of Defence
MINEFOP	Ministry of Employment and Vocational Training
MINEPIA	Ministry of Livestock, Fisheries and Animal Industry
MINESEC	Ministry of Secondary Education
MINJUSTICE	Ministry of Justice
MINPROFF	Ministry for the Promotion of Women and the Family
MINSANTE	Ministry of Public Health
MNPT	: National Mechanism for the Prevention of Torture
OCHA	Office for the Coordination of Humanitarian Affairs
ODD	Sustainable Development Goals
ODK	: Open Data Kit
NGO	Non-Governmental Organisation
UN	United Nations
OSC	Civil Society Organisation
PNG	National Gender Policy
PNPS	National social protection policy
POS	Standard Operating Procedures
UNDP	United Nations Development Programme
QHSE	Quality Health Safety Environment
SND	National Development Strategy
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations International Children's Emergency Fund
VBG	: Gender-based violence
VBGMS	Gender-based violence in schools

Definition of key terms and concepts used in the study

Gender: A polysemous concept referring not to the difference linked to natural sex, but to the social and cultural differentiation of the sexes. It refers to the socially constructed relationships between women and men (e.g. husband/wife), but also between women and women (mother/daughter) and between men and men (father/son).

Sex: Biological differences between women and men. It describes the immutable and universal biological characteristics of women and men.

Gender norms: Norms and expectations to which women and men generally conform, within a scale of values defining a society, culture or community at a given time. Gender norms are generally internalised from an early age, and can lead to a lifetime of socialisation and gender stereotyping.

Gender discrimination: Unfair or unequal treatment applied to a man or a woman on the basis of gender stereotypes.

Violence against women: "all acts of violence directed against women, causing or likely to cause them physical, sexual or psychological harm or suffering".

Violence against children: Child abuse refers to the abuse and neglect of anyone under the age of 18. It includes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment, or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity, within the context of a relationship of responsibility, trust or power. Exposing a child to violence between intimate partners is also sometimes considered a form of abuse.

Sexual abuse: Any physical intrusion of a sexual nature committed by force, coercion or unequal relationship, or the threat of such intrusion.

Sexual exploitation: Taking advantage of, or attempting to take advantage of, a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically.

Sexual harassment: Any unwelcome sexual advance or request for sexual favours or any other verbal or physical conduct of a sexual nature which may reasonably be expected to cause or be perceived as causing offence or humiliation to others.

GBV risks: these are elements linked to the environment, individuals or the cultural framework that may encourage the occurrence of GBV or aggravate existing or latent situations.

Gender-based violence (GBV), sometimes also referred to as gender-based violence, refers to all harmful acts directed against an individual or group of individuals because of their gender identity. It is rooted in gender inequality, abuse of power and harmful norms.[1] It includes all acts that cause physical, psychological or sexual harm or suffering, the threat of such acts, coercion and other deprivations of liberty, whether in the public or private sphere8. It can also be understood as a term covering all acts inflicted on a person against their consent. It is based on social (gender) differences between men and women. Acts of gender-based violence therefore constitute violations of several universal human rights protected by international conventions and instruments.[2] "

Sexual harassment (HS): is any behaviour (words, gestures, written material, etc.) with a sexual connotation that is imposed on a person repeatedly (at least twice). The victim's refusal does not have to be explicit, but may ***"result from the context in which the acts were committed, a body of evidence thus being able to lead the judge to retain an objective situation of absence of consent"***. To be considered sexual harassment, the behaviour must undermine the dignity of the person (such as "openly sexist, saucy or obscene remarks or behaviour") or create a situation that "makes living, working or accommodation conditions unbearable"[3] Sexual harassment is a violation of human rights. It is a form of gender-based discrimination rooted in unequal power dynamics, sexist stereotypes and systemic inequalities between women and men, particularly in the world of work[4] .

Sexual exploitation and sexual abuse (SEA): Refers to the abuse or attempted abuse of a position of vulnerability, unequal power or trust for sexual purposes, including, but not limited to, profiting monetarily, socially or politically. **Sexual abuse** refers to any sexual touching,

[1] Frequently asked questions: Forms of violence against women and girls, UN Women https://www.unwomen.org/fr/what-we-do/ending-violence-againstwomen/faqs/types-of-violence#:~:text=The%20violence%20low%C3%A9e%20on%20the,power%20and%20the%20norms%20n%C3%A9fastes

[2] IASC, Guidelines for Humanitarian Response to Gender-Based Violence: Focus on Prevention and Response to Sexual Violence, Geneva, Switzerland, IASC, 2005, pp. 6-7.

[3] Circular no. CRIM2012-15/E8 of 7/08/2012: http://www.textes.justice.gouv.fr/art_pix/1_1_circulaire_07082012.pdf

[4] A notion of the "world of work" that goes beyond the physical workplace evokes issues such as the safetý of women in public spaces, transport, as well as in night work and when the home or street is the workplace, as indicated by ILO and UN Women (2019). Handbook: Addressing violence and harassment against women in the world of work, p. III, New York. Available at www.unwomen.org/-/media/headquartersattachments/sections/library/publications/2019/addressing-violenceand-harassment-against-women-in-the-world-of-work-en.pdf?la=en&vs=4050.

including inappropriate gestures, committed with force, coercion or unequal power, and the threat of such touching also constitutes sexual abuse.[5]

Forced marriage and early marriage: refers to the marriage of an individual against their will. Child marriage refers to a formal marriage or unofficial union before the age of 18. Although some countries allow marriage before the age of 18, international human rights principles still consider them to be child marriages, on the grounds that a person under the age of 18 cannot give informed consent. Early marriage is therefore a form of forced marriage, since a minor does not have the legal capacity to consent to this union[6] .

Harmful traditional practices: these are cultural, social and religious customs and traditions that can be harmful to a person's mental or physical health. The term is often used in the context of genital mutilation/cutting or forced/early marriage. Other harmful traditional practices include physical violence, tying, burning, branding, violent initiation rites, force-feeding, forced marriage, ***"honour"*** killings, dowry-related violence, exorcism and witchcraft.

Denial of resources, opportunities or services: this is the denial of legitimate access to economic resources/assets or livelihood opportunities, and to educational, health or other social services. Denial of resources, opportunities and services occurs, for example, when a widow is prevented from receiving an inheritance, when a person's income is forcibly confiscated by an intimate partner or family member, when a woman is prevented from using contraception, when a girl is prevented from going to school, etc.

[5] The United Nations Secretary-General's bulletin entitled "Special measures for protection from sexual exploitation and sexual abuse" (ST/SGB/2003/13) came into force at the United Nations on 15 October 2003.
[6] Global Transport Expertise Hub (GGITR), 2018. Good practice note: Tackling gender-based violence in the financing of investment projects involving major civil engineering works.

I. INTRODUCTION

This section presents the different element:

1. Background and context

Cameroon is a middle-income country with significant potential for economic growth, thanks to its geographical location, vast territory and abundant natural resources, yet it has failed to capitalise on this potential. Serious development challenges limiting the country's growth potential include the high risk of debt distress, the incomplete implementation of fiscal reforms, climate change issues, Boko Haram attacks in the Far North and a socio-political crisis in the North West and South West regions. The Covid-19 pandemic has also had serious repercussions on the Cameroonian economy.

It is essential to provide an emergency response and ensure longer-term economic and community resilience for vulnerable communities, internally displaced people and refugees facing various crises (the conflict against Boko Haram, the conflict in the North-West and South-West regions between nonstate armed groups and the Cameroonian army, and the influx of refugees from neighbouring Central African Republic and Nigeria). In addition, the increase in the occurrence of extreme weather events due to climate change makes the need for adaptation and mitigation solutions even more imperative. The Government of the Republic of Cameroon has therefore prepared, the World Bank (WB) a financial and technical support of the Emergency Project to Combat the Food Crisis in Cameroon (PULCCA).

The design of the project is based on the following fundamental principles and considerations: (i) the need to rapidly provide emergency food and nutrition supplies to eligible vulnerable populations, including children, women and the elderly; (ii) enabling farmers and livestock keepers to access climate smart agriculture inputs and technologies, in order to address underlying vulnerability and mitigate future food security shocks; (iii) community-based participatory planning for decision-making and flexibility of support mechanisms, in order to maintain the relevance and adequacy of the project to address the most urgent needs in a given community; and (iv) the need to leverage project support to strengthen the implementation capacity of government agencies.

The project is classified as a substantial risk by the WB and is subject to the provisions of the new Environmental and Social Framework (ESF). To this effect, PULCCA To this effect, PULCCA recruited an experienced GBV consultant to facilitate the participatory study of GBV/SEA/SH situation within its intervention regions. The outcome of this study is a Gender-

based violence management plan which also maps out support services within the framework of PULCCA.

1.1. Presentation of the different security contexts and the specific situation in each region.

Country context

Cameroon is a middle-income country with an estimated population of 25 million in July 20201, divided into some 230 ethnic and linguistic groups. Children under the age of 15 account for 43.6% of the population, and women for around 51%. More than 60% of the population is under 252. Ranked 153rd out of 189 countries in the 2019 Human Development Index, Cameroon is a medium human development country3. Over the period 2014-2019, the annual growth rate in terms of real GDP averaged 4.5%, underpinning an expansion in services, private consumption and investment. With the onset of COVID-19, government-imposed containment measures have been a contributing factor to job losses and increased vulnerability. At the same time, according to World Bank data, the pandemic has increased poverty for the first time in a decade, worsening both unemployment and inequality, pushing an estimated 322,000 more people into extreme poverty between 2019 and 2020.

In terms of security: i) the crisis affecting the Lake Chad basin in the Far North region, posing challenges in terms of the influx of refugees from CAR, ii) hostilities between non-state armed groups and the security forces in the North West and South West regions, which have contributed to the persistence of population displacements and violations of the rights of men and women. According to, the 2020 gender inequality index, Cameroon ranked 141st out of 189 countries.

According to data from the Ministry of Agriculture and Rural Development (MINADER) March 2023, more than 3 million Cameroonians are food insecure. The regions most affected are: North-West, South-West and Extreme-North. While the first two regions are affected by the socio-political crisis, the Far North is suffering from the effects of climate change, often manifested by a lack of water, drought or repeated flooding in recent years. The various conflicts that have shaken the country have undermined the sustainability of food systems, and are a key factor in Cameroon's sub-regional problems of acute and chronic food and nutritional insecurity.

According to the 2021 World Hunger Index, Cameroon ranks 74th out of 116 countries assessed, with the severity of hunger now rated as "moderate", given that the country's score on this index has been almost halved since 2000. Nevertheless, according to an analysis of the harmonised framework, 2.62 million food-insecure people were in a crisis, emergency or

famine situation during the period from March to May 20218. Regional disparities also exist in terms of food availability, access to food and food use. The populations most exposed to food insecurity are still found in the North-West (40% of households), South-West (30.7%), Littoral (25.1%) and far north (24.8%) regions. Adamawa: 18.7% food insecure: 1.3% (severe) and 14.4% moderate.

Around 53.2% of the population live in urban areas, where the 2019 coronavirus pandemic (COVID-19) has had the most adverse impact on food security. The pandemic has affected agricultural production, increasing post-harvest losses, reducing incomes and destroying livelihoods by around 68%. More than 4.8 million people across Cameroon, including in urban, peri-urban and rural areas, have been affected by the pandemic and its socio-economic repercussions, resorting to crisis or emergency survival strategies. According to data from Global Hunger 2021, around 53.2% of the population live in urban areas, where the 2019 coronavirus pandemic (COVID-19) has had the most adverse impact on food security in Cameroon. Agricultural production has been affected, with post-harvest losses rising, incomes falling and livelihoods destroyed by around 68%.

1.2. Information on the specific Concept specific information on context of the study regions

In the Far North region, the environment and climate change are making the population even more vulnerable to food insecurity. Among food-insecure households, 16% are headed by women, and 38% of female-headed households have poor or limited food consumption (2021 World Hunger Index, Cameroon). Women also have a more severe domestic hunger index. Malnutrition in pregnant and breastfeeding women is a risk factor for stunted growth in the foetus or infant, neonatal, infant and maternal death, and termination of pregnancy. As a result of the social inequalities that are rife in the region, when the household food ration cannot meet the needs of the whole household, men and boys are favoured over girls and women, even though it is the latter who have prepared the household meals. Very often, they have only limited access to resources and little control over them. As a result, their dependence can increase the risk of them being sexually assaulted, exploited or abused.

According to a 2020 survey on food security in Cameroon, 40% of female heads of household used a livelihood strategy (reducing the number of meals, eating non-preferred and cheaper foods, begging, selling family assets, etc.) and 16% of female-headed households used emergency livelihood strategies (borrowing food, relying on strangers for help, survival prostitution, forced marriages, etc.). Indeed, food insecurity due to the combined effects of

climate change and the security crisis in the Lake Chad basin have led to an increase in incidents of denial of resources, opportunities or services in the Far North from 36% in 2020 to 42% of reported incidents of GBV in 2021, according to data from the GBVIMS (GBV Information Management System).

The Eastern and Adamawa regions: According to the Consolidated Approach for Reporting Indicators of Food Security (CARI) approach, in 2019 around one household in five (24% compared with 19% in 2022) is food insecure, including 3% who are severely food insecure (compared with 2% in 2019). Overall, people's food security would therefore have deteriorated in the Adamawar region, rising from 19% in 2019 to 24% in 2022. As a result, 3% of households are in an emergency situation and 21% are in a crisis situation, according to the phases of the Integrated Food Security Phase Classification (IPC). With a prevalence of food insecurity of 39%, including 5% of severe food insecurity, the situation in the region is extremely worrying. Its crossroads location tends to exacerbate this situation. With a prevalence rate of 7.5%, food insecurity in the East region is relatively stagnant compared to the level established in 2019 (8%). Food insecurity affects rural households (25%) more than urban households (12%). The departments where food insecurity seems most pronounced are Mbéré (59%) and Djérem (54%), Faro-et-Déo (42%) and Mayo-Banyo (38%) in Adamawa. (Consolidated Appoach for Reporting Indicators of Food Security (CARI) approach, in 2019).

In the North-West region: In the grip of a socio-political crisis in recent years, food insecurity affects around 40.0% of households due to the following factors: inadequate food consumption for 18.7% of households, a poorly diversified diet (14.9%) and negative coping strategies based on livelihoods used by 18.8% of households when they do not have enough to eat. In addition, 1.4% of households suffer from severe to very severe hunger. In the South-West, for example, cocoa production has fallen by almost 70% and robusta coffee by 20% compared with last season. In the North-West, the drop is half that of last year. Household incomes from the main cash crops (cocoa and coffee) are lower than before, due to low production and reduced access to the most profitable sales outlets. (Consolidated Approach for Reporting Indicators of Food Security (CARI) approach, in 2019).

South-West region: In this region, food insecurity affects 30.7% of the population. 42.4% of households are economically vulnerable. In addition, 21.0% of households have inadequate and undiversified food consumption (7.9%), and 1.7% of these households suffer from severe to

very severe hunger. Despite favourable weather conditions, agricultural production in the North-West and South-West regions this year, as in the previous three years, was below the pre-crisis average. Maize harvests for the 2020 season are down by almost 45% in the South-west and 30% in the North-West compared with 2019 (MINADER NO and SO, 2020). Production of rice (main season), maize, potatoes and beans (secondary season) are below the normal average, as most of the fertile plains and irrigation systems used for the secondary season are inaccessible. This general decline in agricultural production in the North-West and South-West is mainly the result of the socio-political conflict, which has led to the displacement of farming populations, the abandonment of farmland, the blocking of farm tracks, difficulties in accessing agricultural inputs and extension services, and the "dead town" days. Added to this is the high cost of farm labour. In addition, the poor state of the roads, especially in the rainy season, limits access to urban markets, forcing producers to sell off perishable foodstuffs at low prices on the local market. Under these conditions, poor households are forced to sell a larger proportion of their crops than usual to meet their other needs. The risks of premature depletion of household stocks are high. In urban areas, displaced farming households are engaged in petty trading in non-food products, notably firewood and charcoal. Confinement and dead towns slow down this activity and further reduce the income of these households.

2. Purpose of the Report

The development objective of the project is to strengthen i) food and nutritional security, and ii) to improve the productivity and climate resilience of producers and their communities in areas affected by the crisis.

In accordance with the World Bank's new Environmental and Social Framework, the borrower is required to conduct several safeguard studies, including an Environmental and Social Assessment (ESA), a GBV study, an Environmental and Social Management Framework (ESMF), a Pest Management Plan, a Planning Framework for Indigenous Peoples (PPA), a Resettlement Policy Framework (RPF), a Resettlement Action Plan (RAP) and a Workforce Management Plan (WMP). The PULCCA used part of the project preparation funds to recruit a consultant to carry out a GBV study, including aspects relating to sexual exploitation and abuse (SEA) and sexual harassment (SH), to draw up a GBV/SEA/ SH action plan and to map GBV/SEA/ SH support services.

The purpose of this study is to conduct a GBV survey, including aspects relating to sexual exploitation and abuse (SEA) and sexual harassment (SH), draw up a GBV/SEA/ SH action

plan and map out GBV/SEA/ SH support services for PULCCA complement its implementation.

Specifically, the expected outcome of this study is study resulted in a report with the following documents:

- A gender-based violence risk management plan.
- Institutional capacity-building plan (PRCI) for the management of gender-related aspects;
- A proposal for a management protocol and referral system for GBV/SEA/SH survivors
- Mapping of support services: Directory of services for reporting and managing cases of GBV/SEA/SH in each project zone.

2.1. Overview of PULCCA framework

The PULCCA framework was developed by World Bank in collaboration with United Nations Development Programme (UNDP) and the. It was designed to address the unique challenges faced by cities in tackling climate change and promoting sustainable development.

2.1.2. Key Principles

The PULCCA framework is guided by the following key principles

Integrated Approach

PULCCA emphasizes an integrated approach that considers both climate change mitigation and adaptation measures in urban development planning.

Local Context

The framework recognizes the importance of local context and encourages cities to tailor their actions based on their specific circumstances, including social, economic, and environmental factors.

Multi-Stakeholder Engagement

PULCCA promotes the involvement of various stakeholders, including local authorities, civil society organizations, private sector entities, and communities, to foster collaboration and collective action.

Capacity Building

The framework emphasizes capacity building at the local level to enhance understanding, knowledge, and skills for implementing low-carbon and climate-resilient actions.

2.1.3. Key components of the PULCCA framework

The PULCCA framework consists of the following key components:

Reduce gender disparity: The implementation of the project on specific gender aspects aims to address the related inequalities and the lack of empowerment of women which are important factors of vulnerability and food insecurity. The 2020 Gender Inequality Index ranks Cameroon 141st out of 189 countries. Around 69% of women work in agriculture, compared to 59% of men employed in this sector. Agricultural plots operated by women are generally smaller and have less fertile soils, in addition to other disadvantages they face, such as access to agricultural inputs. Women generally have less access to irrigation, credit and extension services – and fertilizer in particular. In addition, Cameroonian women farmers face three critical gender gaps including: i) reduced access to inputs, ii) value-added equipment and iii) markets. These gaps can be attributed largely to gender-based social norms and cultural biases in intra-household resource allocation.

Urban Greenhouse Gas Inventory

Cities are encouraged to conduct comprehensive greenhouse gas inventories to assess their emissions profile and identify sectors with the highest emissions.

Low-Carbon Action Planning

Based on the greenhouse gas inventory findings, cities develop action plans to prioritize and implement low-carbon measures. These may include energy efficiency improvements, renewable energy deployment, sustainable transportation, waste management, and green building initiatives.

Climate Resilience Planning

Cities also develop climate resilience plans that aim to enhance their ability to withstand and recover from climate-related impacts. This may involve measures such as urban green infrastructure, climate-responsive urban design, and disaster risk reduction strategies.

Financing and Investment

The framework emphasizes the importance of securing adequate financing and investment for the implementation of low-carbon and climate-resilient actions. It encourages cities to explore various funding sources, including international climate finance mechanisms, public-private partnerships, and innovative financing mechanisms.

3. Methodology of the studies

This mission used a mixed (qualitative and quantitative) research method approach to conduct the study. This involved a literature review, semi-structured interviews with key informants, focus groups and a survey of respondents in the project intervening regions.

3.1. Qualitative approach

From a qualitative point of view, three main methods were used: document review, indirect individual interviews (NDI) and focus group discussions (FGD).

Desk review

At the start of the assignment, PULCCA provided the consultant with a set of key documents for an in-depth analysis of the assignment and its scope. A range of reference documents on the PULCCA priority areas were used, including an online search in addition to those made available by the project (PULCCA) (books, scientific articles and also reports produced by non-governmental organisations working on the issue). This research not only provided an overview of the GBV/SEA and sexual Harassment and reproductive health issues, but also identified the legal, political, institutional, sectoral and operational frameworks in Cameroon and the regions targeted by the study.

Semi-structured interviews (SSI)

A series of interviews was conducted in the various divisions and sub-divisions targeted by the inception report. These interviews were conducted with the following groups: traditional authorities and religious leaders, institutional actors (MINAS, MINPROFF, Judiciary, medical). The table below lists the distribution of interviews conducted for each zone as follows:

Table 2 : Semi structured interview by region

Region	Subdivisions	Key informant.										
		MI NA S	MINP ROFF	Police	Religious authorities		Magi strat e	Head of facilities	Hospital Manager s	Community leaders			
					Pastor	Imam				Local authorities	Ref ugee s	Traditional practitioner	To tal
Adamawa	Djohon g	1	1	1	1		1	1	1	1	1	1	10
East	Gari-Gombo	1	1	1	1		1	1	1	1	1	1	10
Far North	Goulfe y	1	1	1	1		1	1	1	1	1	1	10
North west	Misaje (WUM) [16]	1	1	1	1		1	1	1	1	1	1	10
Sout h West	Dikom eBalue	1	1	1	1		1	1	1	1	1	1	10
Total		**5**	**5**	**5**	**5**		**5**	**5**	**5**	**5**	**5**	**5**	**50**

Focus groups which consisted of ten respondents per group were held with a sample of two thousand target groups directly in the communities. These interviews were conducted on a disaggregated basis with the following groups: Fifty women, Fifty men, Fifty girls and fifty of boys. The following table also lists the focus group discussions that were conducted by region and by target group:

Table 3:Group discussion by region

Regions	Subdivisions	Woman	Men	Girl	Boy	Other vulnerable groups	Total
Adamawa	Djohong	1	1	1	1	1	5
East	Gari-Gombo	1	1	1	1	1	5
Far North	Goulfey	1	1	1	1	1	5
Northwest	Misaje (Wum) [7]	1	1	1	1	1	5
South west	Dikome-Balue	1	1	1	1	1	5
Total FGD		**6**	**6**	**6**	**6**	**6**	**25**

Source: Author, 2024

3.2. On the quantitative aspect :

The sample was selected using a multi-level clustering strategy at the level of the regions, divisions, sub-divisions and at community levels, while taking into account the vulnerability threshold, which is the factor that determined the choice of the areas of data collection. In total, data was collected from 2,978 people, representing a reach rate of 99.26% compared with the initial target of 3,000. Table 1 shows how the targets were redistributed across the regions.

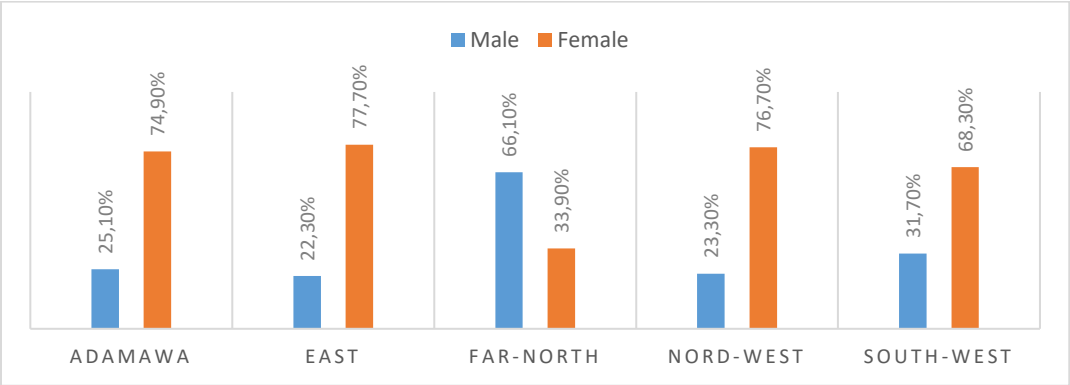

Figure 1 : Distribution of target by region and sex

Source: Field Survey, 2023

[7] Difficulties accessing Misaje

Generally speaking, 66 % of women and girls took part in the drive, compared with 34% of men and boys. At division and sub-division level, collection agents visited a total of 24 departments. Figure 1 break down the divisions visited by study area

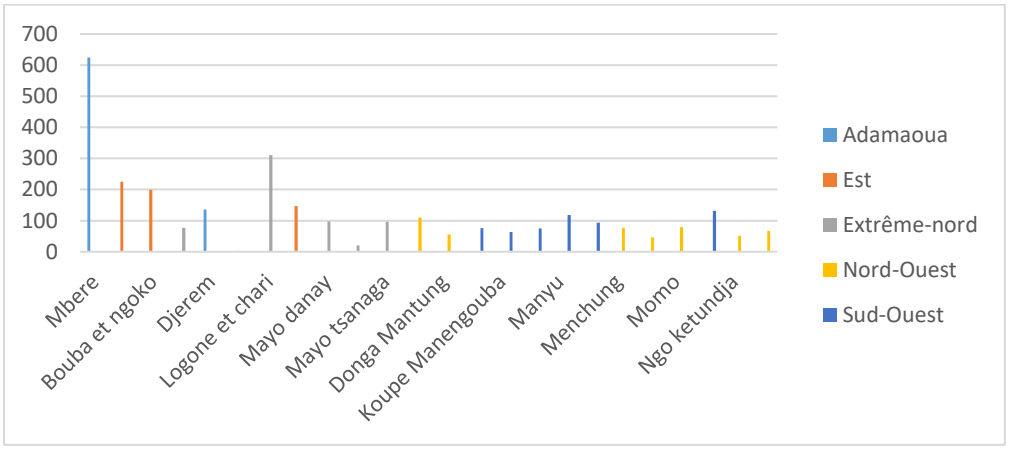

Figure 2 : Breakdown of divisions visited by region

Source: Field Survey, 2023

Lastly, 62 subdivisions were visited in all the regions and departments listed below:

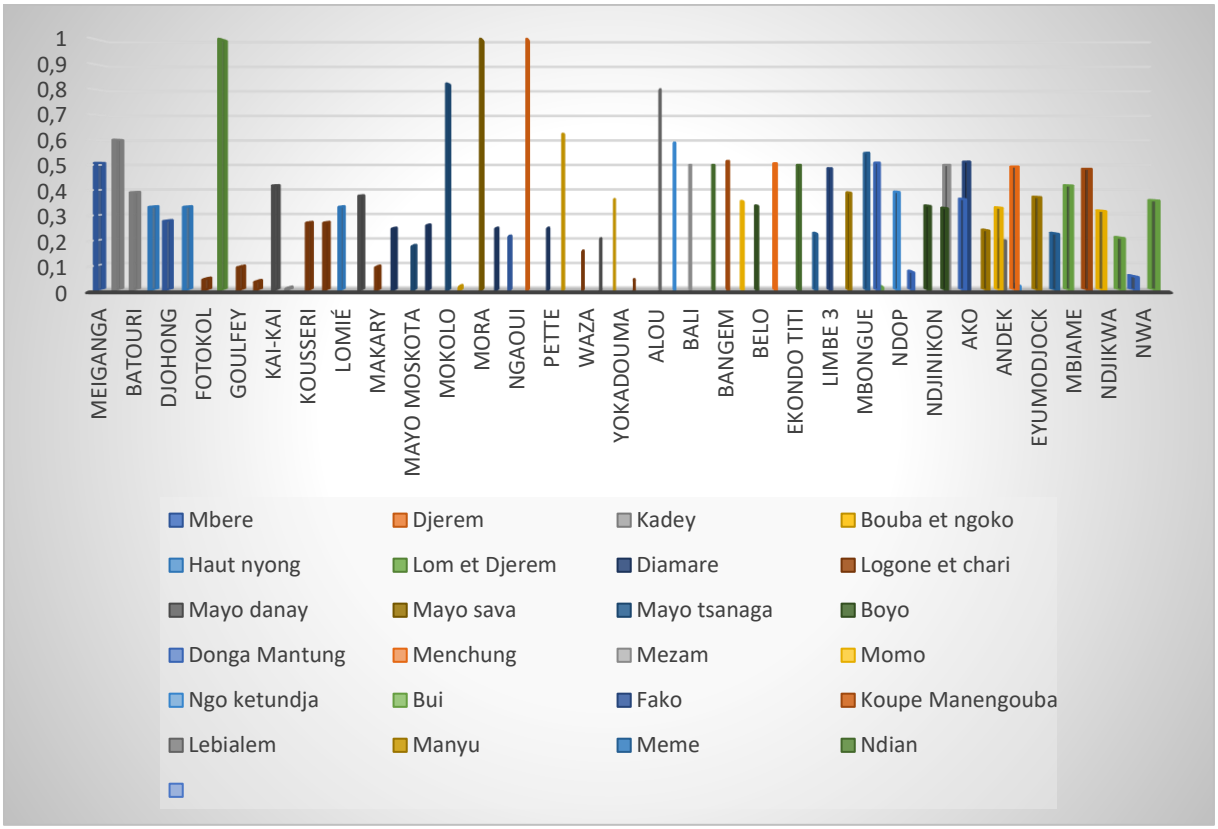

Figure 3 : Distribution of target by subdivisions

Source: Field Survey, 2023

3.3. Deployment of teams and data collection

To carry out this activity, the consultant used the services of a sufficiently large number of interviewers to carry out the activity and reach the targets. In addition, the consultant opted for a decentralised approach to collecting and validating the data collected by assigning supervisors to each region. The choice of interviewers took into account a minimum number of requirements, namely academic level, experience in carrying out similar studies, with an emphasis on previous experience of collaboration, as well as perfect mastery of the data collection tool and communities. A total of 05 zone supervisors (Extreme north and East, Adamawa, North and South West region were trained in Yaounde. After that session they trainees were deployed as supervisors in they different region.

3.4. Data processing and analysis

For the purely qualitative data, the FGDs and semi-structured individual interviews were recorded using Dictaphones and then transcribed into Word. A structured digitisation grid was then created in Excel and used to organise the responses according to the evaluation criteria and questions. The analysis was carried out by grouping the responses of all the stakeholders by question in order to group them thematically, and by open thematic coding. The transcripts were read and coded using common themes and sub-themes according to the evaluation matrix. The analysis was carried out iteratively using a three-pronged approach of 'noticing, gathering and thinking'. We also identified emerging and recurring themes during the coding and labelling of the qualitative data, which was then processed and synthesised to compile and analyse the results for each of the key evaluation criteria and questions.

As for the quantitative data, the process consisted of using all the data exploitation techniques used in quantitative analysis (in particular, balancing, weighting, etc.) to deal with the various problems detected in the raw survey data in order to have a database ready for analysis, even though the Kobo Collect application automatically manages the inconsistencies identified. Techniques such as classification and post-codification of responses to open-ended or semi open-ended questions, examination and validation of data, editing and imputation, derivation of new variables and units, etc. were also observed. This processing was carried out mainly using statistical data analysis software such as SPSS and Excel. While Stata is used more for queries and checking consistency between sections of the data, SPSS was used for labelling the data and producing indicators. Once the data has been exported to Kobo, the SPSS syntax is also available on the Kobo server. Excel is used to format tables and graphs.

3.5. Ethical considerations

A number of guiding principles underpinned all the work carried out during the study: The informant's free and informed consent and confidentiality: Each participant was informed that the interview they give as part of this study was free and voluntary and will remain strictly confidential, being used only for the purposes of the study. Assent was obtained from the minors, in addition to prior consent from a manager. Given that the survey took place within the establishments, the consent of the head of the establishment was required. A conflict-sensitive approach: the research took into account power imbalances and dynamics related to gender, ethnicity, status, socio-economic background and other factors, and proactive measures to ensure that the voices and views of excluded groups were accurately represented and that the research did not create opportunities for new conflicts.

Mutual respect and enrichment/teamwork: The consultant worked closely with the project's Gender/GBV Expert, who ensured that issues relating to GBV/SEA/SH prevention and risks were taken into account in the project. A system for exchanging and sharing information, capitalising on and mutually enriching each other, based on trust and mutual respect, were conditions for success that were taken into consideration

II. INSTITUTIONAL, POLITICAL, LEGAL AND ADMINISTRATIVE FRAMEWORK FOR VBG/SEA/SH IN CAMEROON

In this section we look at: (i) the political and strategic framework; (ii) the institutional framework; and (iii) the legal framework.

1. Policy and strategic framework

It is structured around the following main reference documents:

- **National Development Strategy 2020 - 2030**

Human capital is a key factor in economic development, and in particular in the industrialisation of a country. Indeed, it is essential for a society with ambitions to boost its industrial sector to have a sufficient, high-quality workforce. To achieve this, it is necessary to implement appropriate policies in the areas of education, health, access to basic social facilities and social protection. Social protection measures play a key role.

As part of the promotion of gender and equity for the period 2020-2030, the Government plans to: (i) pursue its policy of equitable access for girls and boys, men and women to education, training and information; (ii) strengthen programmes designed to encourage female and youth entrepreneurship; (iii) step up consultations with the banking system to open up credit to this section of the population; (iv) step up measures to combat gender-based violence (GBV); (iv) establish principles to ensure that women and young people are better represented in public and political life; and (v) continue to strengthen the institutional framework for promoting and protecting women's rights .

This policy, which is a continuation of that of the Growth and Employment Strategy Paper (GESP), has led, among other things, to the integration of gender issues into ministerial strategies and budgets, the drafting of the National Gender Policy document, the National Social Protection Policy, the National Strategy to Combat Gender-Based Violence, and so on. These measures incorporate international, regional and national provisions and conventions on the need to combat gender-based violence (GBV).

- **National Social Protection Policy 2020 - 2030**

Its vision is as follows: Cameroon, a country with an integrated social protection system based on solidarity and participation, which guarantees that everyone, especially the most vulnerable, will have their basic needs met. Its main pillars are: i) complementarity; ii) decentralisation and

deconcentration; iii) valuing women and the family; iv) the gender approach; v) partnership; vi) active communication; vii) social accountability.

The aim of the policy is to extend social protection cover for the population, particularly the most vulnerable, by focusing on the construction of an integrated system that guarantees the satisfaction of basic needs for all. In line with existing reference frameworks, Cameroon, through this policy, intends to intensify actions to prevent gender-based violence, in particular through awareness-raising campaigns in the focus regions, to strengthen and make functional the listening services in the local representations of MINPROFF and MINAS and in certain police stations and gendarmerie brigades, to strengthen the capacities of IEC workers, to ensure psychosocial care and support to medical care structures, and to strengthen the legislative framework on gender-based violence. The legal framework will also be strengthened to punish the perpetrators of abuse, violence and ill-treatment and to facilitate recourse in the event of abuse.

- **National strategy to combat gender-based violence 2022-2026**

The main objective of the National Strategy to Combat Gender-Based Violence (NSVBG) 2022-2026 is to help reduce the rate of GBV by at least half by 2026, in a context weakened by covid-19 and security and humanitarian crises. In practical terms, the fundamental concern is to combat gender-based violence, which is in principle a corollary of gender inequality. The new strategy is backed by the NDS30 and also takes into account the guidelines of the Sustainable Development Goals (SDGs) and those of the African Union's Agenda 2063.

Its strategic plan to combat gender-based violence is based on three strategic areas:

- Area 1. Strengthening the prevention and risk mitigation system in all sectors and improving knowledge;
- Area 2. Strengthening the system for holistic care of survivors and punishment of perpetrators of GBV; and
- Area 3. Partnership, coordination and resource mobilisation. The aim is to create frameworks that will enable the relevant services to deal more effectively with problems relating to the fight against GBV, to improve the provision of treatment and law enforcement services and to strengthen synergies between those involved in the fight against GBV (stakeholders who work together as part of a platform).

- **Health sector strategy 2020-2030**

According to the results of the 2014 MICS survey on domestic and family violence, 45% of women have suffered physical violence (slapping, shoving, punching, twisting of the arm or pulling of the hair, use of a knife, etc.); 20% of women have suffered sexual violence (forced, including during first sexual intercourse); 42% of women have suffered emotional violence (insults, belittling, humiliation, etc.); 67% of children have suffered corporal punishment; 36% of girls have suffered child marriage.); 67% of children have been subjected to corporal punishment; 36% of girls have been subjected to child marriage; and with the growing problem of violence in schools, new challenges are arising in the area of medical care for the often serious health consequences.

To address this situation, and in line with the objectives of the NDS30 and the health-related Sustainable Development Goals, the Health Sector Strategy for the period 2020-2030 has been developed and is currently being implemented. The aim of this strategy is to encourage the population to adopt healthy behaviours that promote good health. The different areas of intervention are: (i) to strengthen institutional capacities, coordination and community participation in the field of health promotion in 80% of health districts; (ii) to improve the living environment of the population in at least 70% of health districts; (iii) to develop promotion actions in at least 80% of health districts, in order to strengthen the health-promoting skills of individuals and communities; (iv) to encourage 75% of families to adopt essential family practices, in particular family planning.

- **National Gender Policy 2022-2030**

Its priorities are as follows:

(i) Improving living conditions for women,

(ii) Improving the legal status of women,

(iii) Developing women's human resources in all development sectors,

(iv) Women's effective participation in decision-making,

(v) Protecting and promoting the girl child,

(vi) Combating violence against women,

(vii) Improving the institutional framework for integrating women into development. The objectives are:

1. Education, training and information;
2. Health, particularly reproductive health;

3. The economy and employment;
4. Socio-cultural environment;
5. Women's representation in public life and decision-making;
6. Application and internalisation of legal instruments relating to the rights of women and girls;
7. Improving the national institutional mechanism for promoting women's rights.

2. Institutional framework

framework includes: public institutions, specialised institutions, technical and financial partners and civil society organisations.

2.1 Public institutions

- **The Ministry for the Promotion of Women and the Family (MINPROFF)**

In accordance with Decree N°2011/408 of 09 December 2011 on the organisation of the Government, the Ministry for the Promotion of Women and the Family is responsible for the development and implementation of measures relating to the respect of women's rights and the protection of the family. Decree No. 2012/638 of 21 December 2012 on the organisation of the Ministry created a Department for the Social Advancement of Women, which is responsible for implementing and monitoring programmes for the protection and promotion of women's rights and gender in the political, economic, social and cultural spheres, and for taking measures to eliminate discrimination prejudicial to the development of women.

As the lead agency in the fight against GBV, MINPROFF has forged partnerships with United Nations agencies such as UNFPA and UNFEMMES. These collaborative frameworks have led to the setting up of care units for survivors, such as Call Centres and Safe Spaces within the Centres for the Promotion of Women and the Family (Centres de Promotion de la Femme et de la Famille) and refugee sites, as well as Gender Desks within police stations. The purpose of these structures is to welcome and support women and girls who have survived violence (reception, listening, advice, guidance and accommodation).

- **The Ministry of Social Affairs (MINAS)**

Decree N°2005/160 of 25 May 2005 on the organisation of the Ministry of Social Affairs assigns it, among other missions, the social protection of children, the elderly and the disabled, and Decree N°2011/408 of 09 December 2011 on the organisation of the Government, the

MINAS is responsible for developing and implementing Government policy on prevention and social assistance, social protection of the individual, as well as the implementation of National Solidarity. Decree No. 2017/383 of 18 July 2017 on the organisation of the Ministry of Social Affairs assigns MINAS responsibility for developing and implementing Government policy on prevention, assistance and protection of socially vulnerable people. This comes at a time when the State is determined to provide better care for vulnerable social groups. Although caring for survivors of GBV is not one of its main missions, the ministry's role in looking after the destitute and social cases may lead it to play a role with victims, who may be children in difficulty.

- **The Ministry of Justice (MINJUSTICE)**

Through its missions, one of the main ones of which is the application of the law through the courts, the role of this ministry is of proven importance in terms of punishing the perpetrators of GBV, thus contributing effectively to their fight.

- **Ministries in charge of Education (MINEDUB, MINESEC, MINESUP)**

These departments are responsible for drawing up and implementing government policy on the education of children, secondary education and the normal education of young people, including their protection in pre-school, school and university environments. They are also involved in raising awareness of GBV in schools and universities.

- **The Ministry of Employment and Vocational Training (MINEFOP)**

MINEFOP is responsible for promoting women's self-employment and providing support for the creation and management of income-generating activities (IGAs). It is also involved in raising awareness of GBV.

- **The Ministry of Public Health (MINSANTE)**

The health facilities that provide care for survivors of violence make this ministry an important link in the chain of actors involved in the management of GBV.

- **The Ministry of Youth and Civic Education (MINJEC)**

It is responsible for developing and implementing government policy in the field of youth, civic education and the promotion of national integration. The National Civic Service Agency for Participation in Development), which it oversees, implements programmes to support young people in rural and urban areas is responsible for the civic and moral education of young people, and is involved in raising awareness, particularly on GBV.

- **The Ministry of Defence (MINDEF) and the Secretariat of State for Defence in charge of the Gendarmerie (SED)**

The State Secretariat for Defence, is responsible for the Gendarmerie, is one of the most important players in the fight against GBV, given the need for victims of violence against citizens to have their cases investigated by the Gendarmerie.

- **The General Delegation for National Security (GDNS)**

In addition to its regalia missions of ensuring the safety of people and their property, the GDNS has gender desks in its decentralised services, notably the public security police stations and the central police stations, which receive complaints and denunciations from victims of violence. Mobile intervention units are also deployed to identify victims and perpetrators.

2.2. Specialised institutions

The main ones are listed below:

- **Cameroon Human Rights Commission (CHRC)**

Created in 2019, by law n°2019/014 of 19 July 2019 on the creation, organisation and functioning of the CHRC. The CHRC is an independent institution for consultation, observation, evaluation, dialogue, conciliation and concertation on the promotion and protection of human rights. It also acts as Cameroon's National Mechanism for the Prevention of Torture (CNMPT). The Commission's mission is to promote and protect human rights and prevent torture in all places where people are deprived of their liberty. As such, it is responsible for processing petitions relating to human rights violations, including GBV. It also promotes human rights, with particular emphasis on the rights of vulnerable groups (women, children, people with disabilities, etc.).

- **Decentralised Territorial Authorities (DTAs)**

In view of the scale of GBV, and the fact that it is on the increase, it is advisable to take action at several levels. In addition to a repressive approach, this requires a paradigm shift towards prevention. Such an approach requires local action which, to be effective, requires the deployment of human and financial resources. This is where decentralisation offers an ideal framework, because its main advantage is the devolution of resources. This must be based on bringing together the actions of the various players. Development Partners

Several development partners are supporting the government's efforts to combat gender-based violence. These include United Nations agencies such as UNDP, UN-WOMEN, UNFPA,

UNICEF, The World Bank, UNESCO, UNHCR, WHO and IOM. This support is multi-faceted. It takes the form of financial and technical support.

2.3. Civil Society Organisations

The government's efforts are complemented by the contribution of international NGOs and civil society organisations working to protect human rights in general, and the most vulnerable in particular.

- **Legal framework**

Is at two level: national and international.

At the international

The Universal Declaration of Human Rights of 10 December 1948

Which proclaims, in its first article, that all human beings are born free and equal in dignity and rights. They are endowed with a conscience and should act towards one another in a spirit of brotherhood;

The International Covenant on Economic, Social and Cultural Rights

Adopted on 16 December 1966, ratified on 27 June 1984, which recognises the right of everyone to the enjoyment of just and favourable conditions of work, to a decent standard of living, to the highest attainable standard of physical and mental health and to the right to education; it emphasises the commitment of countries to guarantee the exercise of the rights set out without any discrimination;

The International Covenant on Civil and Political Rights and its First Protocol

Adopted on 16 December 1966, ratified on 27 June 1984, which requires States to ensure the equal right of men and women to the enjoyment of all civil and political rights, such as the right to life, the prohibition of slavery, the right to security of person, the right to liberty of movement and freedom to choose one's residence, equal rights before the courts, the right to recognition as a person before the law, freedom of expression, freedom of association and the right to take part in the conduct of public affairs;

Convention No. 111 on discrimination in respect of employment and occupation

Adopted on 25 June 1958 and entered into force on 15 June 1960, which prohibits discrimination in employment and occupation;

The Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment

Adopted on 10 December 1984 and ratified on 19 December 1986, which obliges States to take all necessary measures to prevent and punish torture and other inhuman and degrading treatment;

The United Nations Convention on the Rights of the Child

Adopted on 20 November 1989 and ratified on 11 January 1993, which commits States Parties to respect the rights of the child without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political opinion, national, ethnic or social origin, property, disability, birth or other status;

The Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages

Which recommends that States take all measures to abolish customs, ancient laws and practices contrary to the Universal Declaration of Human Rights and the Charter of the United Nations, and to ensure the free choice of spouses by abolishing child marriage and the practice of betrothing young girls before they reach marriageable age, instituting appropriate penalties where necessary, and creating a civil registry service or other service to register marriages;

The Convention on night work for women

This prohibits night work by women in private or public industrial companies, except under certain conditions;

Convention No. 100 on Equal Remuneration

Adopted on 29 June 1951 and entered into force on 23 May 1953, which provides for equal pay for male and female workers for work of equal value;

The Convention on the Political Rights of Women

Adopted on 7 July 1954, guaranteeing women the right to vote and stand for election in all elections without discrimination;

The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and its additional protocol

Adopted on 18 December 1979 and ratified on 23 August 1994 and 1 November 2004, the Convention recommends that States combat all forms of discrimination against women in the political, legal, economic, social, cultural or any other field, as well as harmful traditional practices/customs. The additional protocol to the Convention allows individuals or groups of individuals, or on behalf of individuals or groups of individuals in a State party to the CEDAW, who consider themselves to be victims of a violation of one of the rights referred to in this

Convention, and after exhausting domestic remedies, to submit a communication to the Committee on the Elimination of Discrimination against Women;

The Convention on Organised Transnational Crime and its Additional Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children

The purpose of which is to prevent and combat trafficking in persons, especially women and children (Additional Protocol), to protect and assist the victims of such trafficking and to promote cooperation between States Parties in order to achieve these objectives;

Convention No. 182 on the Elimination of the Worst Forms of Child Labour

June 1999, which aims to combat the worst forms of child labour and their exploitation;

United Nations Security Council Resolution 1325

Which offers women the opportunity to participate in preserving peace and resolving conflicts. This Resolution was supplemented by Resolution 1820 of 19 June 2008, which recognises rape as a crime against humanity, the perpetrators of which are liable to prosecution by the International Criminal Court;

Resolution No. A/C3/67/21/Rev of the United Nations General Assembly on intensifying efforts to combat female genital mutilation (2013);

The Declaration on the Elimination of Violence against Women of 20 December 1993

Which commits signatory states to taking all appropriate measures to eliminate violence against women;

The Declaration on the Protection of Women and Children in Emergency and Armed Conflict adopted in December 1974

Outlaws all forms of repression and cruel and inhuman treatment of women and children, including imprisonment, torture, shootings, mass arrests and collective punishment;

The International Convention on the Rights of the Child, articles 28 and 29 of which are devoted to the right to education.

This is considered to be a fundamental right that respects the dignity of the child and takes into account equal access for girls and boys.

At regional level

The Treaty of 17 October 1993 on the Harmonisation of Business Law in Africa and the OHADA Uniform Act on General Commercial Law

Which recognises the full capacity of women to engage in commercial activities;

The African Charter on Human and Peoples' Rights of 27 June 1981, ratified on 21 October 1986,

Which affirms its commitment to the principle of equality of human beings and non-discrimination;

The African Charter on the Rights and Welfare of the Child

Adopted in July 1990 by the member states of the OAU, now the AU, which lays down the principle of non-discrimination between children and recommends the protection of children against abuse, ill-treatment and negative socio-cultural practices;

The African Youth Charter

Adopted in July 2006 and entered into force on 08 August 2009, ratified by Cameroon on 11 January 2011, art. 25 of which prescribes the elimination of harmful social and cultural practices (habits and customs that affect the health, life or dignity of young people);

The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women (Maputo Protocol).

Adopted on 11 July 2003 and entered into force on 25 November 2005; ratified by Cameroon on 28 May 2009. Article 5 protects women and girls at risk of harmful practices or all other forms of violence, abuse and intolerance;

At national level

The Preamble to the Constitution proclaims the Cameroonian people's attachment to universal values and principles, which are guaranteed by the State to all citizens without distinction of sex or race. Indeed, the nation protects and encourages the family, the natural basis of human society. It protects women, the young, the elderly and the disabled.

National laws and regulations are consistent with this approach, in particular the Law of 29 December 2006 on the organisation of the judiciary, which sets out the operation of the justice system and determines the jurisdiction of the courts responsible for punishing and suppressing the various forms of violence that can occur in the private or public sphere.

Other examples include,

Law No. 68/LF/03 of 11 June 1968 on the Civil Code applicable in Cameroon

Law No. 1992/07 of 14 April 1992 on the Labour Code;

Law N°90/053 of 19 December 1990 on freedom of association,

Which enshrines freedom of association in general and, for women, the freedom to create and join any association of their choice in the same way as men;

The Law of 19 December 1990 on conditions of entry, residence and exit from Cameroonian territory

Among other things, it abolishes marital authorisation for women to travel;

Law N°98/004 of 14 April 1998 on the orientation of education in Cameroon Which stipulates that the State guarantees everyone equal opportunities of access to education without discrimination on the grounds of sex, as well as the physical and moral integrity of pupils and punishes physical abuse and all other forms of violence and discrimination;

Law N°2009/004 of 14 April 2009 on the organisation of legal aid;

Law N°2010/002 of 13 April 2010 on the protection and promotion of people with disabilities;

Law N°2011/011 of 06 May 2011 amending and supplementing certain provisions of the 1981 Civil Status Ordinance,

Law N°2011/024 of 14 December 2011, relating to the fight against human trafficking and smuggling in Cameroon;

Law N°91/20 of 16 December 1991 laying down the conditions for the election of deputies to the National Assembly;

Law N°92/002 of 14 August 1992 on the election of municipal councillors; o Electoral laws dealing with electoral capacity and conditions of eligibility, which are the same for women and men

Laws on the establishment and funding of political parties Which offer women and men the same opportunities.

Law 2016:007 of 12 July revising the Criminal Code

Which punishes certain types of conjugal, domestic and family violence (child marriages, rape, incest, genital mutilation, sexual harassment, violence against children, violence against incapacitated persons, violence against pregnant women, abusive dowry demands, etc.).

Ordinance 74/1 of 6 June 1974 establishing the land tenure system:

The Ordinance of 29 June 1981 on the organisation of civil status and other provisions relating to the status of natural persons:

The 2005 Code of Criminal Procedure,

This sets out, among other things, the principle of equality between women and men with regard to the consideration of their rights in proceedings brought against them in the event of the commission of an offence;

Decree No. 76/165 of 27 April 1976 setting the conditions for obtaining a land title and Decree No. 2005/481 of 16 December 2005 amending and supplementing certain provisions of the previous Decree, which allow women and men access to land ownership;

Decree No. 94/199 of 7 October 1994 on the general status of the State civil service.

Order No 163/CAB/PM of 02 November 2010 creating and organising an inter-ministerial committee to supervise the prevention and fight against human trafficking;

Order N°012/CAB/PM of 31 January 2013 on the creation, organisation and operation of the Coordination and Monitoring Committee for strategies to combat trafficking in human organs and ritual crimes; Order No. 087/PM of 27 August 2014 creating the intersectoral committee to combat child labour;

Instead of progressively decreasing, GBV/SEA/SH tend to stagnate over time. This raises questions about the framework for combating GBV described above. An examination of this framework reveals its limitations in terms of quality, infrastructure and human resources:

Persistent security challenges in the Far North, North West and South West regions;

The lack of structure in the community and the authorities' lack of interest in GBV prevention and care activities;

Lack of manpower, resources and proximity of law enforcement and judicial authorities;

The GBV sectoral working group remains weak in the various intervention zones;

The absence of a periodic assessment of the operation of the referral, counter-referral and response mechanisms/systems;

The need to harmonise and finalise the data collection tools used by the various stakeholders involved in implementing the GBV response strategy;

Local management of cases through "amicable" arrangements;

Lack of information on the possibility of appealing to the courts;

Ignorance and mistrust of the justice system;

Poverty and socio-cultural constraints;

The requirement for a forensic certificate and its cost for a certain category of women and girls;

The impunity of perpetrators of GBV and the failure to apply laws and regulations against these forms of violence;

Directly applicable procedures ignored

The holistic management of cases of GBV remains an ideal;

Limited access to emergency care;

Lack of specialisation in crisis intervention; o Difficulties in coordinating, monitoring and evaluating initiatives to combat the disease.

Review of the World Bank's legal framework relating to GBV/SEA/SH

No country, community or economy can realise its potential or meet the development challenges of the 21st century without the full and equal participation of women, men, girls and boys. This explains the World Bank's commitment to closing the global gender gap in order to deliver a lasting impact on poverty and support the achievement of sustainable economic

growth that benefits all (World Bank, 2018) 1. Every community in which the World Bank works includes women and girls who have experienced or will experience GBV. The World Bank's financing of investment projects (IPFs) involving major civil works can increase the risk of GBV, in particular sexual exploitation and abuse - SEA - as well as sexual harassment - SH (together referred to as SEA/ SH for short) exercised in different ways by a range of perpetrators in the public and private spheres.

The World Bank's good practice note on GBV/SEA/SH is based on the following principles:

Focus on survivors: Focus on prevention and mitigation;

Focus on prevention: Adopt risk-based approaches that aim to identify the main SEA/SH risks and take action to prevent or minimise their consequences;

Drawing on local knowledge; Rely on factual data;

Adapting: Adapting and tailoring mitigation measures to take account of the unique vectors and context of a given environment, using the operations guide described in this Note, which provides the basis for an effective SEA/SH risk management approach;

Minimising harm to women and girls: Project staff must be trained in how to protect women's safety when carrying out surveys or collecting data on this subject.

III.MAIN RESULT ANALYSIS OF GBV AND SUPPORT SERVICE

This section has two points: region by region analysis and general issues.

1. Region by region analysis

1.1. Far North region

- **Physical violence**

The analysis of physical violence at the level of the Far North region presented below shows that the phenomenon is present in all the districts of the region, even if the proportions vary from one commune to another. The first finding to emerge from the survey is that all the people questioned in the localities and communes targeted by the study had already experienced physical violence at least once.

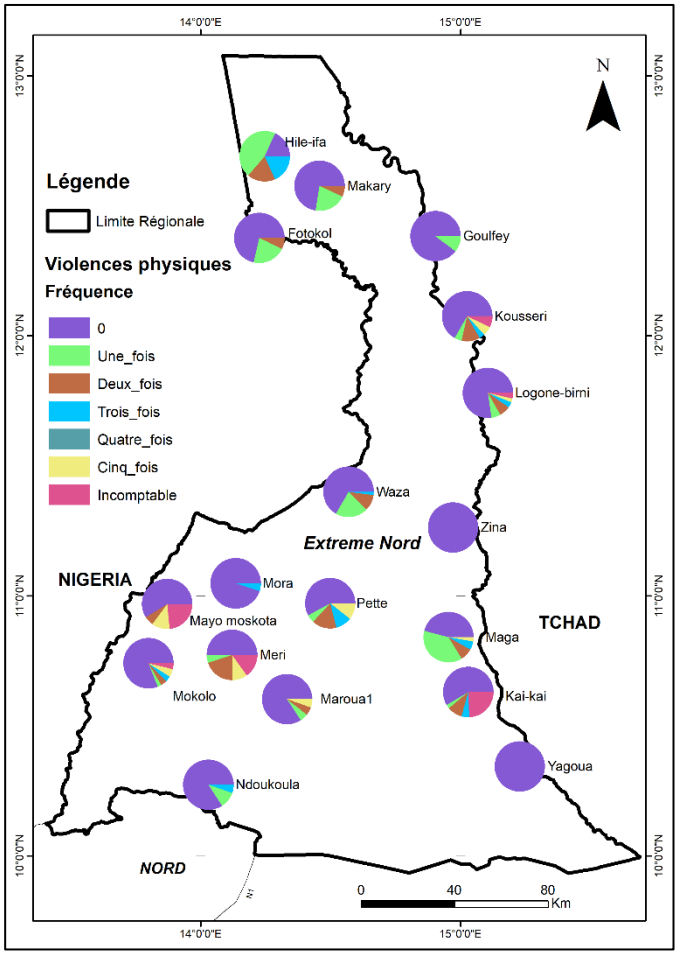

Figure 5 : Physical violence in Far north region

Although the phenomenon is not geographically organised (i.e. it is not concentrated in particular places in the region), it does appear that in some communes, such as Goulfey, Waza, Maga, Makary, Hile Hifa and Fotokol, physical violence is still in a transitional phase, since in most of them the victims have only experienced it once, and the proportion of non-physical violence is very high.

On the other hand, in communes such as Kousseri, Pette, Logone Birni, Mayo Moskota, Meri, Kai Kai, Maroua and Mokolo, physical violence is more diversified, with "incommensurable" proportions in some cases. Finally, the communes of Zina and Yagoua were the best performers, with no recorded cases of physical violence.

A more detailed analysis at the local level reveals a relatively high prevalence of this type of GBV. At the departmental level, within Logone et Chari, two trends emerge: on the one

hand, there are arrondissements with "low prevalence" compared to the overall trends in the departments, and on the other hand, there is a second group with high prevalence. The so-called average trend can be seen in the following subdivisions:

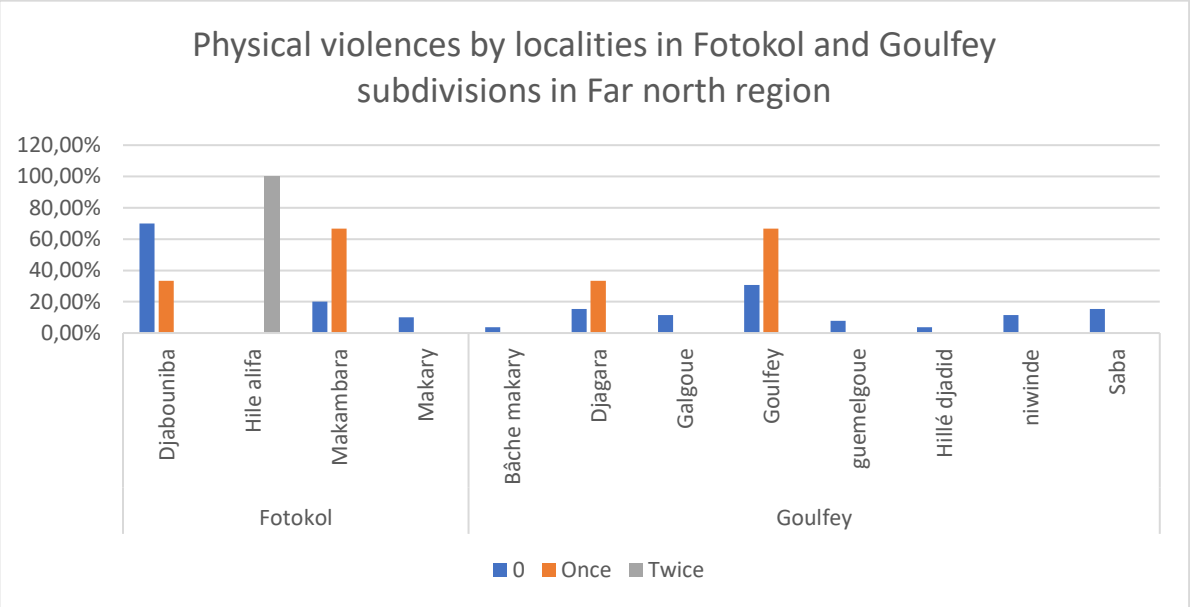

Figure 6:Physical violence by localities in Fotokol and Goulfey subdivisions in Far north region

Fotokol Subdivision

In Djabouniba, 70% of the incidents reported in this locality occurred once, and 33.3% occurred twice. There is no information provided for incidents occurring three times or more. Hile alifa, 100% of the incidents reported in this locality occurred once. There is no information provided for incidents occurring more than once. Makambara: 20% of the incidents reported in this locality occurred once, and 66.7% occurred twice. There is no information provided for incidents occurring three times or more. Makary, 10% of the incidents reported in this locality occurred once. There is no information provided for incidents occurring more than once.

Goulfey Subdivision

In Bâche makary, 3.8% of the incidents reported in this locality occurred once. There is no information provided for incidents occurring more than once. Djagara, 15.4% of the incidents reported in this locality occurred once, and 33.3% occurred twice. There is no information provided for incidents occurring three times or more. Galgoue, 11.5% of the incidents reported in this locality occurred once. There is no information provided for incidents occurring more than once. Goulfey, 30.8% of the incidents reported in this locality occurred once, and 66.7% occurred twice. There is no information provided for incidents occurring three times or more.

Guemelgoue, 7.7% of the incidents reported in this locality occurred once. There is no information provided for incidents occurring more than once. Hillé djadid, 3.8% of the incidents reported in this locality occurred once. There is no information provided for incidents occurring more than once. Niwinde, 11.5% of the incidents reported in this locality occurred once. There is no information provided for incidents occurring more than once. Saba, 15.4% of the incidents reported in this locality occurred once. There is no information provided for incidents occurring more than once.

Despite the option of presenting these boroughs as areas of low prevalence, analysis of the variable "I have been subjected to physical violence once or twice" reveals high rates ranging from 33.30% to 66.70%. This is striking, as can be seen in the table above. The areas of high prevalence on the different variables, and which require attention with strong measures of prevention, care and referral, concern the following districts: Kousseri, Logone Birni, Kaikai, Maga and Myao-Moskota. According to the people we met, the specific localities displayed are characterised by a high prevalence threshold, with cultural elements often cited as causes of tension and catalysts for violence. The tables below show the indicative data.

In the Kousseri and Logone Birni areas, there is a kind of epicentre of GBV, with high rates of women reporting having been victims. The main areas of concentration are marked in light blue to highlight the need for special attention. In these areas, the number of women who say they have never been subjected to violence is much lower than the number of women who say they have been subjected to violence more than five times or more than once.

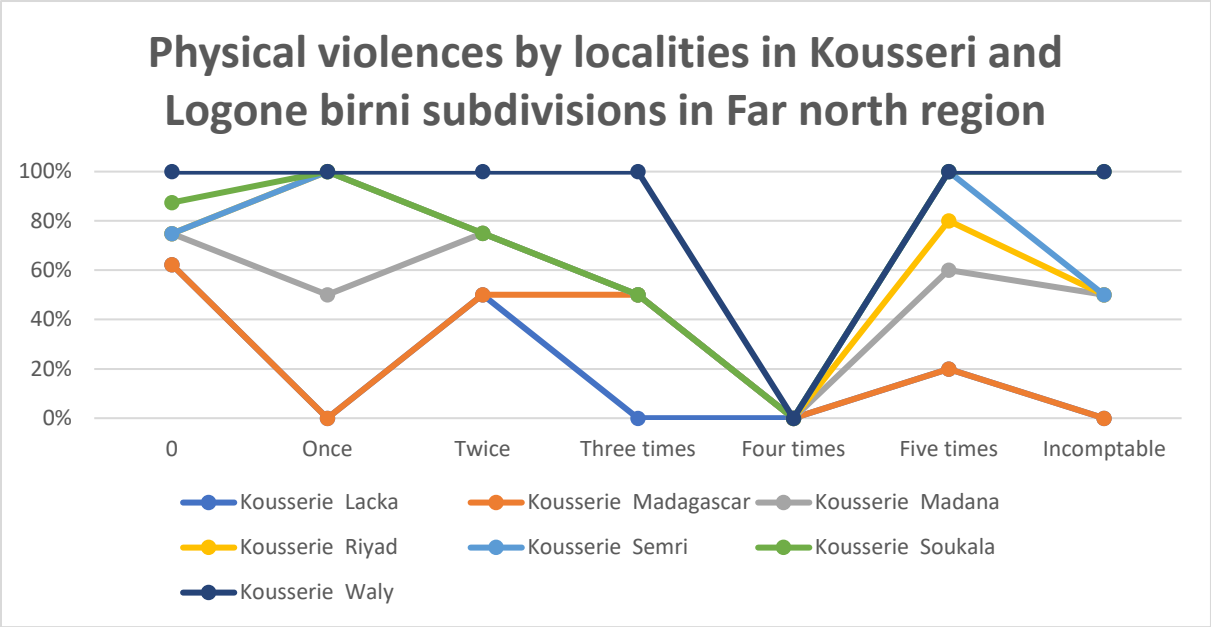

Figure 7:Physical violence by localities in Kousseri and Logone birni subdivisions in Far north region

Kousseri Subdivision

From the findings, in Lacka, 8.9% of the incidents reported in this locality occurred once, and 20% occurred twice. There is no information provided for incidents occurring three times or more. Additionally, 20% of the incidents were considered "incomptable" (incomparable) without further explanation. Madagascar, 33.3% of the incidents reported in this locality occurred three times. There is no information provided for incidents occurring once, twice, or more. Madana, 1.8% of the incidents reported in this locality occurred once, 25% occurred twice, 10% occurred three times, and 40% occurred five times. Additionally, 16.7% of the incidents were considered "incomptable" (incomparable) without further explanation. Riyad, 25% of the incidents reported in this locality occurred twice, and 20% occurred four times. There is no information provided for incidents occurring once, three times, or more. Semri, 20% of the incidents reported in this locality occurred five times. There is no information provided for incidents occurring once, twice, three times, or more. Soukala, 1.8% of the incidents reported in this locality occurred once, and 16.7% were considered "incomptable" (incomparable) without further explanation. There is no information provided for incidents occurring two times or more. Waly, 1.8% of the incidents reported in this locality occurred once, 10% occurred twice, and 33.3% occurred four times. There is no information provided for incidents occurring three times or more.

Logone Birni Subdivision

For Darsalam, 13.8% of the incidents reported in this locality occurred once, 20% occurred twice, and 33.3% occurred three times. There is no information provided for incidents occurring four times or more. Kalkousam, 16.9% of the incidents reported in this locality occurred once, and 50% occurred five times. There is no information provided for incidents occurring two, three, or four times.

A comparison between the Kousseri-Logone Birni binomial and the other arrondissements of Kai-Kai, Yagoua and Mokolo reveals elements of continuity, as some localities in these arrondissements are high-prevalence areas.

Overall, an analysis of the prevalence of physical violence in the region's various localities reveals that this type of GBV varies considerably and needs to be given greater attention in the region.

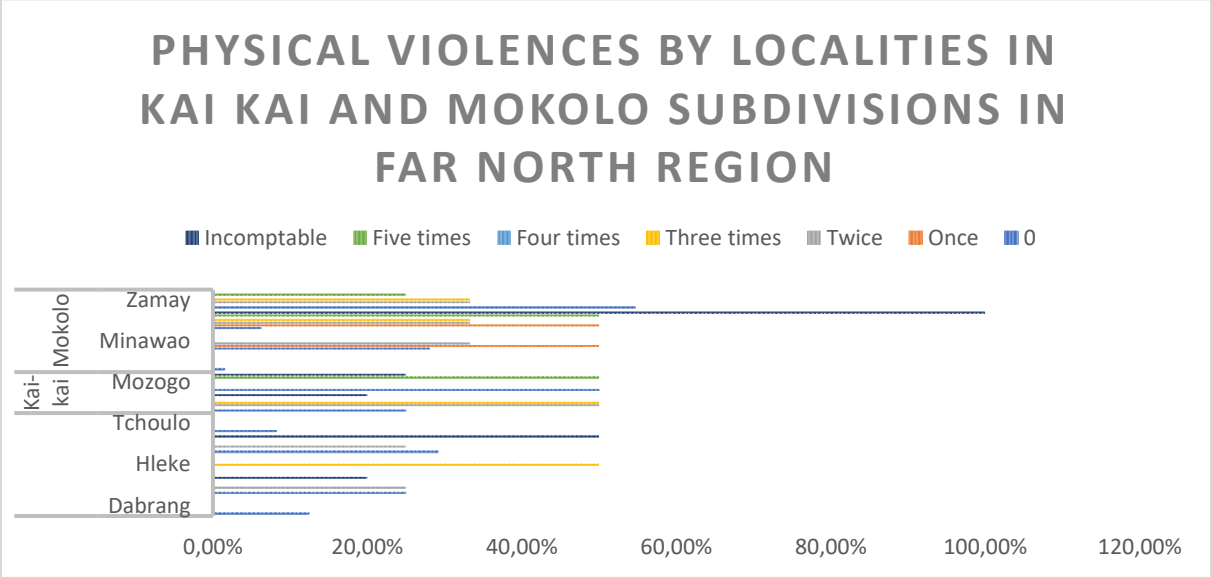

Figure 8:Physical violences by localities in Kai kai and Mokolo subdivisions in Far north region

Kai-kai Subdivision

Dabrang: 12.5% of the incidents reported in this locality occurred once. There is no information provided for incidents occurring more than once.

Doualaré: 25% of the incidents reported in this locality occurred once, and 25% occurred twice. There is no information provided for incidents occurring three times or more. Additionally, 20% of the incidents were considered "incomptable" (incomparable) without further explanation.

Hleke: 50% of the incidents reported in this locality occurred three times. There is no information provided for incidents occurring once, twice, four times, or more.

Sabongari: 29.2% of the incidents reported in this locality occurred once, and 25% occurred twice. There is no information provided for incidents occurring three times or more. Additionally, 50% of the incidents were considered "incomptable" (incomparable) without further explanation.

Tchoulo: 8.3% of the incidents reported in this locality occurred once. There is no information provided for incidents occurring more than once.

Wouraï: 25% of the incidents reported in this locality occurred once, and 50% occurred twice. There is no information provided for incidents occurring three times or more. Additionally, 20% of the incidents were considered "incomptable" (incomparable) without further explanation.

Mozogo: 50% of the incidents reported in this locality occurred once, and 50% occurred four times. Additionally, 25% of the incidents occurred five times.

Mokolo Subdivision

Djabrom: 1.6% of the incidents reported in this locality occurred once. There is no information provided for incidents occurring more than once.

Minawao: 28.1% of the incidents reported in this locality occurred once, 50% occurred twice, and 33.3% occurred three times. There is no information provided for incidents occurring four times or more.

Mokolo: 6.3% of the incidents reported in this locality occurred once, 50% occurred twice, 33.3% occurred three times, and 33.3% occurred four times. Additionally, 50% of the incidents occurred five times, and 100% of the incidents were considered "incomptable" (incomparable) without further explanation.

Zamay: 54.7% of the incidents reported in this locality occurred once, 33.3% occurred twice, and 33.3% occurred three times. Additionally, 25% of the incidents occurred four times.

The data suggests that some localities within the Kai-kai and Mokolo subdivisions are experiencing physical violence incidents at varying frequencies. Localities like Hleke, Sabongari, and Mozogo in the Kai-kai subdivision have reported multiple instances of violence, including incidents occurring three or more times. In the Mokolo subdivision, the locality of Mokolo stands out with a high occurrence of incidents, including multiple occurrences of violence (up to five times). The findings highlight the need for further investigation and attention to these localities in terms of addressing and preventing physical violence. The data can inform the allocation of resources and interventions to address the specific patterns and frequencies of violence in each locality. Before any action, is important to renforce the judicial system and the application of punishment as mention by Magistrate: ***"In my opinion, we need***

to raise people's awareness and, above all, we need to ensure that the victims are punished because without punishment, everything starts all over again. No one is afraid, and everyone starts up again." Magistrate. This verbatim emphasizes the importance of awareness-raising efforts and the need for accountability through punishment for perpetrators of GBV. It suggests that without consequences, the cycle of violence continues, and there is a lack of fear among potential perpetrators. It underscores the significance of both prevention and a robust legal system to combat GBV effectively.

- **Sexual violence**

By combining qualitative and quantitative data, we can see that this type of violence is still marked by a socially constructed silence. The map clearly shows that this form of violence does exist in the communities, albeit in different proportions and with different dynamics. In the majority of cases, the violence is periodic. It is only in a few situations that it appears repeatedly, such as in the arrondissements of Kousseri, Logone Birni, Kai Kai, Meri and Pette.

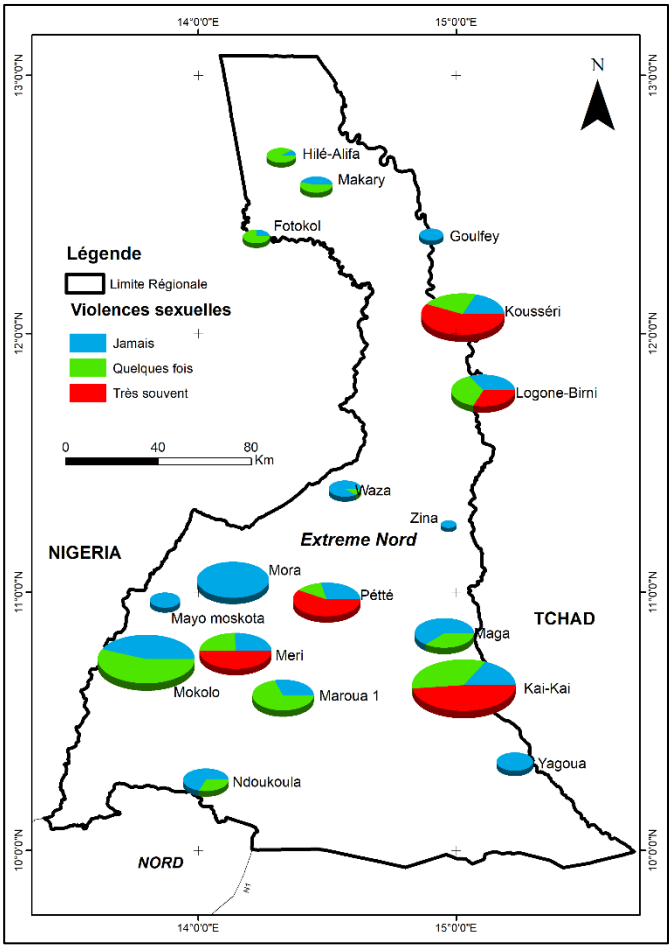

Figure 9: Sexual violence in Far north region

Most of these cases involve rape between intimate partners or rape by another member of the community. The data from the focus group discussions revealed the dynamics and order of sexual relations between intimate partners. The women said that "most of the time the husband simply says bend you I'll bite you or bend you we must have intercourse". In marriage, the wife's body belongs to her husband and the husbands to the wife, which limits the options for consent and encourages relationships of domination and loss of control of the body by some women. The main prevalence districts are as follows:

The husband's body belongs to the husband and the wife's body to the husband, which limits the options for consent and encourages relationships of domination and loss of control of the body by some women. The main prevalence districts are as follows:

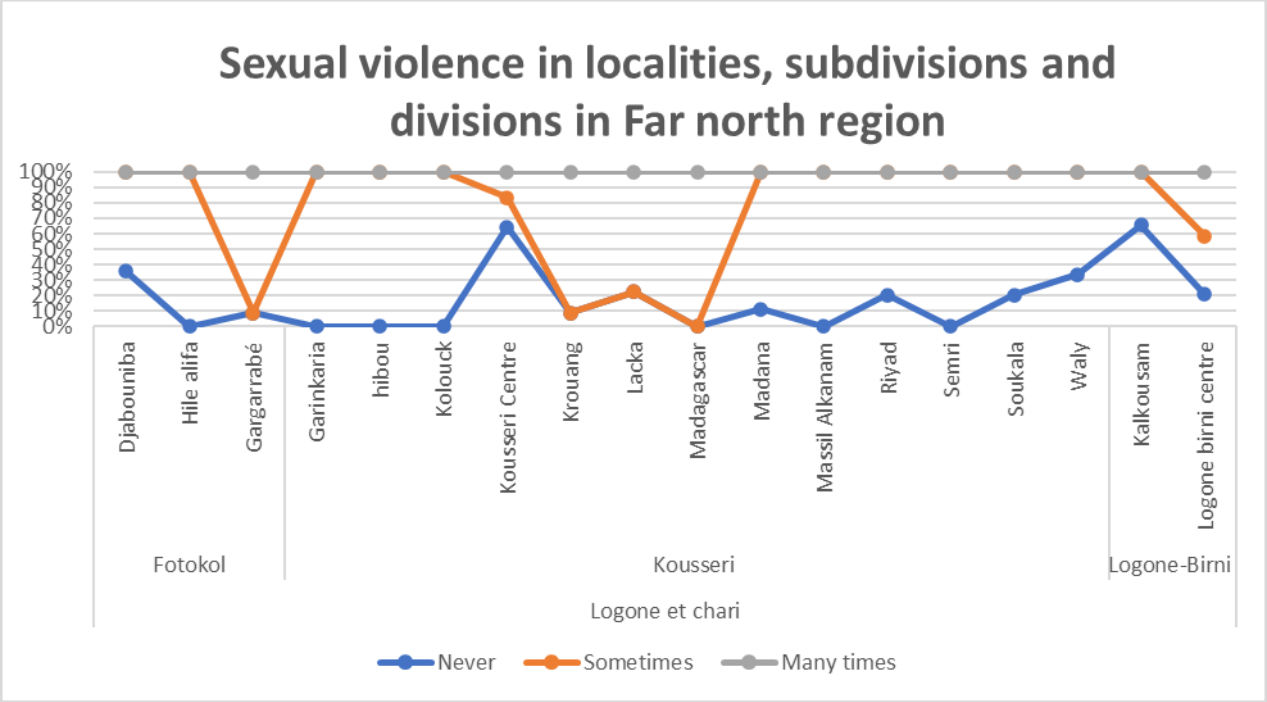

Figure 4…. Distribution of sexual violence in localities, subdivisions and divisions in Far north region

Fotokol Subdivision

Djabouniba Locality: 44.4% of the respondents reported never experiencing sexual violence, and 80% reported experiencing it sometimes. There is no information provided for experiencing it many times.

Hile Alifa Locality: 20% of the respondents reported experiencing sexual violence sometimes. There is no information provided for never experiencing it or experiencing it many times.

Gargarrabé Locality: 1.6% of the respondents reported never experiencing sexual violence, and 16.7% reported experiencing it sometimes. There is no information provided for experiencing it many times.

Kousseri Subdivision

Garinkaria Locality: 6.3% of the respondents reported experiencing sexual violence sometimes. There is no information provided for never experiencing it or experiencing it many times.

Hibou Locality: 12.5% of the respondents reported experiencing sexual violence sometimes. There is no information provided for never experiencing it or experiencing it many times.

Kolouck Locality: 6.3% of the respondents reported experiencing sexual violence sometimes. There is no information provided for never experiencing it or experiencing it many times.

Kousseri Centre Locality: 64.5% of the respondents reported never experiencing sexual violence, 18.8% reported experiencing it sometimes, and 16.7% reported experiencing it many times.

Krouang Locality: 1.6% of the respondents reported never experiencing sexual violence, and 16.7% reported experiencing it sometimes. There is no information provided for experiencing it many times.

Lacka Locality: 9.7% of the respondents reported never experiencing sexual violence, and 33.3% reported experiencing it sometimes. There is no information provided for experiencing it many times.

Madagascar Locality: 16.7% of the respondents reported experiencing sexual violence sometimes. There is no information provided for never experiencing it or experiencing it many times.

Madana Locality: 3.2% of the respondents reported never experiencing sexual violence, and 25% reported experiencing it sometimes. There is no information provided for experiencing it many times.

Massil Alkanam Locality: 6.3% of the respondents reported experiencing sexual violence sometimes. There is no information provided for never experiencing it or experiencing it many times.

Riyad Locality: 1.6% of the respondents reported never experiencing sexual violence, and 6.3% reported experiencing it sometimes. There is no information provided for experiencing it many times.

Semri Locality: 6.3% of the respondents reported experiencing sexual violence sometimes. There is no information provided for never experiencing it or experiencing it many times.

Soukala Locality: 1.6% of the respondents reported never experiencing sexual violence, and 6.3% reported experiencing it sometimes. There is no information provided for experiencing it many times.

Waly Locality: 3.2% of the respondents reported never experiencing sexual violence, and 6.3% reported experiencing it sometimes. There is no information provided for experiencing it many times.

Logone-Birni Subdivision

Kalkousam Locality: 15.7% of the respondents reported never experiencing sexual violence, and 8.3% reported experiencing it sometimes. There is no information provided for experiencing it many times.

Logone Birni Centre Locality: 50% of the respondents reported never experiencing sexual violence, 91.7% reported experiencing it sometimes, and 100% reported experiencing it many times.

Kai-kai Subdivision

Doualaré Locality: 28% of the respondents reported never experiencing sexual violence, 7.1% reported experiencing it sometimes, and 50% reported experiencing it many times.

Hleke Locality: 7.1% of the respondents reported experiencing sexual violence sometimes. There is no information provided for never experiencing it or experiencing it many times.

Kai-kai Locality: 4% of the respondents reported never experiencing sexual violence, and 7.1% reported experiencing it sometimes. There is no information provided for experiencing it many times.

Sabongari Locality: 28% of the respondents reported never experiencing sexual violence, 35.7% reported experiencing it sometimes, and 50% reported experiencing it many times.

Wouraï Locality: 20% of the respondents reported never experiencing sexual violence, and 42.9% reported experiencing it sometimes. There is no information provided for experiencing it many times.

The data reveals varying levels of sexual violence across different localities, subdivisions, and divisions within the Far North region. Some localities show a high prevalence of sexual violence, such as Djabouniba in Fotokol Subdivision, where 80% of respondents reported experiencing sexual violence sometimes. There are variations in the frequency of sexual violence within localities. For example, in Kousseri Centre Locality, 16.7% of respondents reported experiencing sexual violence many times, while in Logone Birni Centre Locality, 100% of respondents reported experiencing it many times. The findings highlight the need for targeted interventions and resources to address sexual violence in specific localities with higher prevalence rates. Localities with a higher proportion of respondents reporting never experiencing sexual violence may provide insights into potential protective factors or effective strategies that can be replicated in other areas. The data underscores the importance of raising awareness about sexual violence, promoting prevention measures, and providing support services for survivors in the Far North region.

The issue of sexual violence remains poorly addressed in a patriarchal context, as is the case in the various communities involved in the project. It would be worth considering communication modules **on education for life and love.**

- **Economic violence**

The practices widely documented and expressed during the group discussions with the women we met and the exchanges with the men reveal the following practices in the region: i) as a matter of principle, the man is responsible for the needs of the household, he is the head, while the woman manages the house in accordance with widespread Muslim principles. II) on this basis, once married, the woman is not obliged to work; despite a change in mentality, with a growing number of women working, many of them still work around the house, and when this is not the case, they sometimes carry out their activities on the outskirts of the house, which does not make it possible to optimise the viability of their activity. All the communes visited in the Extreme North region face this challenge, with the highest proportions in the communes of Kousserie, Logone Birni, Goulfe, Mokolo and Kai Kai.

There is a tendency for women to be denied opportunities and limited job opportunities, and to be confined to traditionally female sectors such as catering, petty trading and sewing in some places.

The table below shows the areas in the region where the "yes, I've been banned from working" response is higher than the "no" response:

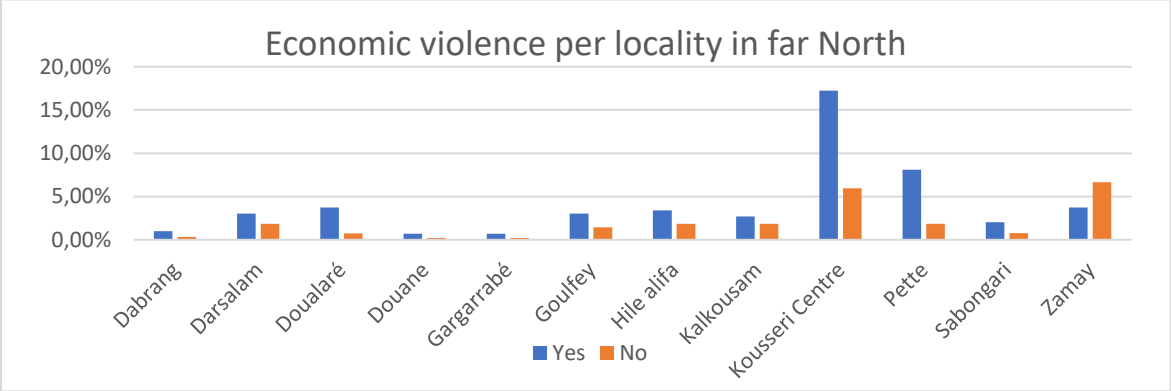

Figure 10:Economic violence by localities of Far north region

Dabrang: 1.01% of respondents reported experiencing economic violence, while 0.31% reported not experiencing it.

Darsalam: 3.04% of respondents reported experiencing economic violence, while 1.85% reported not experiencing it.

Doualaré: 3.72% of respondents reported experiencing economic violence, while 0.72% reported not experiencing it.

Douane: 0.68% of respondents reported experiencing economic violence, while 0.21% reported not experiencing it.

Gargarrabé: 0.68% of respondents reported experiencing economic violence, while 0.21% reported not experiencing it.
Goulfey: 3.04% of respondents reported experiencing economic violence, while 1.44% reported not experiencing it.
Hile Alifa: 3.38% of respondents reported experiencing economic violence, while 1.85% reported not experiencing it.
Kalkousam: 2.70% of respondents reported experiencing economic violence, while 1.85% reported not experiencing it.
Kousseri Centre: 17.23% of respondents reported experiencing economic violence, while 5.95% reported not experiencing it.
Pette: 8.11% of respondents reported experiencing economic violence, while 1.85% reported not experiencing it.
Sabongari: 2.03% of respondents reported experiencing economic violence, while 0.77% reported not experiencing it.
Zamay: 3.72% of respondents reported experiencing economic violence, while 6.67% reported not experiencing it.
The findings highlight the presence of economic violence in different localities within the Far North region. Some localities have higher percentages of respondents reporting economic violence, such as Kousseri Centre with 17.23% and Pette with 8.11%, while others have lower percentages like Gargarrabé with 0.68% and Douane with 0.68%.
Localities with higher percentages of respondents reporting economic violence require targeted interventions to address this issue. Strategies could include providing economic empowerment programs, financial literacy initiatives, and support services to help individuals affected by economic violence.
Economic violence can perpetuate and exacerbate existing socioeconomic inequalities. The findings emphasize the need for policies and programs that address these inequalities, promote economic opportunities, and ensure fair and equitable access to resources for all residents of the Far North region.
The findings highlight the need for long-term support for survivors of economic violence. This can include access to legal aid, financial assistance, job training, and counselling services to help individuals rebuild their lives and regain financial independence.

- **Emotional violence**

Emotional violence in the Far North region is very prevalent in the communes surveyed. The highest proportions are found in communes such as Kousseri, Logone birni, Mokolo and Waza and Maga.

Emotional violence in all cases is hardly noticeable and therefore very often does not receive any attention from the communities or even within the households. However, the map opposite clearly shows that it exists and is very present.

On a more local and detailed scale, as shown in the table below, it is clear that Logone Birni, with 11.87%, is in first place, followed by Maga (9.35%) and Zamay (6.82%).

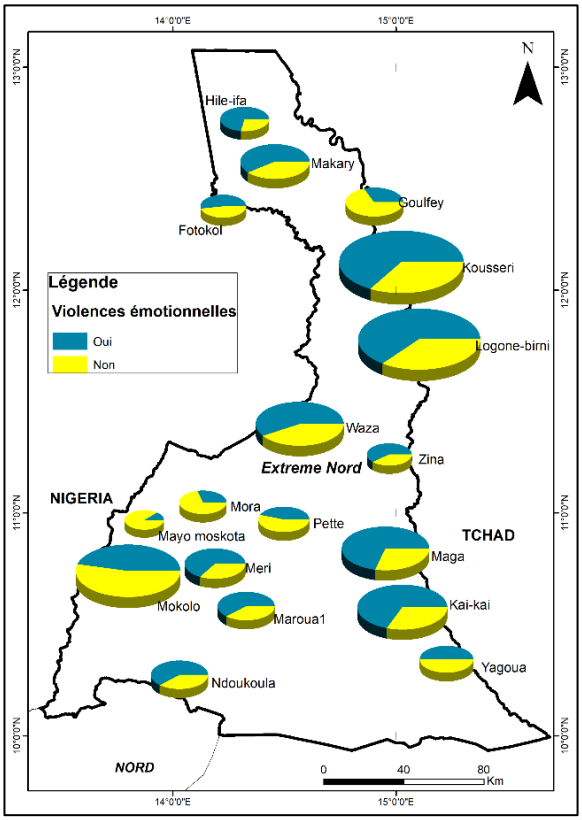

Figure 11: Emotional violence in Far North region

The table opposite shows only the results from surveys where the "Yes" votes outnumbered the "No" votes.

Table 4 : Distribution of emotional violence by localities in Far north region

Localities	Yes	No
Logone birni centre	11.87%	7.23%
Maga	9.35%	5.54%
Zamay	6.82%	6.21%
Meri centre	4.15%	3.16%
Domayo	3.41%	3.11%
Ndoukoula	3.41%	3.11%
Hile alifa	3.12%	1.78%
Wouraï	2.97%	1.61%
Zina	2.08%	1.98%

Doualaré	1.93%	1.41%
Sabongari	1.90%	0.92%
Madana	1.78%	0.85%
Ardebe	1.63%	0.88%
ARDEBE	1.63%	0.88%
Soukala	1.48%	0.11%
Krouang	1.19%	0.17%
Massil Alkanam	1.04%	0.00%
Gargarrabé	0.89%	0.23%
Kolouck	0.74%	0.06%
Douane	0.45%	0.31%
hibou	0.45%	0.11%
Mendézé	0.45%	0.31%
Tchoulo	0.45%	0.31%

The table shows that emotional violence is reported in different localities within the Far North region. Some localities have higher percentages of respondents reporting emotional violence, such as Logone Birni Centre with 11.87% and Maga with 9.35%, while others have lower percentages like Tchoulo with 0.45% and Mendézé with 0.45%.

Localities with higher percentages of respondents experiencing emotional violence require targeted interventions to address this issue. Strategies could include awareness campaigns, community education programs, and support services aimed at addressing emotional violence and promoting healthy relationships.

Case analysis of the situation regarding child prostitution

The phenomenon is described as "new", in the words of the women we met during the group discussions, and is growing in the region. For the purposes of this study, we have aligned the concept of child with the legal framework in force, which defines a person between the ages of 0 and 18. Although we did not specifically break down the population into age groups, but simply asked the question of whether there were cases of child prostitution in the localities, the main answers we obtained in terms of yes are given below, with points of concentration in all of the project's intervention districts. High levels of prevalence can be observed in: Maroua, Fotokol ; Kousseri ; Mayo-Danai where areas such as Hile alifa ; Domayo, Djabouniba , Makambara follow the proportions below:

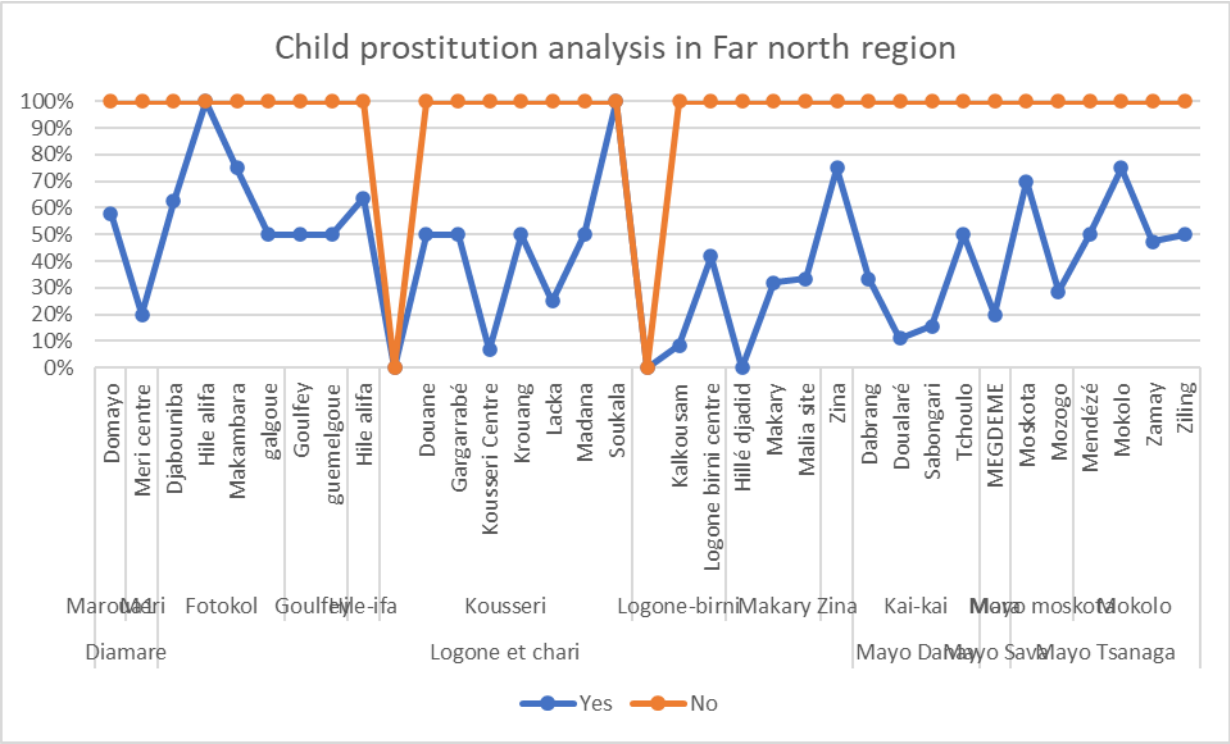

Figure 12:Child prostitution analysis in Far north region

The figure highlights variations in the prevalence of child prostitution across different divisions, subdivisions, and localities. Some areas, such as Diamare and Logone et chari, show higher percentages of localities reporting child prostitution, indicating a more significant problem in these regions.

Specific localities, like Hile alifa in Diamare and Hile-ifa in Logone et chari, stand out with relatively higher percentages of child prostitution reports. These areas may require focused attention and intervention strategies to address the issue effectively.

The findings suggest that efforts to combat child prostitution should be tailored to specific localities rather than implementing a broad, region-wide approach. Identifying the root causes and risk factors specific to each locality can help in designing targeted interventions.

Table 5 : Services available in the Far North region

Departments	Boroughs	Names of the Organisation	Area of intervention	Contact person	Comments
MBERE	Meiganga	DDPROFF	Psychosocial	693866150	Public structure
MBERE	Meiganga	DDAS	Psychosocial	Mr Laurent ABBOU /699610857	Public structure

MBERE	Meiganga	CESO	Psychosocial	M DJEBBE Jerome 6 97 52 36 99 6 80 40 09 00	Public structure
MBERE	Meiganga	Association and networks of women's organisations FERAFCAM	Psychosocial	Ms Doka Odette Chair 676257214/699386040	Local CSO
MBERE	Meiganga	Military garrison	Medical	N/A	Public structure
MBERE	Meiganga	Meiganga Court of First and High Instance	Legal assistance	Oumarou Richard Public Prosecutor 677 95 2743	Public structure

MBERE	Meiganga	Gendarmerie Company	Security	N/A	Public structure
MBERE	Meiganga	Meiganga Police Station	Legal assistance	Dombe Nkoma Commissioner 65976013/651174682	Public structure
MBERE	Meiganga	Lamidat	Security	His Majesty Moussa Sabo Lamida of Meiganga 699389091	Community leader
MBERE	Meiganga	District Hospital	Medical	676037759-676123216	Public structure
MBERE	Meiganga	BMI	Psychosocial	677218922/674457196	International NGO

MBERE	Djohong	District Hospital	Medical	Dr Ngondji MCD nkewou@yahoo.fr 674776976	Public structure
MBERE	Djohong	CESO	Psychosocial	Ngouti Celestin Social Assistant 699618193/676585235	Public structure
MBERE	Djohong	Special Commission	Security		Public structure
MBERE	Djohong	Gendarmerie Brigade	Security	MBoumbouo Mamadou, Gendarme	Public structure
MBERE	Ngaoui	CESO	Psychosocial	Mr NGOUITI Célestin 6 76 58 52 35/6 99 61 81 93	Public structure
MBERE	Ngaoui	Gendarmerie Brigade	Security		Public structure
MBERE	Ngaoui	Public safety post	Security		Public structure
MBERE	Ngaoui	CMA	Medical	693420038	Public structure
VINA	Ngaoundéré	CESO Ngaoundéré 1st	Psychosocial	Mrs MASSIAKRE Heleine BAISSIRI 6 75 66 58 14 6 97 81 37 86	Public structure
VINA	Ngaoundéré	CESO Ngaoundéré 2nd	Psychosocial	Ms BOUBA LEHELER Ayissatou 6 91 20 85 87	Public structure

VINA	Ngaoundéré	CESO Ngaoundéré 3rd	Psychosocial	MR BAMBA KEPSOU 6 97 38 56 74	Public structure
VINA	Ngaoundéré	DDAS	Psychosocial	Mrs ADISSA 677 81 82 93 6 91 53 47 46	Public structure
VINA	Ngaoundéré	DDPROFF	Psychosocial	BOGUIEBE Sylvaine married NANA ABDOULAYE	Public structure

VINA	Ngaoundere	Association of Young Volunteers of Ngaoundere AJVN	Psychosocial	FEUMBA Bertrand, Coordinator 691277075	Local CSO
	Ngaoundere	CPFF	Psychosocial	OUSMANOU BEN 674169040-694169421	Public structure
VINA	Ngaoundéré	AFFADA	Psychosocial	N/A	Local CSO
VINA	Ngaoundere	Ngaoundere Protestant Hospital	Medical	N/A	Local CSO
VINA	Ngaoundere	Ngaoundéré police medical centre	Medical	Tel: 222 252 344	
VINA	Ngaoundere	Regional Hospital	Medical	696066346	Public structure
VINA	Ngaoundere	Ngaoundéré regional hospital	Medical	Tel. 222 251 122 / 699 969 654	private structure
VINA	Ngaoundere	Social Action Service	Psychosocial	Ms MOUMENI Victorine 6 74 03	Public structure

		(SASO) Regional Hospital		62 77/6 97 53 20 41	
VINA	Ngaoundéré	SASO Commissariat Centrale	Legal assistance	Mrs ZALINGONO Juzele épse IHONGOLOK 6 78 25 13 71 6 99 56 63 29	Public structure
VINA	Ngaoundere	Gendarmerie	Security		Public structure
VINA	Ngaoundéré	SASO near the Courts	Legal assistance	Mr ABIAE A BETCHEN Yves 6 54 44 67 45 6 91 91 73 46	Public structure
VINA	MBE	CESO Mbé	Psychosocial	Mr WANE Francis 6 55 53 91 69	Public structure
VINA	MBE	DAPROFF	Psychosocial	OUMMOUL KOULTCHOUMI 678746544-694642353	Public structure
VINA	MBE	CMA	Medical	675679135	Public structure
VINA	MBE	Public Safety Office	Security	N/A	Public structure
VINA	MBE	Gendarmerie Brigade	Security	N/A	Public structure
DJEREM	Ngaoundal	Public Security Police Station	Security	N/A	Public structure
DJEREM	Ngaoundal	CMA	Medical	679690236/690315417	Public structure

DJEREM	Ngaoundal	Gendarmerie Brigade	Security	N/A	Public structure
DJEREM	Ngaoundal	CESO	Psychosocial	MR MOUHAMADOU BABA 6 74 3192 59 6 96 30 31 97	Public structure
DJEREM	Tibati	Tibati courthouse	Legal assistance	Located next to the Tibati Finance Hotel	Public structure
DJEREM	Tibati	District Hospital	Medical	674083030-694003561	Public structure
DJEREM	Tibati	CSI	Medical	677096643/697930116	Public structure
DJEREM	Tibati	DDAS	Psychosocial	Mr ATAGOUO Sebastien 6 70 15 01 34 6 99 93 29 13	Public structure
DJEREM	Tibati	CESO	Psychosocial	Mrs SINDA Gisèle épse YAYA 6 77 22 25 83 6 94 23 99 71	Public structure
DJEREM	Tibati	DDPROFF	Psychosocial	OUMAROU HAMADOU 697812395	Public structure
DJEREM	Tibati	Public Security Police Station	Security	N/A	Public structure
DJEREM	Tibati	Arms Brigade	Security	N/A	Public structure

FARO AND DEO	Tignere	CESO	Psychosocial	MR BAH MANGA YAYA 6 76 22 95 12/6 94 34 74 29	Public structure
FARO AND DEO	Tignere	DDAS	Psychosocial	MR HAMADOU HAMANDJAM 6 75 94 10 74	Public structure
FARO AND DEO	Tignere	Tignere Court of First and High Instance	Legal assistance	N/A	Public structure
FARO AND DEO	Tignere	DDPROFF	Psychosocial	BAYANG PIERRE 696343294	Public structure
FARO AND DEO	Tignere	HD Tignere	Medical	697453506-650691896	Public structure
FARO AND DEO	Tignere	Gendarmerie Brigade	Security	N/A	Public structure
FARO AND DEO	Tignere	Public Security Police Station	Security	N/A	Public structure
FARO AND DEO	Tignere	CSI	Medical	674410886	Public structure

FARO AND DEO	Tignere	CMA galim tignere		695 283 545	
FARO	Tignere	CPFF	Psychosocial	MAMOUDOU Roger	Public structure

AND DEO				695433299	
FARO AND DEO	Mayo Baléo	Gendarmerie Brigade	Security	N/A	Public structure
FARO AND DEO	Mayo Baléo	Public Security Police Station	Security	N/A	Public structure
FARO AND DEO	Mayo Baléo	CSI	Medical	670156985	Public structure
FARO AND DEO	Mayo Baléo	CMA	Medical	652878986	Public structure
MAYO BANYO	Bankim	CESO	Psychosocial	MR SAIDOU LOUTI 6 74 69 67 65 6 93 50 32 82	Public structure
MAYO BANYO	Bankim	Territorial Gendarmerie Brigade	Security	N/A	Public structure
MAYO BANYO	Bankim	Public Security Police Station	Security	N/A	Public structure
MAYO BANYO	Bankim	HD	Medical	675870316/691983021	Public structure
MAYO BANYO	Banyo	HD	Medical	674639227-691179528	Public structure
MAYO BANYO	Banyo	Gendarmerie	Security	N/A	Public structure
MAYO BANYO	Banyo	Public Security Police Station	Security	N/A	Public structure
MAYO BANYO	Banyo	DDPROFF	Psychosocial	BAKLA née MESSAM	Public structure

				LEHOUN 677908956	
MAYO BANYO	Banyo	Banyo Court of First and High Instance	Legal assistance	N/A	Public structure
MAYO BANYO	Banyo	DDAS	Psychosocial	Mr OWONA MIMBOE François Xavier 6 75 66 34 37 6 95 33 94 53	Public structure
MAYO BANYO	Mayo Darle	Gendarmerie	Security	N/A	Public structure
MAYO BANYO	Mayo Darle	Police station	Security	N/A	Public structure
MAYO BANYO	Mayo Darle	CMA	Medical	674216106	Public structure

1.2. Adamawa Region

The trends are broken down into the following categories: i) prevalence of physical violence, ii) sexual violence, iii) economic violence and denial of opportunities, and iv) emotional violence.

- **Physical violence**

The average trend in this region is for respondents to consider that they have been a victim on average over the last three months. This shows a high prevalence, which is increasing in the Meiganga, Djohong and Ngaoui areas. From a comparative perspective, the issue of physical violence seems to be

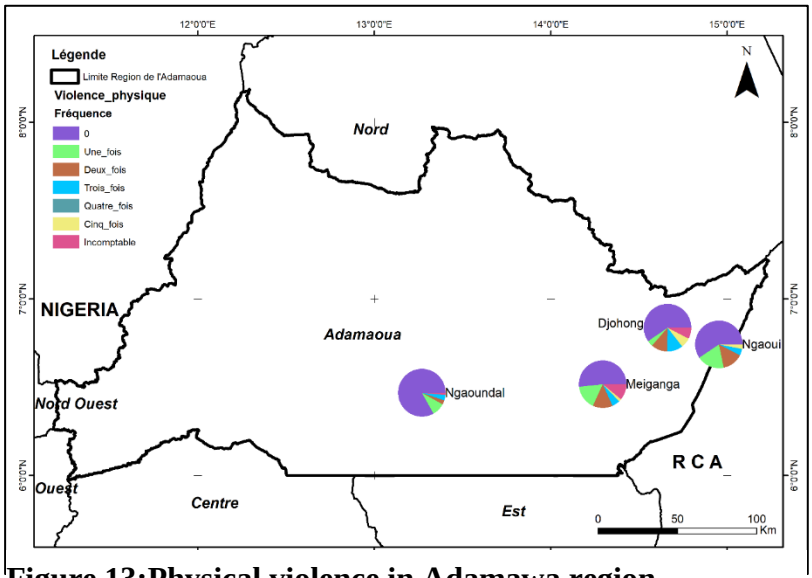

Figure 13:Physical violence in Adamawa region

more marked in the Far North region (Adamaoua). Areas of high prevalence are also subject to significant human flows and transit. The main trends are shown below:

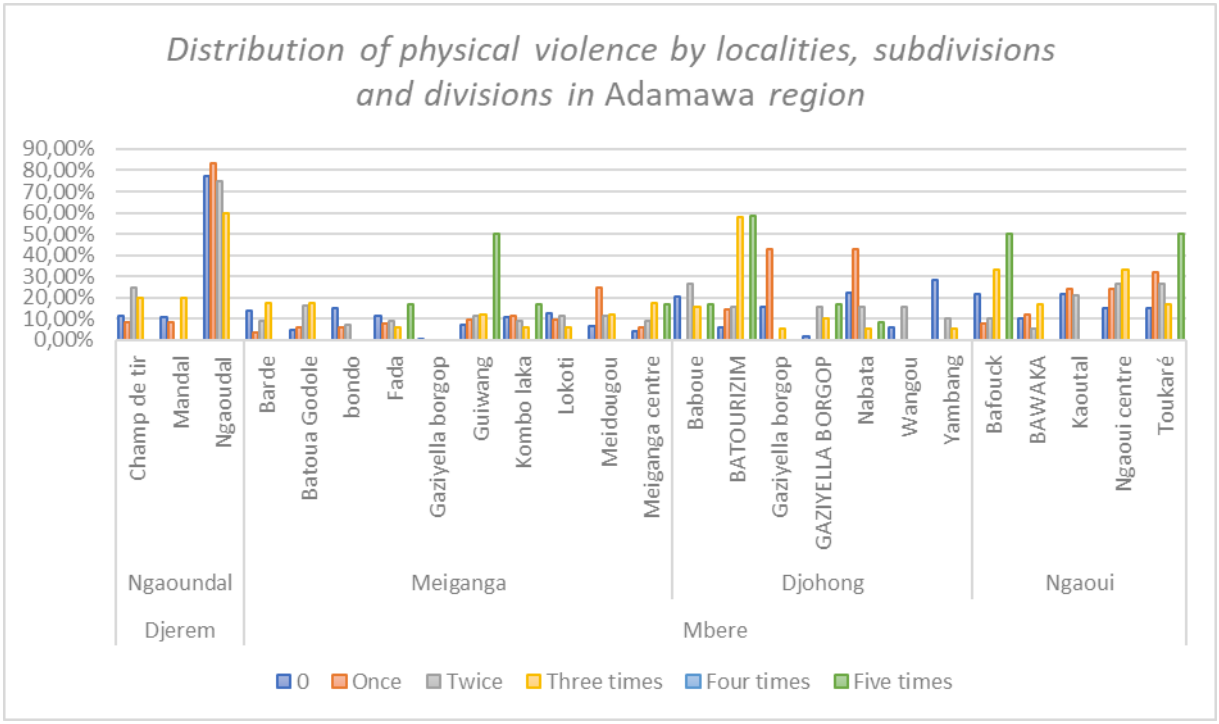

Figure 14:Distribution of physical violence by localities, subdivisions and divisions in Adamawa region

The finding demonstrates variations in the prevalence and frequency of physical violence across different localities, subdivisions, and divisions. Some localities, such as Champ de tir in Ngaoundal and Barde in Meiganga, show higher percentages of physical violence across multiple frequencies.

Specific localities, like Ngaoudal in Ngaoundal and Meiganga centre in Meiganga, stand out with high percentages of physical violence reported across multiple frequencies. These areas may require targeted interventions to address the underlying causes and provide support to the affected individuals.

The finding indicates that in some cases, the frequency of physical violence is relatively high, with certain localities reporting violence four or five times. Such findings highlight the urgent need for comprehensive measures to prevent and address violence in these areas.

- **Sexual violence**

As with the previous variable, rates of sexual violence are higher in the Adamaoua region. According to data obtained from focus group discussions with the women: "You know, with the influx of refugees, Cameroonian and Central African drivers, our position as a transit town means that we suffer a lot. Assaults and rapes are very common and most of the time we don't talk about them".

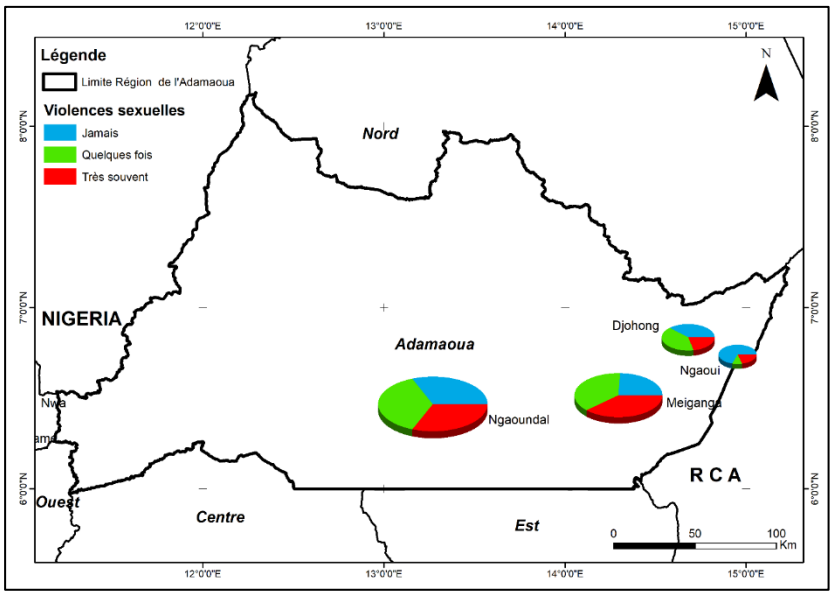

Figure 15 : Sexual violence in Adamawa region

If we look at the table below, we can see that the people surveyed in just over 6 of the 22 localities where the project was active said that they had very often been victims, which was the ultimate variable in this question. Most of the victims were women, although there were a few cases of men in the Mberé district. Combining the variables very often and some of the time, the trend was just over 60%, with only 40% saying they had never been a victim. The main data are shown below

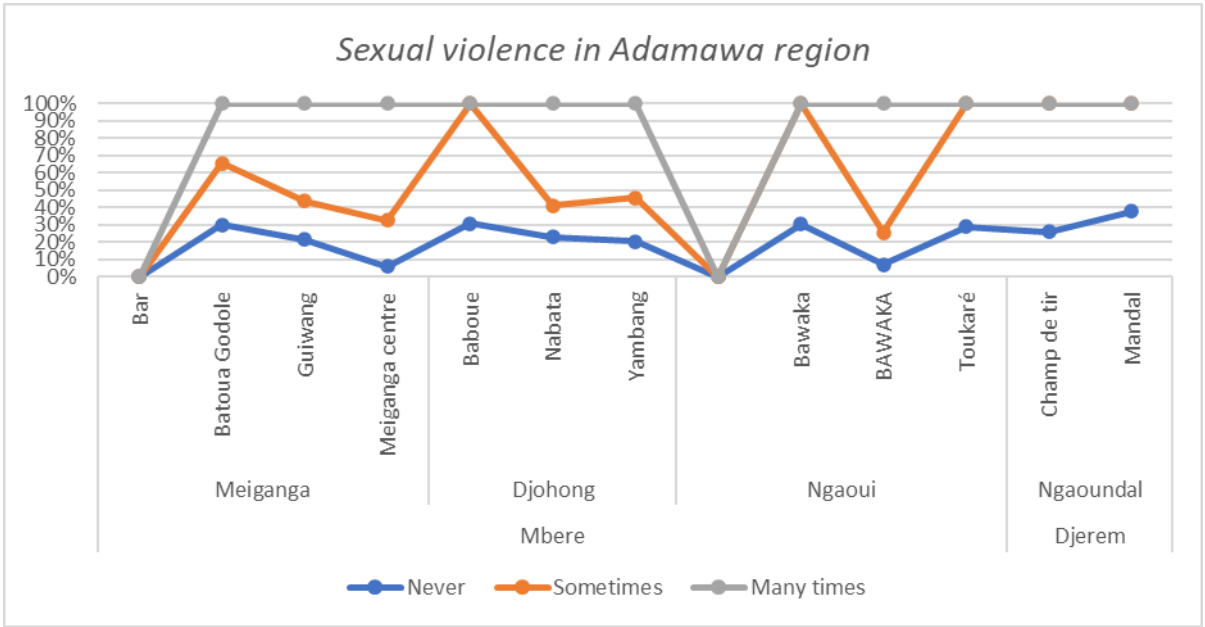

Figure 16:Distribution of sexual violence in Adamawa region

The table reveals variations in the prevalence of sexual violence across different localities, subdivisions, and divisions within the Adamawa region. Some localities exhibit higher percentages of reported sexual violence, indicating a more significant issue in those areas.

Specific localities stand out as hotspots for sexual violence. For example, Meiganga Centre in Mbere division shows a high percentage (63.6%) of reported sexual violence occurring "Many times." Similarly, Baboue in Djohong division reports a relatively high percentage (34.6%) of sexual violence occurring "Sometimes." These areas require focused attention and targeted interventions to address the problem effectively.

The data reveals the frequency of sexual violence in certain localities. For instance, in Bar locality within Meiganga subdivision, reported sexual violence occurs "Many times" at a percentage of 9.1%. In Meiganga Centre, the percentage of sexual violence occurring "Many times" is exceptionally high at 63.6%. These figures highlight the urgent need for comprehensive measures to prevent and address sexual violence in these areas.

By comparing the data across subdivisions, it is evident that some subdivisions consistently report higher percentages of sexual violence than others. For example, Meiganga subdivision in the Mbere division consistently shows higher percentages of sexual violence across various localities. This pattern suggests that interventions should be targeted towards specific subdivisions within the region.

- **Economic violence**

The prevalence of this aspect varies from one area to another in the region, where women are generally involved in small income-generating activities for themselves and their families. The places where yes is most prevalent are mostly remote areas where information and awareness-raising work needs to be done on women's empowerment and female entrepreneurship.

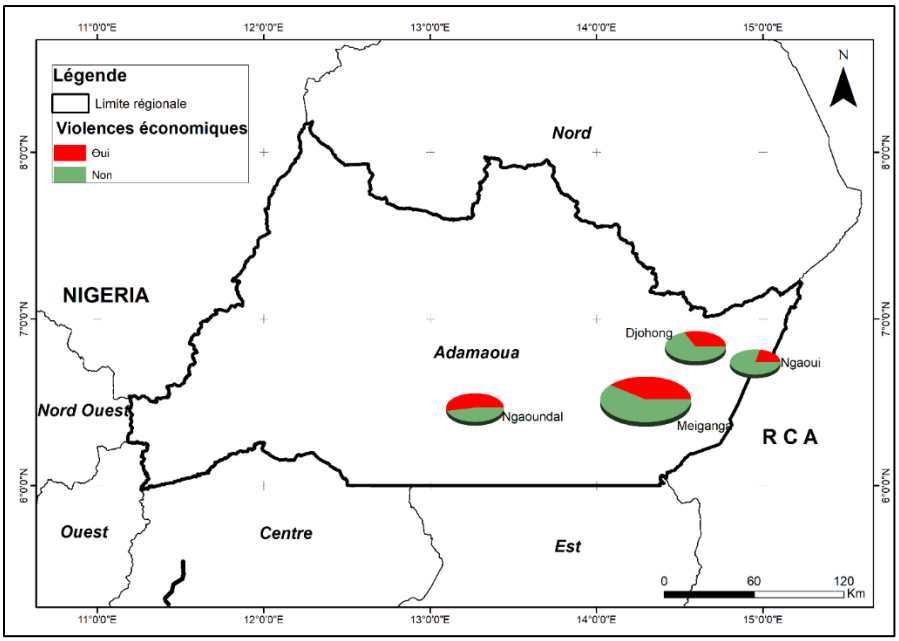

Figure 17: Economic violence in Adamawa region

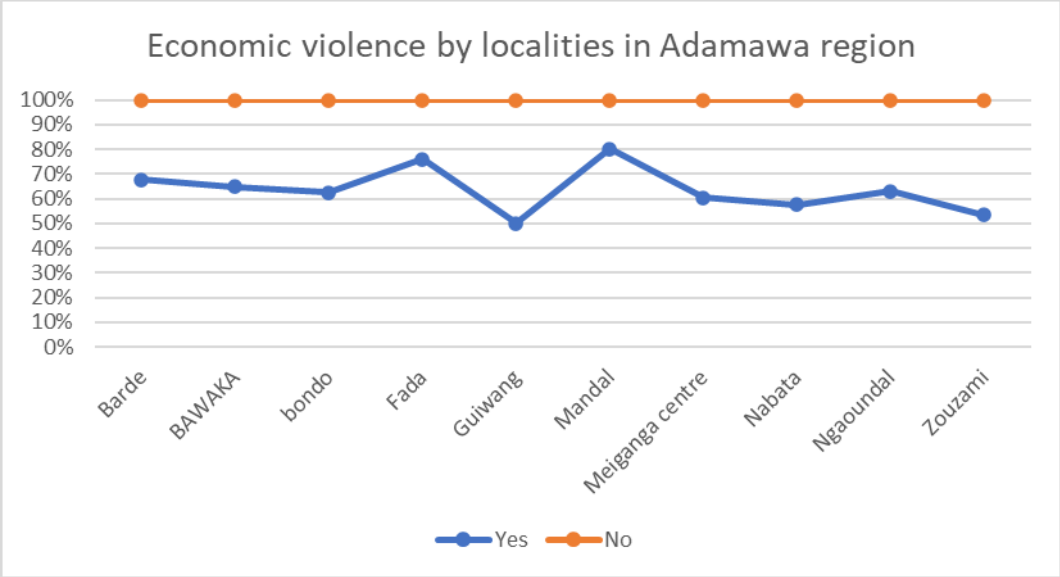

Figure 18:Distribution of economic violence by localities in Adamawa region

Several localities stand out with relatively high percentages of reported economic violence. For instance, Ngaoundal reports the highest percentage of economic violence at 18.75%, followed by Fada at 8.24% and Meiganga centre at 7.67%. These figures indicate that economic violence is a significant concern in these areas and necessitates targeted interventions.

The data reveals the impact of economic violence in terms of the percentage of individuals who have experienced it. For example, in Ngaoundal, 18.75% of respondents reported experiencing economic violence. This finding highlights the need to address issues such as extortion, theft, property damage, or other forms of economic harm in the region.

The presence of economic violence can contribute to a sense of insecurity and instability in affected localities. It can hinder economic growth, impede development, and adversely affect the well-being of individuals and communities. Addressing economic violence is crucial for promoting stability and fostering a conducive environment for economic activities

- **Emotional violence**

Emotional violence is rife in the communes of the Adamaoua region, especially in large towns such as Meiganga, Ndjohong, Ngaoui and Ngaoundal, as shown on the map opposite.

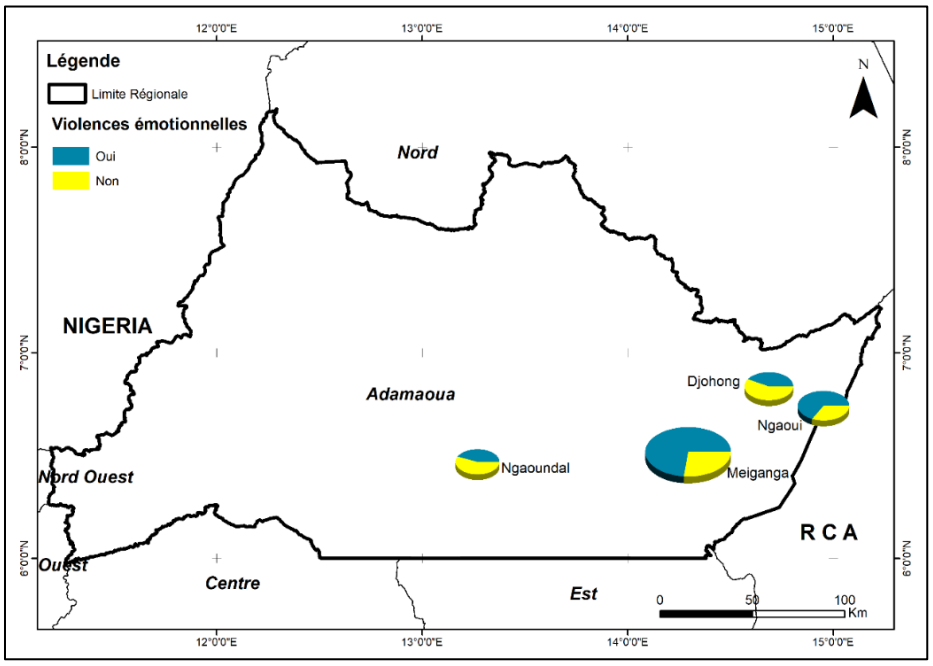

Figure 19: Emotional violence in Adamawa region

Case analysis of the situation regarding child prostitution

The qualitative data available show that child prostitution is not very prevalent, if at all, in the region. However, a disaggregated analysis shows that the phenomenon is prevalent only in the departments of Mberé, with a variable concentration in the following localities:

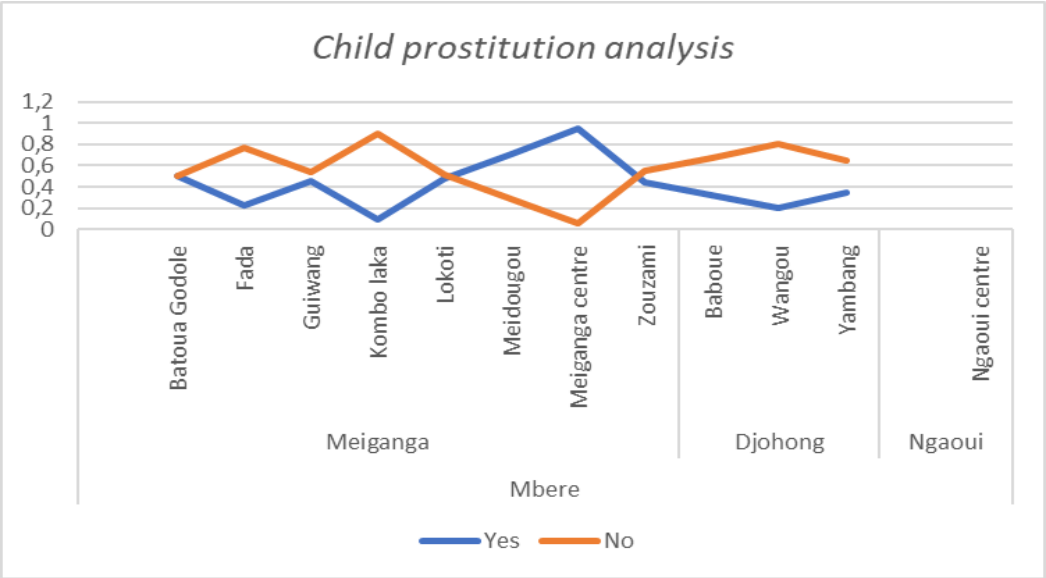

Figure 20:Child prostitution analysis

Certain localities demonstrate a high prevalence of child prostitution. For example, Meiganga Centre in the Mbere division reports a remarkably high percentage of child prostitution at 94.4%. Other localities, such as Meidougou in Mbere division and Guiwang in Mbere division, also show relatively high percentages, indicating a significant problem in these areas.

The data identifies specific localities where child prostitution is more prevalent, such as Meiganga Centre, Meidougou, and Guiwang. These areas require urgent attention and targeted interventions to protect vulnerable children and combat the issue effectively.

The finding also reveals localities with lower percentages or no reported cases of child prostitution. For instance, Ngaoui Centre reports a low percentage of child prostitution at 4.0%. Analyzing these areas can provide insights into potential protective factors or successful interventions that contribute to the prevention of child prostitution.

The high percentages of child prostitution in certain localities, such as Meiganga Centre, indicate an urgent need for comprehensive intervention strategies. These strategies should focus on prevention, awareness, protection, and support for children at risk of or affected by child prostitution.

Table 6 : **Services available in the Adamawa region**

Departments	**Boroughs**	**Names of the Organisation**	**Area of intervention**	**Contact person**	**Comments**
MBERE	Meiganga	DDPROFF	Psychosocial	693866150	Public structure

MBERE	Meiganga	DDAS	Psychosocial	Mr Laurent ABBOU /699610857	Public structure
MBERE	Meiganga	CESO	Psychosocial	M DJEBBE Jerome 6 97 52 36 99 6 80 40 09 00	Public structure
MBERE	Meiganga	Association and networks of women's organisations FERAFCAM	Psychosocial	Ms Doka Odette Chair 676257214/699386040	Local CSO
MBERE	Meiganga	Military garrison	Medical	N/A	Public structure
MBERE	Meiganga	Meiganga Court of First and High Instance	Legal assistance	Oumarou Richard Public Prosecutor 677 95 2743	Public structure
MBERE	Meiganga	Gendarmerie Company	Security	N/A	Public structure
MBERE	Meiganga	Meiganga Police Station	Legal assistance	Dombe Nkoma Commissioner 65976013/651174682	Public structure
MBERE	Meiganga	Lamidat	Security	His Majesty Moussa Sabo Lamida of Meiganga 699389091	Community leader
MBERE	Meiganga	District Hospital	Medical	676037759-676123216	Public structure
MBERE	Meiganga	BMI	Psychosocial	677218922/674457196	International NGO

MBERE	Djohong	District Hospital	Medical	Dr Ngondji MCD nkewou@yahoo.fr 674776976	Public structure
MBERE	Djohong	CESO	Psychosocial	Ngouti Celestin Social Assistant 699618193/676585235	Public structure
MBERE	Djohong	Special Commission	Security		Public structure
MBERE	Djohong	Gendarmerie Brigade	Security	MBoumbouo Mamadou, Gendarme	Public structure
MBERE	Ngaoui	CESO	Psychosocial	Mr NGOUITI Célestin 6 76 58 52 35/6 99 61 81 93	Public structure
MBERE	Ngaoui	Gendarmerie Brigade	Security		Public structure
MBERE	Ngaoui	Public safety post	Security		Public structure

MBERE	Ngaoui	CMA	Medical	693420038	Public structure
VINA	Ngaoundéré	CESO Ngaoundéré 1st	Psychosocial	Mrs MASSIAKRE Heleine BAISSIRI 6 75 66 58 14 6 97 81 37 86	Public structure
VINA	Ngaoundéré	CESO Ngaoundéré 2nd	Psychosocial	Ms BOUBA LEHELER Ayissatou 6 91	Public structure

				20 85 87	
VINA	Ngaoundéré	CESO Ngaoundéré 3rd	Psychosocial	MR BAMBA KEPSOU 6 97 38 56 74	Public structure
VINA	Ngaoundéré	DDAS	Psychosocial	Mrs ADISSA 677 81 82 93 6 91 53 47 46	Public structure
VINA	Ngaoundéré	DDPROFF	Psychosocial	BOGUIEBE Sylvaine married NANA ABDOULAYE	Public structure
VINA	Ngaoundere	Association of Young Volunteers of Ngaoundere AJVN	Psychosocial	FEUMBA Bertrand, Coordinator 691277075	Local CSO
	Ngaoundere	CPFF	Psychosocial	OUSMANOU BEN 674169040-694169421	Public structure
VINA	Ngaoundéré	AFFADA	Psychosocial	N/A	Local CSO
VINA	Ngaoundere	Ngaoundere Protestant Hospital	Medical	N/A	Local CSO
VINA	Ngaoundere	Ngaoundéré police medical centre	Medical	Tel: 222 252 344	
VINA	Ngaoundere	Regional Hospital	Medical	696066346	Public structure
VINA	Ngaoundere	Ngaoundéré regional hospital	Medical	Tel. 222 251 122 / 699 969 654	private structure

VINA	Ngaoundere	Social Action Service (SASO) Regional Hospital	Psychosocial	Ms MOUMENI Victorine 6 74 03 6277/ 6 97 53 20 41	Public structure
VINA	Ngaoundéré	SASO Commissariat Centrale	Legal assistance	Mrs ZALINGONO Juzele épse IHONGOLOK 678 25 13 71 6 99 56 63 29	Public structure
VINA	Ngaoundere	Gendarmerie	Security		Public structure

VINA	Ngaoundéré	SASO near the Courts	Legal assistance	Mr ABIAE A BETCHEN Yves 6 54 44 67 45 6 91 91 73 46	Public structure
VINA	MBE	CESO Mbé	Psychosocial	Mr WANE Francis 6 55 53 91 69	Public structure
VINA	MBE	DAPROFF	Psychosocial	OUMMOUL KOULTCHOUMI 678746544-694642353	Public structure
VINA	MBE	CMA	Medical	675679135	Public structure
VINA	MBE	Public Safety Office	Security	N/A	Public structure
VINA	MBE	Gendarmerie Brigade	Security	N/A	Public structure

DJEREM	Ngaoundal	Public Security Police Station	Security	N/A	Public structure
DJEREM	Ngaoundal	CMA	Medical	679690236/ 690315417	Public structure
DJEREM	Ngaoundal	Gendarmerie Brigade	Security	N/A	Public structure
DJEREM	Ngaoundal	CESO	Psychosocial	MR MOUHAMADOU BABA 6 74 3192 59 6 96 30 31 97	Public structure
DJEREM	Tibati	Tibati courthouse	Legal assistance	Located next to the Tibati Finance Hotel	Public structure
DJEREM	Tibati	District Hospital	Medical	674083030-694003561	Public structure
DJEREM	Tibati	CSI	Medical	677096643/ 6979 30116	Public structure
DJEREM	Tibati	DDAS	Psychosocial	Mr ATAGOUO Sebastien 6 70 15 01 34 6 99 93 29 13	Public structure
DJEREM	Tibati	CESO	Psychosocial	Mrs SINDA Gisèle épse YAYA 6 77 22 25 83 6 94 23 99 71	Public structure
DJEREM	Tibati	DDPROFF	Psychosocial	OUMAROU HAMADOU 697812395	Public structure

DJEREM	Tibati	Public Security Police Station	Security	N/A	Public structure
DJEREM	Tibati	Arms Brigade	Security	N/A	Public structure

FARO AND DEO	Tignere	CESO	Psychosocial	MR BAH MANGA YAYA 6 76 22 95 12/6 94 34 74 29	Public structure
FARO AND DEO	Tignere	DDAS	Psychosocial	MR HAMADOU HAMANDJAM 6 75 94 10 74	Public structure
FARO AND DEO	Tignere	Tignere Court of First and High Instance	Legal assistance	N/A	Public structure
FARO AND DEO	Tignere	DDPROFF	Psychosocial	BAYANG PIERRE 696343294	Public structure
FARO AND DEO	Tignere	HD Tignere	Medical	697453506-650691896	Public structure
FARO AND DEO	Tignere	Gendarmerie Brigade	Security	N/A	Public structure
FARO AND DEO	Tignere	Public Security Police Station	Security	N/A	Public structure
FARO AND DEO	Tignere	CSI	Medical	674410886	Public structure

FARO AND DEO	Tignere	CMA galim tignere		695 283 545	
FARO AND DEO	Tignere	CPFF	Psychosocial	MAMOUDOU Roger 695433299	Public structure
FARO AND DEO	Mayo Baléo	Gendarmerie Brigade	Security	N/A	Public structure
FARO AND DEO	Mayo Baléo	Public Security Police Station	Security	N/A	Public structure
FARO AND DEO	Mayo Baléo	CSI	Medical	670156985	Public structure
FARO AND DEO	Mayo Baléo	CMA	Medical	652878986	Public structure
MAYO BANYO	Bankim	CESO	Psychosocial	MR SAIDOU LOUTI 6 74 69 67 65 6 93 50 32 82	Public structure
MAYO BANYO	Bankim	Territorial Gendarmerie Brigade	Security	N/A	Public structure
MAYO BANYO	Bankim	Public Security Police Station	Security	N/A	Public structure
MAYO BANYO	Bankim	HD	Medical	675870316/ 691983021	Public structure
MAYO BANYO	Banyo	HD	Medical	674639227-691179528	Public structure
MAYO BANYO	Banyo	Gendarmerie	Security	N/A	Public structure

MAYO BANYO	Banyo	Public Security Police Station	Security	N/A	Public structure
MAYO BANYO	Banyo	DDPROFF	Psychosocial	BAKLA née MESSAM LEHOUN 677908956	Public structure
MAYO BANYO	Banyo	Banyo Court of First and High Instance	Legal assistance	N/A	Public structure
MAYO BANYO	Banyo	DDAS	Psychosocial	Mr OWONA MIMBOE François Xavier 6 75 66 34 37 6 95 33 94 53	Public structure
MAYO BANYO	Mayo Darle	Gendarmerie	Security	N/A	Public structure
MAYO BANYO	Mayo Darle	Police station	Security	N/A	Public structure
MAYO BANYO	Mayo Darle	CMA	Medical	674216106	Public structure

1.3. North West region

The trends are broken down into the following categories: i) prevalence of physical violence, ii) sexual violence, iii) economic violence and denial of opportunities, and iv) sexual abuse and exploitation.

- **Physical violence**

The following data may not give an accurate picture of the situation in the region, given people's reluctance to take part in the surveys. While the various reports on the situation in the region point to an exacerbation of physical violence in the region (OCHA Report 2021, 2022), the trends resulting from the present data collection seem relatively weak. While it is true that the prevalence of GBV is low in all areas, with the majority of localities having a “zero incidence” rate, attention should be paid to localities such as Ndop, Misai, Ako, Mbalikombat, Funkunka and Belo, where the proportion of people with a double incidence rate is relatively high in each

of these areas. The table below gives an idea of the scale of the phenomenon in the various zones.

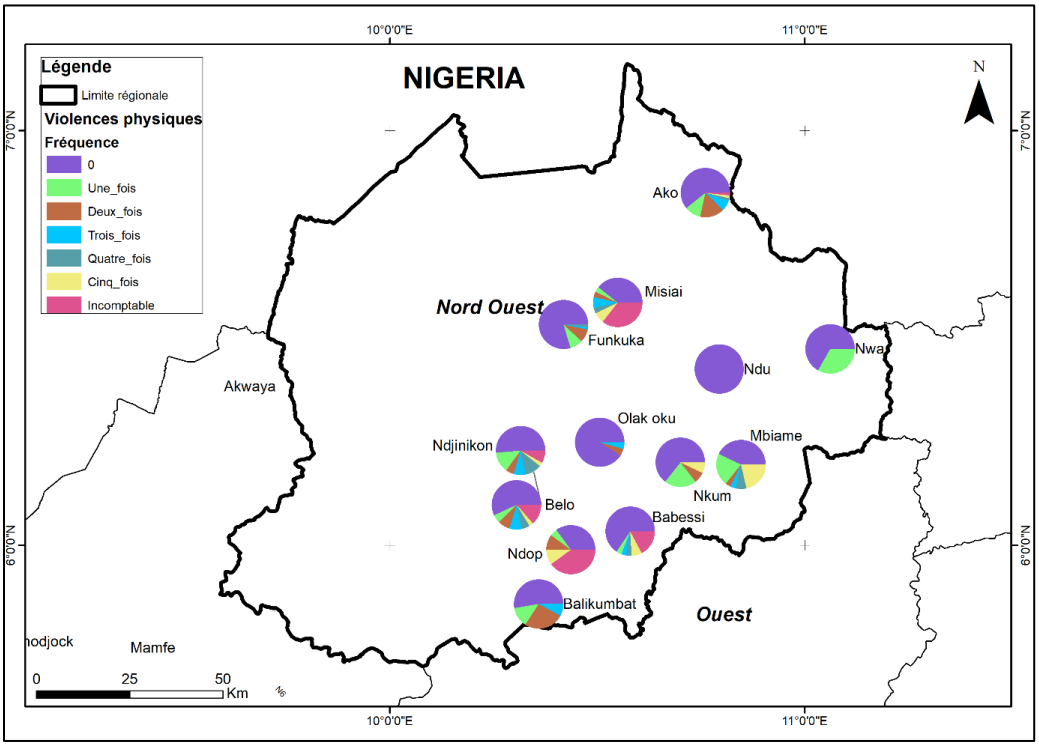

Figure 21 : Physical violence in North west region

- **Sexual violence**

The question of the frequency of sexual violence arises very often in the following localities: Batibo, Ndjuinkom, Kunkunka, Ako and Nkun: Batibo, Ndjuinkom, Kunkunka, Ako, Nkun. There is a convergence of violence around the same areas. These are mainly listed above.

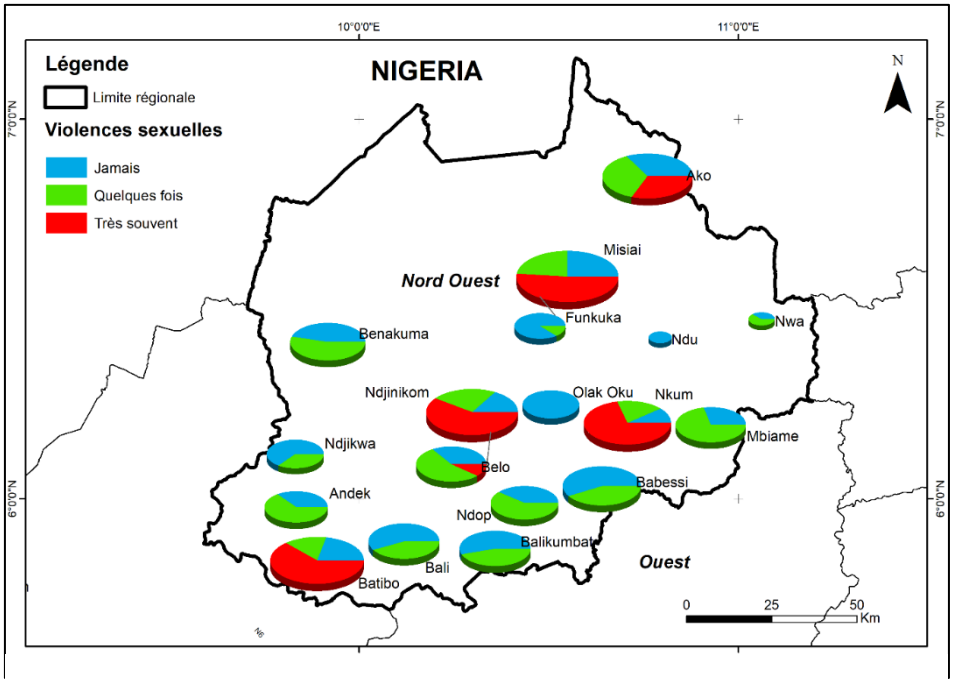

Figure 22: Sexual violence in North west region

- **Economic violence**

According to the women we met, the prevalence of violence in all the regions can be partly explained by the fragility of the security situation, which has led spouses and families to restrict women's participation. According to the data from the group discussions, "with the situation in the region, women have lost a lot. We're under guardianship all the time and no longer have any room to manoeuvre. We need permission for everything". To a certain extent, the context reinforces the existing patriarchal elements.

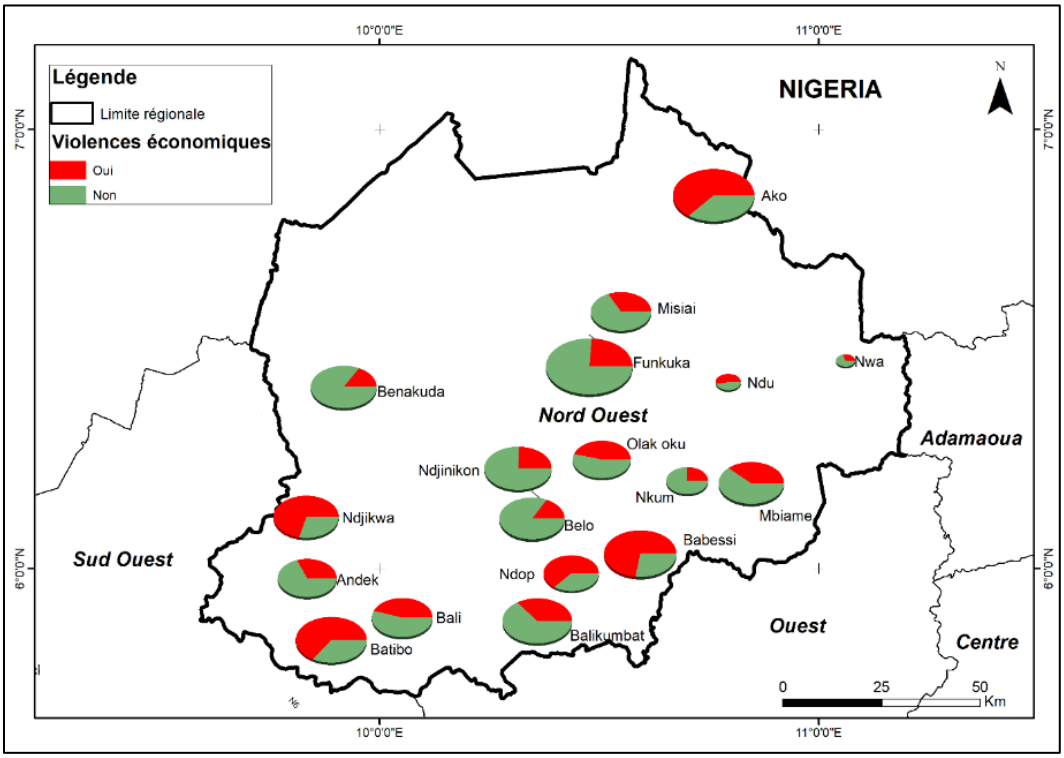

Figure 23:Economic violence in North west region

- **Emotional violence**

Emotional violence is also present in the communes of the North West region, especially on the borders with the West, South West and Nigeria. These values are undoubtedly very important because of the prevailing security

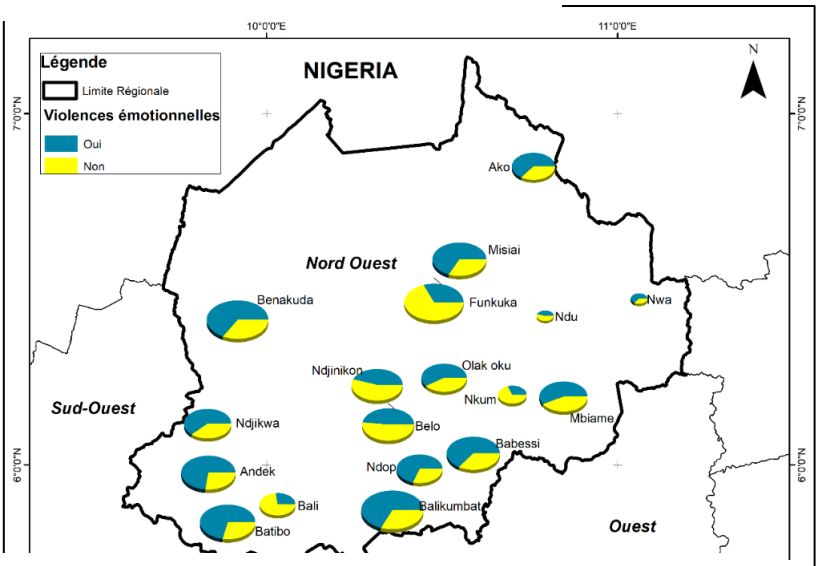

Figure 24 : Emotional violence in North west region

climate in the region linked to the presence of separatist groups.

- **Case analysis of the situation regarding child prostitution**

This phenomenon appears to be the main form of GBV in the region and takes the form of child prostitution and cases of women resorting to sex for money. For example, in the following departments: In Boyo, Donga-Mantung, Menchung and Momo, for example, a large proportion of the respondents we met in almost every locality said that this practice was widespread in their communities. The table below gives a panoramic view of the situation.

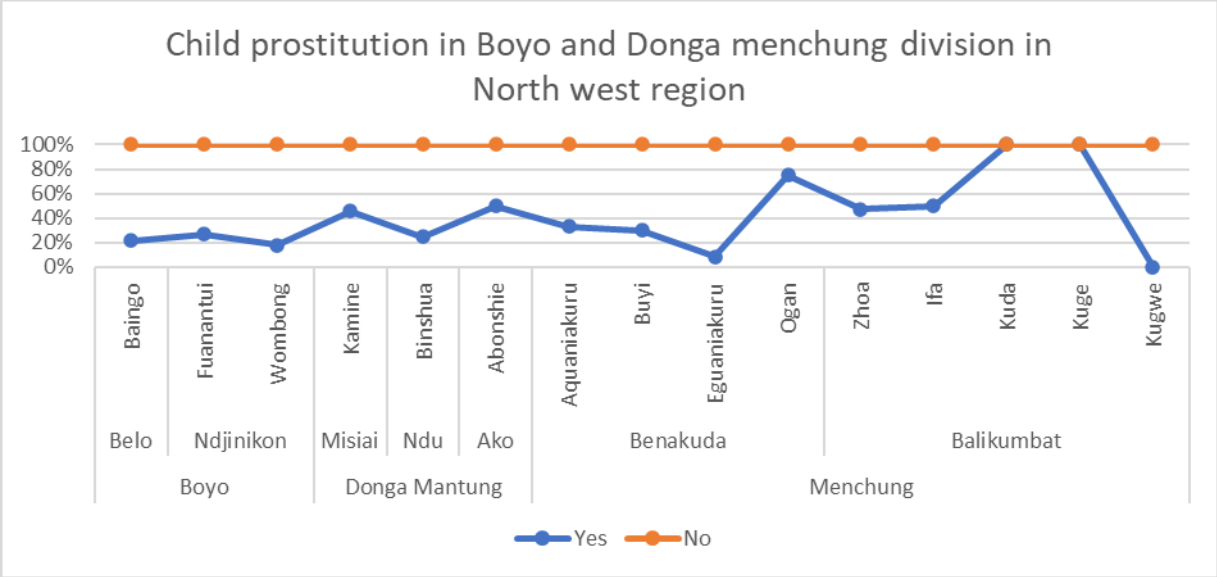

Figure 25:Child prostitution analysis in Boyo and Donga menchung division in North west region

Several localities stand out with relatively high percentages of child prostitution. For example, in Donga Mantung division, Kamine locality reports a high percentage of 45.5% of child prostitution. In Menchung division, Ogan locality reports a significantly high percentage of 75.0%. These figures indicate a significant problem in these specific areas that requires immediate attention.

The data identifies specific localities where child prostitution is more prevalent, such as Baingo in Boyo division, Fuanantui in Boyo division, and Aquaniakuru in Menchung division. These areas require targeted interventions, including prevention programs, awareness campaigns, and support services, to protect vulnerable children and combat child prostitution effectively.

The high percentages of child prostitution in certain localities underscore the urgent need for comprehensive prevention strategies. These strategies should focus on addressing the root causes of child prostitution, such as poverty, lack of education, and social inequality. Prevention

efforts should also include raising awareness, strengthening child protection systems, and providing support to at-risk children and their families.

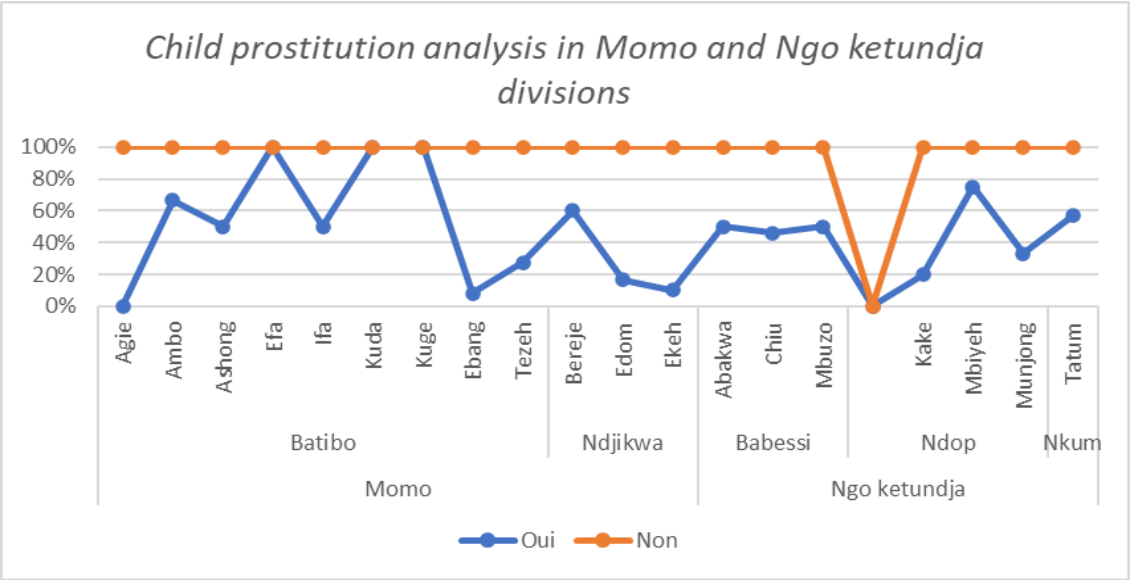

Figure 26: Child prostitution analysis in Momo and Ngo ketundja divisions

The data demonstrates variations in the prevalence of child prostitution across different arrondissements and localities within the Momo and Ngo Ketundja divisions. Some localities exhibit higher percentages of reported child prostitution, while others have lower percentages or report no cases.

Certain localities stand out with relatively high percentages of child prostitution. For example, in Momo division, Agie locality reports 100.0% child prostitution, while Efa, Kuda, Kuge, and Tezeh localities report high percentages. In Ngo Ketundja division, Chiu locality reports 60.0% child prostitution. These figures highlight the need for targeted interventions and support services to address the issue effectively in these specific areas.

The data identifies specific localities where child prostitution is more prevalent, such as Ambo in Batibo, Bereje in Ndjikwa, and Mbiyeh in Ndop. These areas require focused efforts to protect vulnerable children, raise awareness, and implement preventive measures to combat child prostitution.

The high percentages of child prostitution in certain localities emphasize the need for robust prevention strategies. These strategies should include comprehensive awareness campaigns, education programs, community involvement, and support services for at-risk children and their families. Preventive measures should address underlying factors such as poverty, lack of education, and social inequality. That is we as mention during the group discussion: ***"In our community, young boys look down on unmarried girls as people they can take even if they***

don't want to. Cases of violence and aggression are recurrent because boys don't know that girls have the right to say no." Djohong refugee representative.

This verbatim highlight a prevalent issue of gender-based violence (GBV) in the community, specifically concerning the perception of young boys towards unmarried girls. It suggests that there is a lack of understanding among boys about consent and the rights of girls. This perception contributes to the occurrence of violence and aggression against girls. To address this issue, education and awareness programs are needed to promote respect, consent, and gender equality among young boys.

Table 7: Services available in the North-West region

Forecasts/Departments	Subdivisions/Arrondissements	Names of organization/Noms de l'organisation	Domain of intervention/Domaine d'intervention	Lead person/Contact	Comments
Bui	Kumbo	Bingo Baptist Hospital	Medical	Location:Above Squares Contact: 677 866 342	Public structure
Bui	Kumbo	Millitary baracks in kumbo	Medical	Located near the KUMBO Urban Council	Public structure
Bui	Kumbo	Police station public sécurity service	Security	located opposite the TOBIN stadium	Public structure
Bui	Kumbo	Court of first and high instance of kumbo	Legal assistance	N/A	Public structure
Bui	Kumbo	CPFF	Psychosocial	BODZEWAN Blasius KONGNYUY/663752029	Public structure

Bui	Kumbo	St. Elizabeth Catholic Hospital	Medical	Location: Shishong Contact: 673 501 003	public structure
Bui	Kumbo	Catholic Relief Services	Medical	Location: St. Elizabeth Catholic Hospital Shishong Contact:674 108 874	International NGO
Bui	Kumbo	Community Initiative for Sustainable Development (COMINSUD)	Psychosocial	Location: Mbve - Ndzengwev Contact: 677 334 481	OSC
Bui	Kumbo	Community Education for Life (CEF Life)	Psychosocial	Community Education for Life (CEF Life) Location: Kumbo Contact. 675 803 132/678 625 193	OSC
Bui	Kumbo	Plan International Cameroon	Psychosocial	Location: Kumbo Contact: 676 225 986	International NGO
Bui	Kumbo	Banso Baptist Hospital (BBH)	Medical	Location:Above Squares Contact: 677 866	Privat structure

				342	
Bui	Kumbo	Justice and Peace Commission Kumbo	Legal assistance	Location. Bishop's House Kumbo Contact: 675 411 550	Privat structure
Bui	Kumbo	Divisional Delegation of Women Empowerment and the Family	Psychosocial	Location: Lyonga Street - Tobin Contact: 677 987 927 FUAMBOU GEORGES ZOFOA 677987927	Public structure
Bui	Kumbo	Himalayas Institute	Psychosocial	Location: Tobin Contact: 677 387 651	OSC
Bui	Kumbo	Women in Action against Gender Based Violence	Psychosocial	Location: Jakiri beside the market Contact: 675 127 491	OSC
Bui	Kumbo	Banso Baptist Hospital (BBH)	Medical	Location: Above Squares Contact: 677 866 342	Public structure

Bui	Jakiri	Women in Action against Gender Based Violence	Psychosocial	Location: Jakiri Contact:675 127 491	
Donga-Mantung	Nkambe	Nkambe District Hospital	Medical	Location: Nkambe -Adjacent Grand Stand Contact: 675 549 782	Public structure
Donga-Mantung	Nkambe	Court of first and high instance of Nkambe	Legal assistance	N/A	Public structure
Donga-Mantung	Nkambe	Customs mobile brigade Nkambe	Security	located near the Divisional Office (DO central) in Nkambe	Public structure
Donga-Mantung	Nkambe	NDU police Station	Security	N/A	Public structure
Donga-Mantung	Nkambe	Nkambe District Hospital	Medical	Location: Nkambe -Adjacent Grand Stand Contact: 675549782	Public structure
Donga-Mantung	Nkambe	Community Initiative for Sustainable Development	Psychosocial	Location: Nkambe -Adjacent Grand	OSC

		(COMINSUD)		Stand Contact: 679157 968	

Donga-Mantung	Nkambe	Green Partners Association	Psychosocial	Location: Nwa Contacts:673 575 868/680 305 422	OSC
Donga-Mantung	Nkambe	Community Human Rights and Advocacy Centre (CHRAC)	Psychosocial	Location: Nwa Sub Division Contacts: 677 669 528/653 281 889	OSC
Donga-Mantung	Nkambe	Africa Justice for PeaceAssociation	Legal assistance	Location: CAMCUL Building Nkambe Contact: 673 399 416	OSC
Donga-Mantung	Nkambe	Divisional Delegation of Women Empowerment and the Family	Psychosocial	Location: Nkambe Centre Contact: 650 484 900 CHANTAL NENG MUBELE 676445359	Public structure
Donga-Mantung	Nwa	Nwa District Hospital	Medical	676127117	Public structure

Donga-Mantung	Nwa	Gendarmerie	Security	N/A	Public structure
Donga-Mantung	Nwa	DAPROFF	Psychosocial	kumson dorothy 678311119,	Public structure
Donga-Mantung	Nwa	Police Station	Security	N/A	Public structure
Donga-Mantung	Ako	Ako District Hospital	Medical	675211789	Public structure
Donga-Mantung	Ako	Gendarmerie	Security	N/A	Public structure
Donga-Mantung	Ako	Police Station	Security	N/A	Public structure
Donga-Mantung	Ako	International Medical Corps	Medical	Location:Akwaja Health Center Contact:673 351 290	International NGO
Menchum	Wum	Wum District Hospital	Medical	Location: Wum Town Contact: 673 587 202/667 966 098	Public structure
Menchum	Wum	Police Station	Security	N/A	Public structure
Menchum	Wum	Gendarmerie company	Security	N/A	Public structure
Menchum	Wum	Court of first an high instance of Wum	Legal assistance	N/A	Public structure
Menchum	Wum	St. Martin Hospital Wum	Medical	Location: Wum Town Contact: 673 797 518	Public structure

Menchum	Wum	Wum District Hospital	Medical	Location: Wum Town Contact: 677 876 547/674 554 686/673 587 202	Public structure

Menchum	Wum	Community Initiative for Sustainable Development (COMINSUD)	Psychosocial	Location: Wum central Contact: 674 179 754/676 062 331/654 104 586	OSC
Menchum	Wum	Community Human Right and Advocacy Centre (CHRAC)	Psychosocial	Location: Wum central Contact: 677 662 307	OSC
Menchum	Wum	Bihndumlem Humanitarian Association of Peace and Hope (BIHAPH)	Psychosocial	Location: Opposite Post Office Roundabout-Wum Contact: 674 300 229	OSC
Menchum	Wum	Precious Sisters	Medical	Location: Wum town Contact: 677 920 444	Privat structure
Menchum	Wum	Bihndumlem Humanitarian Association of	Psychosocial	Location: Opposite Post Office Roundabout-Wum	OSC

		Peace and Hope (BIHAPH)		Contact: 670 089 5 01	
Menchum	Wum	DDPROFF	Psychosocial	Kine BAH Edwin 677125178/697910692	Public structure
Menchum	Fungom	Police Station	Security	N/A	Public structure
Menchum	Fungom	gendarmerie	Security	N/A	Public structure
Menchum	Fungom	Fugom District Hospital	Medical	N/A	Public structure
Mezam	Bamenda I	St. John of God Hospital	Medical	Location: Ntaghang - Bamenda Contact: 670 855 670	Public structure
Mezam	Bamenda I	Regional Delegation ofSocialAffairs (RDSA)	Psychosocial	Location: Up Station, Bamenda Contact: 6773949842	Public structure
Mezam	Bamenda I	UNHCR	Psychosocial	Location: Opposite Court of1 st Instance Contact: 675 552 923/698 393 225	International organization
Mezam	Bamenda I	Plan International Cameroon	Psychosocial	Location: Up station. Behind hill top hotel Contact: 676 715 749/675 445 858	International NGO

Mezam	Bamenda I	CPFF	Psychosocial	Emmanuella DJOMOA NYUYSULIY married to TATAH/ 679133825	Public structure

Mezam	Bamenda I	Gendarmerie company	Security	N/A	Public structure
Mezam	Bamenda I	Police Station	Security	N/A	Public structure
Mezam	Bamenda I	UNFPA	Psychosocial	Location: UN Compound GRA Bamenda Contact: 679 336328 / 696 916 053	International Organisation
Mezam	Bamenda I	Community Impact for Africa	Psychosocial	Location: Up Station Bamenda Contact: 674 081210	OSC
Mezam	Bamenda I	International Rescue Committee	Psychosocial	Location: GRA Up Station Contact. 650 431042/ 669 749 688	International NGO
Mezam	Bamenda I	Northwest Association of Women with	Psychosocial	Location. Bamenda I	OSC

		Disabilities		Contact. 675 322 337	
Mezam	Bamenda I	Community Initiative for Sustainable Development (COMINSUD)	Psychosocial	Location: Mendankwe Health Centre Contact: 676 836 642	OSC
Mezam	Bamenda I	Médecins du Monde Suisse (Doctors of the World Switzerland) - MDM-CH	Medical	Location: Up station - Glass building adjacent road to GRA Contacts : 665 87 27 55 / 657 10 04 65	International NGO
Mezam	Bamenda I	Regional Hospital Bamenda	Medical	Location: Round About Contact: 698 227 308	Public structure
Mezam	Bamenda I	International Red Cross Committee	Psychosocial	Location: Mendankwe Integrated Health Center Contact: 650 431 042/669 749 688	International NGO
Mezam	Bamenda I	Santa District Hospital/Internation	Medical	Location: Santa	Public structure

		al Rescue Committee		District Hospital Contact: 650 431 042/669 749 688	
Mezam	Bamenda I	UNHCR	Psychosocial	Location: Up Station Opposite the court of 1 instance Contact: 675 55 29 23	International Organisation
Mezam	Bamenda I	CBC Health Services - GBV One Stop Center	Psychosocial	Location: Finance Junction Contact: 675 396 704	NGO

Mezam	Bamenda I	CPFF	Psychosocial	Emannuelle NJOMOA née TATAH 679133825	Public Structure
Mezam	Bamenda II	Regional Delegation of Women's Empowerment and the Family	Psychosocial	Location: Old Town - Opposite DO's Office Contact: 675 393 402	Public structure
Mezam	Bamenda II	Divisional Delegation of Women's Empowerment and the Family	Psychosocial	Location: Hospital Round About Atua- Azire Contact: 673 437	Public structure

				361/ 675 807 330	
Mezam	Bamenda II	Divisional Delegation of Social Affairs (DDSA)	Psychosocial	Location: Old Town - Desk in Central Police Station Contact: 677 054 347	Public structure
Mezam	Bamenda II	CPFF	Psychosocial	TENDONGMO FRANCLIN/694288899/675807330	Public structure
Mezam	Bamenda II	Alpha Royal/International Rescue Committee	Psychosocial	Location: Ntarikon Contact: 650 431 042/669 749 688	OSC
Mezam	Bamenda II	LUKMEF	Psychosocial	Location: Fon's Street Mankon Contact: 669 676 291	OSC
Mezam	Bamenda II	Organization for Women's Empowerment and Development (OWED)	Psychosocial	Location: Che Street Ntarinkon Contact: 677 232 516	OSC
Mezam	Bamenda II	Community Initiative for Sustainable Development (COMINSUD)	Psychosocial	Location: Ntarinkon, Fru Ndi Entrance Contact: 676 306 683	OSC
Mezam	Bamenda II	Bihndumlem Humanitarian Association of Peace and Hope (BIHAPH)	Psychosocial	Location: City Chemist - Bayelle Cooperative Credit Union Building/Bamend	OSC

				a Contact: 680 99 06 46	
Mezam	Bamenda II	Global Action for Community Development (GACD)	Psychosocial	Location: City Chemist Evidence Building Contact: 654 072 934	OSC
Mezam	Bamenda II	Regional Delegation of Women's Empowerment and the Family	Psychosocial	Location: Old Town, Entrance to D.O B'daII Contact: 653 735 287/675 807 330	Public structure

		(DERPROFF), NWR			
Mezam	Bamenda II	NKUMU Fed Fed	Psychosocial	Location: 3 rd Floor Bamenda Police Credit Union -Old Treasury Street Contact: 677 375 598	OSC
Mezam	Bamenda II	GRACE VISION	Medical	Location: Veterinary Junction Contact: 675 458 415	OSC

Mezam	Bamenda II	Women's Empowerment and the Family Center (WEFC) Bamenda	Psychosocial	Location: Old Town - Opposite DO's Office Contact: 675 807330	OSC
Mezam	Bamenda II	Community Initiative for Sustainable Development (COMINSUD)	Psychosocial	Location: Ntarinkon Ni John Entrance Contact: 677 974 489	OSC
Mezam	Bamenda II	SIWOG (Sustainable Initiative For Women And Girls)	Psychosocial	Location Bamenda Tel: 677 224 492	OSC
Mezam	Bamenda II	Luc Memorial Rehabilitation Foundation	Psychosocial	Location: Mile 90 Tel: 675 001 203	OSC
Mezam	Bamenda II	Organization for Women's Empowerment and Development (OWED)	Psychosocial	Location: Che Street Ntarinkon Contact: 675 325 909	OSC
Mezam	Bamenda II	Association for the Empowerment of the Deaf and Vulnerable	Psychosocial	Location: Ntarikon, Bamenda Contact: 671 479 099	OSC

		Persons (AEDVP)			
Mezam	Bamenda II	Bihndumlem Humanitarian Association of Peace and Hope (BIHAPH)	Psychosocial	Location: City Chemist-Bayelle Cooperative Credit Union Building/Bamenda Contact: 675 265 6 61/677 802 134	OSC
Mezam	Bamenda II	Gendarmerie	Security		OSC
Mezam	Bamenda II	Police Station	Security		OSC

Mezam	Bamenda II	Sustainable Initiative For Women Organization (SIWOG)	Psychosocial	Location: Hospital Roundabout (Guzang Cooperative Credit Union Building) Contact: 674 232 741	OSC
Mezam	Bamenda II	Cameroon Medical Women Association (CMWA)	Psychosocial	Location. Food Market Contact.676 513 435	OSC
Mezam	Bamenda II	Refugee Welfare Association Cameroon (REWAC)	Psychosocial	Location: City Chemist Pharmacy, Express Union Building, 2nd	OSC

				floor Contact. 675 322 337	
Mezam	Bamenda II	Community Health and Social Development for Cameroon (COHESODEC)	Psychosocial	Location: City Chemist Round About Contact: 675 405 478/695 110 313	OSC
Mezam	Bamenda II	Regional Delegation ofPublic Health Head ofReproductive Health	Medical	Location Hospital Roundabout Contact: 674 228 555/675 268 077	OSC
Mezam	Bamenda II	National Commission for Human Rights and Freedoms (NCHRF)	Psychosocial	Location:After Franco Alliance - Bamenda Contact: 678 169 094	OSC
Mezam	Bamenda II	Divisional Delegation ofSocialAffairs (DDSA)	Psychosocial	Location: Veterinary Junction, Bamenda Contact: 677 768 682	OSC
Mezam	Bamenda II	Central Police Office	Security	Location: Old Town Contact: 677 054 347 / 653 497 499	OSC

Mezam	Bamenda II	International Federation of Women lawyers (FIDA-Bamenda)	Psychosocial	Location: NWCABuilding CommercialAvenue Contact: 677 658 759	OSC
Mezam	Bamenda II	Finders Group Initiative (FGI)	Psychosocial	Location: Food Market Contact: 677 068 856 / 670 564 729 / 675 082 826	OSC

Mezam	Bamenda II	Organization for Women's Empowerment and Development (OWED)	Psychosocial	Location: Che Street Ntarinkon Contact: 677 232 516	OSC
Mezam	Bamenda II	Refugee Welfare Association Cameroon (REWAC)	Psychosocial	Location: City Chemist Pharmacy, Express Union Building, 2nd floor Contact 675 807 330	OSC
Mezam	Bamenda II	Loyalty Law Firm	Psychosocial	Location: Sonac Street - B'da II	OSC

				Contact: 675 160 353	
Mezam	Bamenda II	Community Health and Social Development for Cameroon (COHESODEC)	Psychosocial	Location: City Chemist Round About Contact: 675 405 478 / 695 110 313	OSC
Mezam	Bamenda II	CHRAC	Psychosocial	Location Small Mankon Contact: 670 400 556	OSC
Mezam	Bamenda II	Listening and Orientation Unit	Psychosocial	Location: Bamenda Regional Hospital Contacts: 665 87 27 57 / 674 078 5 43	OSC
Mezam	Bamenda II	Global Action for Community Development (GACD)	Psychosocial	Location: City Chemist Evidence Building Contact 654 072 934	OSC
Mezam	Bamenda III	Research and Advocacy for Gender Justice	Psychosocial	Location: Bamenda III	OSC

		RAGJ		Contact: 675 267 972	
Mezam	Bamenda III	Centre for Human Rights and Democracy in Africa (CHRDA)	Psychosocial	Location: Mile 4 - Health Centre Contact: 677 08 44 10	OSC
Mezam	Bamenda II	Listening and Orientation Unit (LOU) of Médecins du Monde Suisse (Doctors of the World Switzerland)	Psychosocial	Location: Bamenda Regional Hospital Contact: 681 198 034 /657 100 466/657 100 465	International NGO
Mezam	Bamenda II	Azire Integrated Health Center	Medical	Location: CCC Mankon Entrance Contact: 679 610 895	OSC
Mezam	Bamenda II	Regional Delegation of Women's Empowerment and the Family (DERPROFF)	Psychosocial	Location: Below DO's Office Old Town. Contact: 675 393 402	Public structure
Mezam	Bamenda II	Divisional Delegation of Social Affairs	Psychosocial	Location: Veterinary Junction,	Public structure

		(DDSA)		Bamenda Contact: 677 768 682	
Mezam	Bamenda II	Divisional Delegation of Women's Empowerment and the Family	Psychosocial	Location: Meta Quarter (Immeuble Njumbe) Contact: 673 437 361	Public structure
Mezam	Bamenda II	International Rescue Committee		Location: Ntarinkon, Alpha Royal Clinic Contact: 650 431 042/669 749 688	International NGO
Mezam	Bamenda II	Catholic Relief Services (CRS)	Psychosocial	Location: Big Mankon Contact: 674 108 874	International NGO
Mezam	Bamenda II	Community Initiative for Sustainable Development (COMINSUD)	Psychosocial	Location: Ntarinkon - Opposite Ni John entrance Contact: 679 600 356/676 306 683	OSC
Mezam	Bamenda II	Justice and Peace Commission (JPC)	Psychosocial	Location: Cathedral, Big Mankon Contact: 677 677 407	Public structure

Mezam	Bamenda II	LUKMEF	Psychosocial	Location: Fon's Street Mankon Contact: 669 676 291	OSC
Mezam	Bamenda II	Cameroon Medical Women Association (CMWA)	Psychosocial	Location: Food Market (Former British College) Contact: 676 513 435	OSC
Mezam	Bamenda II	Interfaith Vision Foundation Cameroon (IVFCam)		Location: Che Street Contact: 675 321 793/670 229 963	OSC
Mezam	Bamenda II	Women in Action against Gender Based Violence (WAG Cameroon)	Psychosocial	Location: Beside Former Bamenda City Council Contact: 650 804 056/677 778 305	OSC
Mezam	Bamenda II	Health Development and Consultancy Services (HEDECS)	Psychosocial	Location: Che Street Bamenda II Contact: 675 392 568	OSC
Mezam	Bamenda II	Positive Vision Cameroon (PVC)		Location: Hospital Round -About	OSC

				Contact: 677 125 838	
Mezam	Bamenda II	GRACE VISION	Psychosocial	Location: Veterinary Junction Contact: 675 458 415	OSC
Mezam	Bamenda II	Community Health and Social Development for Cameroon (COHESODEC)	Psychosocial	Location: City Chemist Round About Contact 674 826 719 / 678 277 359.	OSC
Mezam	Bamenda II	Community Human Rights and Advocacy Center (CHRAC)	Psychosocial	Location: Small Mankon opposite Sammy Driving School Contact: 677 084 119 /677 669 528	OSC
Mezam	Bamenda II	Sustainable Initiatives for Women and Girls (SIWOG)	Psychosocial	Location: New Layout Contact: 677 224 492/677 976 649	OSC
Mezam	Bamenda II	Luc Memorial Rehabilitation Foundation	Psychosocial	Location. Mile 90 Contact: 675 001 203	OSC
Mezam	Bamenda II	kumu Fed Fed (NFF)	Psychosocial	Location: Old Treasury Street Contact.	OSC

				677 75598/678 615 573	
Mezam	Bamenda II	Cameroon Women in Action Society (CAWAS)	Psychosocial	Location: Below Maternity Gate Regional Hospital Bamenda Contact: 677 881 133/677 182 468	OSC
Mezam	Bamenda II	Center for Human Rights and Democracy in Africa (CHRDA)	Psychosocial	Location: Meta Quarters (Opposite Holiday Hotel) Contact: 675 831 140/671 457 625	OSC
Mezam	Bamenda II	Teen Alive Organization	Psychosocial	Location: Metta Quarters Contact.677 479 498	OSC
Mezam	Bamenda II	Green Partners Association	Psychosocial	Location: SONAC Street Contact: 6796 462 89/673 575 868	OSC
Mezam	Bamenda II	Organization for Women's Empowerment and	Psychosocial	Location: Che Street Ntarinkon	OSC

		Development (OWED)		Contact: 675 809 516	

Mezam	Bamenda II	Community Resource Centre for the Disabled and Disadvantaged (C.R.C.D.D.)	Psychosocial	Location: Commercial Avenue, Opposite Nextel Office Contact: 677 945 955	OSC
Mezam	Bamenda II	Bihndumlem Humanitarian Association of Peace and Hope (BIHAPH)	Psychosocial	Location: City Chemist-Bayelle Cooperative Credit Union Building Contact: 674 30 02 29	OSC
Mezam	Bamenda II	Coordinating Unit of Associations of Persons with Disabilities (CUAPWD)	Psychosocial	Location: Azire - Fish Pond Hill Contact: 675 612 344	OSC
Mezam	Bamenda II	Common Action for Gender Development (COMAGEND)	Psychosocial	Location: T. Junction Contact: 233 362 196/675 469 966	OSC

Mezam	Bamenda II	Gender in HumanitarianAction Group (GIHA)	Psychosocial	Location: Savanah Street Contact: 677 831 004	OSC
Mezam	Bamenda II	Listening and Orientation Unit	Psychosocial	Location: Bamenda Regional Hospital Contacts: 665 87 27 69 / 665 87 27 58 / 657 10 04 66	OSC
Mezam	Bamenda II	Global Action for Community Development (GACD)	Psychosocial	Location: City Chemist Building Contact:654 072 934	OSC
Mezam	Bamenda II	Mother of Hope Cameroon (MOHCAM)	Psychosocial	Location: Savanah Street Contact: 673 540 517	OSC
Mezam	Bamenda II	Global Development Vision (GLODEV)	Psychosocial	Location: BAFCULL Building Small Mankon Contact: 673 926 672	OSC
Mezam	Bamenda II	FOMCAM Community and Mental Health	Psychosocial	Location: Mulang Mankon	OSC

		Organization		Contact: 669 351 212 / 677 023 410	
Mezam	Bamenda II	Effective Basic Services (eBASE Africa)	Psychosocial	Location: City Chemist-Evidence Building Contact: 677 319 374	OSC
Mezam	Bamenda II	Mbachongwa Integrated Health Centre	Medical	Location. Chomba Contact: 677 852 106	OSC

Mezam	Bamenda II	Ntambag Integrated Health Centre	Medical	Location. Behind Ayaba Contact: 675 311 249	Public structure
Mezam	Bamenda II	St. Maria Soledad Catholic Hospital	Medical	Location:Alakuma, Opposite Sacred Heart College Contact: 672 081 512	Public structure
Mezam	Bamenda II	Presbyterian Health Centre Mankon	Medical	Location: GBHS Junction Ntamulung Contact: 677 911 318	Public structure
Mezam	Bamenda II	Mount Zion Clinic	Medical	Location. Small Mankon - Vicky Street Contact: 677 770177	Public structure

Mezam	Bamenda II	Mezam Polyclinic	Medical	Location:Azire After PC Church Contact: 677 319 288	Public structure
Mezam	Bamenda II	The people's Clinic	Medical	Location. Opposite GBPS Ngomgham Contact: 677 021 013	Public structure
Mezam	Bamenda II	Family Foundation Clinic and Maternity	Medical	Location:Atuakom Junction Contact: 677 783 174	Public structure
Mezam	Bamenda II	Alpha Royal Clinic /International Rescue Committee	Medical	Location: Ntarinkon - Ntumazah Hill Contact: 650 431 042/669 749 688	Public structure
Mezam	Bamenda II	Cameroon National Association for Family Welfare (CAMNAFAW)	Psychosocial	Location: Commercial Avenue (New Life Building) Contact: 675 971 213	NGO
Mezam	Bamenda II	Inter Faith Vision Foundation Cameroon (IVFCam)	Psychosocial	Location: Brasseries Junction/Che Street Contact: 677 121 234/675 321 793	NGO

Mezam	Bamenda II	Cameroon Medical Women Association (CMWA)	Psychosocial	Location: Food Market (Former British College) Contact: 676 513 435	NGO
Mezam	Bamenda II	Catholic Relief Services	Medical	Location Cathedral Big Mankon Contact 674 108 874	NGO

Mezam	Bamenda II	Effective Basic Services (eBASE)	Medical	Location: Evidence Building Contacts:677 319 374/677 233 454	OSC
Mezam	Bamenda II	Divisional Delegation of Women's Empowerment and the Family	Psychosocial	Location: Meta Quarter (Immeubles Njumbe) Contact: 673 437 361	Public structure
Mezam+170:1167:171	Bamenda III	Regional Delegation of Women's Empowerment and the Family (DERPROFF), NWR	Psychosocial	Location: Temporarily Located at WEC Old Town, Bamenda II Contact: 675 393402	Non-profit

Mezam	Bamenda III	Community Initiative for Sustainable Development (COMINSUD) Adolescent Youth and Friend	Psychosocial	Location: Mile 3 S - Bend, Adjacent Blue Pearl Hotel Contact: 678 176 359	OSC
Mezam	Bamenda III	Community Initiative for Sustainable Development (COMINSUD) Adolescent Youth and Friend	Psychosocial	Location: Ntarinkon Ni John Entrance Contact: 677 974 489	OSC
Mezam	Bamenda II	CBC Health Services (One - Stop -Shop Services)	Psychosocial	Location: Finance Junction Contact: 677 690 600	OSC
Mezam	Bamenda III	PMI Nkwen (Nkwen District Hospital)	Medical	Location: Mile 2, Opposite Amour Mezam Contact: 677 440 403	Public structure
Mezam	Bamenda III	Nkwen Integrated Health Centre	Medical	Location: Mile 4 Contact: 655 978 959	Public structure
Mezam	Bamenda III	Cameroon Baptist	Medical	Location: Finance Junction	Public structure

		Convention Health Services (CBCHS)		Contact: 675 727 494	
Mezam	Bamenda III	Ringland Medical Center	Medical	Location: Foncha Street opposite St John Catholic Church Contact 677 228 030	Public structure
Mezam	Bamenda III	Nkwen Baptist Hospital	Medical	Location: Finance Junction Contact: 677 690 600	Public structure
Mezam	Bamenda III	St. Peter's Clinic	Medical	Location: Mile 6 - Nkwen	Public structure

				Contact: 679 204 710	
Mezam	Mamenda III	Gendarmerie	Security		Public structure
Mezam	Bamenda III	CBC Health Services	Medical	Location: Finance Junction Nkwen Contact: 675 990 934	Public structure
Mezam	Bamenda III	Community Initiative for Sustainable	Psychosocial	Location: S-bend Foncha Junction Adjacent Blue	OSC

		Development (COMINSUD)		Pearl Hotel Contact: 673 014 843/678 615 573	
Mezam	Bamenda III	Police Station	Security		Public structure
Mezam	Bamenda III	Psyche Emergency Consulting (PEC)	Psychosocial	Location: Opposite Amour Mezam Nkwen Contact: 677 787 066	OSC
Mezam	Bamenda III	North West Association of Women with Disabilities	Psychosocial	Location: Bamenda III Contact: 675 102 989	OSC
Mezam	Bamenda III	Center for Advocacy in Gender Equality and Action for Development (CAGEAD)	Psychosocial	Location: Ghana Street - Nkwen Contact: 677 658 324/670 243 553	OSC
Mezam	Bamenda III	Hope for a Better Future (H4BF)		Location: Mile 3 Nkwen, (Elecam Building, 3 rd Floor) Contact: 670 343 354	OSC
Mezam	Bamenda III	Strategic Humanitarian Services Cameroon (SHUMAS)	Psychosocial	Location: Mile 6 Nkwen Contact: 672 523 341/651 712 705	OSC

Mezam	Bamenda III	United Youths Organization		Location: Mile 2 Nkwen Contact: 679 684 520	OSC
Mezam	Bamenda III	Integrated Development Foundation (IDF)	Psychosocial	Location: FONAB Entrance Nkwen Contact: 677 755 975	OSC
Mezam	Bamenda III	DRPROFF	Psychosocial	WIRBA ASAN LITINYUY/6775 39565	Public structure
Mezam	Bamenda III	Legal Department Mezam State Council's Chambers	Psychosocial	Location: Up Station - Bamenda Contact: 675 628 865	Public structure

Mezam	Bamenda III	Regional Delegation of SocialAffairs	Psychosocial	Location: Up Station - Bamenda Contact: 677 665 651	Public structure
Mezam	Bamenda III	UNHCR / Libra Law Firm	Psychosocial	Location. MITTACCUL Building, Sonac Street Bamenda Contact: 677 949 325	OSC
Mezam	Bamenda III	Beacon of Light Association (BeLA)	Psychosocial	Location: Mile 2 Nkwen Contact: 677 939	OSC

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Mezam	Tubah	Tubah District Hospital/International Rescue Committee/	Medical	Location: Bambui - Adjacent St Thomas Aquinas Seminary Contact: 675 099 455	Public structure
Mezam	Tubah	Cameroon Medical WomenAssociation	Psychosocial	Location: UBa Junction Contact: 676 513 435	OSC
Mezam	Tubah	Sabga Baptist Health Centre	Medical	Location: Sabga Contact: 675 829 017	OSC
Mezam	Tubah	Tubah Health District (COHESODEC)	Medical	Location:Adjacent St ThomasAquinas Seminary Contact: 670 435 308	OSC
Mezam	Tubah	Community Initiative for Sustainable Development (COMINSUD) / Tubah District Hospital	Medical	Location: Bambui - Adjacent St. Thomas Aquinas Seminary Contact: 670 293 873	OSC
Mezam	Tubah	Police Station	Security		Public structure
Mezam	Tubah	Gendarmerie	Security		Public structure

Mezam	Tubah	Tubah District Hospital/International Rescue Committee	Medical	Location: Bambui - Adjacent St. Thomas Aquinas Seminary Contact 650 431 042/669 749 688	Public infrastructure
Boyo	Fundong	Fundong District Hospital	Medical	Location: Before Fundong market Contact: 677 150 023/670 136 867	Public structure
Boyo	Fundong	Police Station	Security		Public structure
Boyo	Fundong	Gendarmerie company	Security		Public structure

Boyo	Fundong	Court of first ang high instance of Fundong	Legal assistance		public structure
Boyo	Fundong	International Medical Corps	Psychosocial	Location: Konene Health Center Contacts:680 173 013/676 501 039	International NGO
Boyo	Fundong	Presbyterian Health Center Meli	Medical	Location: Meli Contact: 670 811 436	privat structure
Boyo	Fundong	DDPROFF	Psychosocial	TANGI née ACHU Esther LUM/675265252	Public structure
Boyo	Fundong	Divisional Delegation of Social Affairs	Psychosocial	Location: Fundong council Contact: 683 736 019	Public structure

Boyo	Fundong	CPFF	Psychosocial	NJONG ISAAC NKWAIN/675006765/695511367	Public structure
Boyo	Fundong	Divisional Delegation of Women's Empowerment	Psychosocial	Location: Near the Post Office, Fundong Contact: 675 265252	Public structure
Boyo	Fundong	Women's Empowerment Center (WEC)	Psychosocial	Location: Below SDO's Office Contact: 675 006 765	Public structure
Ngo-Ketunjia	Ndop	Ndop district Hospital	Medical	Location: Bamuka Contact: 670 243 977	Public structure
Ngo-Ketunjia	Ndop	Court of first and high instance	Legal assistance		Public structure
Ngo-Ketunjia	Ndop	Gendarmerie company	Security		Public structure
Ngo-Ketunjia	Ndop	Police Station	Security		Public structure
Ngo-Ketunjia	Ndop	Ndop Urban Health Centre (PMI)	Medical	Location: Ndop Town Contact: 677964946	Public structure
Ngo-Ketunjia	Ndop	Interfaith Vision Cameroon (IVFCam)	Psychosocial	Location: Ngoketunjia Bamunka Urban IHC/ Contact: 677 121 234/675 321 793	OSC

Ngo-Ketunjia	Ndop	Community Initiative for Sustainable Development (COMINSUD)	Psychosocial	Location: Long street kake [beside Cambodia] Contact: 672 532 870	OSC
Ngo-Ketunjia	Ndop	Plan International Cameroon	Psychosocial	Location: Opposite Item 11 Long Street Contact: 683 223 353	International NGO
Ngo-Ketunjia	Ndop	Ngoketunjia AIDS Fighters (NAFI)	Psychosocial	Location: Opposite Item 11 long street Contact: 677 366 759	OSC
Ngo-Ketunjia	Ndop	Rural Women Center for Education and Development	Psychosocial	Location: Ndop Contact: 671 970 597	OSC
Ngo-Ketunjia	Ndop	Women Empowerment Centre (WEC)	Psychosocial	Location: Long street formal Contact: 674 846 700	Public structure
Ngo-Ketunjia	Ndop	Rural Women Center for Education and Development	Psychosocial	Location: Long Street Ndop Contact: 677 366 759	OSC
Ngo-Ketunjia	Ndop	Inter Faith Vision Foundation Cameroon (IVFCam)	Psychosocial	Location: Ndop Contact: 675 321 793	OSC

1.4. Southwest région

The trends are broken down into the following categories: i) prevalence of physical violence, ii) sexual violence, iii) economic violence and denial of opportunities, and iv) sexual abuse and exploitation.

- **Physical violence**

This map shows the distribution of forms of physical violence in all the communes visited during the study. It shows that the frequency of prevalence, where it exists in the region, is between one and three times. This appears to be one of the lowest proportions of all five regions surveyed. Areas such as Akwaya, Manfé, Mbongué, Kumba 3 and Bamussu have high prevalence rates. Awareness-raising activities in these areas on the aspects of economic violence and the emotional repercussions could be envisaged. The figure below shows the situation with regard to physical violence at local level in the region.

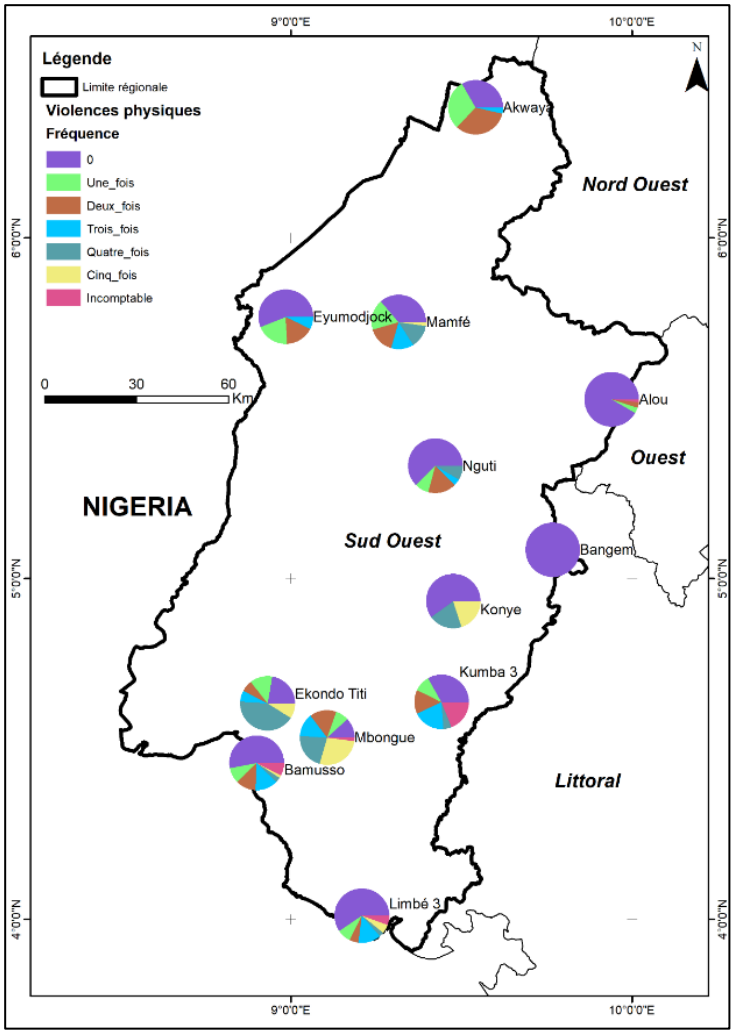


Figure 27 : Physical violence in south west region

Table 8: Distribution of physical violence in localities, subdivisions and divisions of South west region

Division	Subdivisions	Localities	0	Once	Twice	Three times	Four times	Five times	Incomptable
Fako	Limbe 3	Bimbia	54.50 %		50.00 %	40.00 %		100.00%	100.00%

		Man o war bay	45.50 %	100.00%	50.00 %	60.00 %			
		New Town					100.00%		
	Ako	Likomba	100.00%	100.00%	100.00%	100.00%		100.00%	100.00%
Koupe Manengouba	Bangem	Bangem town	39.40 %						
		Ekanjoh	15.20 %						
		Muebah	3.00 %						
		Ndibisi	27.30 %						
		Nteho	15.20 %						
		Bansong	20.10 %	50.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00%
		Belgium quarter	13.30 %						
		Besompe	13.40 %	0.00 %	50.00 %	0.00 %	0.00 %	0.00 %	0.00%
		Ekenge			25.00 %		50.00 %		
		Mbanso	20.00 %	0.00 %	0.00 %	100.00%	50.00 %	0.00 %	0.00%
		Mboka	6.70 %						
		Monija	6.70 %						
		Nguti	20.00 %	50.00 %	25.00 %	0.00 %	0.00 %	0.00 %	0.00%

Lebialem	Alou	Fossimondi	41.80%	100.00%					100.00%
		Mmockmbie	58.20%	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%
	Andek	Akoh				50.00%			
		Ayosang			50.00%	50.00%			
		Babong	33.30%	100.00%			100.00%		
		Funi	16.70%					33.30%	
		MBECHO			50.00%				
		Nchinganng	16.70%						
		Tabot	16.70%					33.30%	
		TALUNG	16.70%					33.30%	
Manyu	Mamfe	Mamfe	56.30%	75.00%	57.10%	33.30%	16.70%		
		Nchang	43.80%	25.00%	42.90%	66.70%	83.30%	100.00%	
	Akwaya	Akwa		25.00%	11.10%				
		Bachuo	44.40%	50.00%	22.20%				
		Mbu	11.10%	12.50%					
		Mukonyong	33.30%	12.50%	44.40%	100.00%			

		Nyang	11.10 %		22.20 %				
	Eyumodjock	Ayukaba	39.10 %	100.00%	57.10 %	66.70 %			
		Eumojock	60.80 %	0.00 %	42.90 %	33.30 %	0.00 %	0.00 %	0.00%
Meme	Kumba 3	Ekemba	14.30 %	0.00 %	33.30 %	50.00 %	0.00 %	0.00 %	100.00%
		Ekemwe	14.30 %			25.00 %			
		Ntam	71.40 %	100.00%	66.70 %	25.00 %	100.00%		
	Mbongue	Mbonge	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	Konye	Kokaka	66.70 %					100.00%	
		Timber road	33.30 %				100.00%		

The table demonstrates variations in the levels of physical violence across different subdivisions and localities within the South West region. Some localities show higher percentages of reported physical violence, while others have lower percentages or report no instances.

Certain localities stand out with relatively high percentages of physical violence. For example, in Fako division, Bimbia locality reports 100.00% physical violence occurring four or five times. Likomba in Ako division reports 100.00% physical violence occurring at least once. Mamfe locality in Manyu division reports high percentages of physical violence occurring multiple times. These figures highlight the need for targeted interventions and support services to address the issue effectively in these specific areas.

The data reveals variations in the distribution of physical violence at the subdivision level. For example, in Koupe Manengouba division, Bangem town reports 39.40% physical violence, while Bansong reports 50.00% physical violence occurring only once. This indicates that violence patterns can differ even within the same division and require tailored approaches for each subdivision.

The high percentages of physical violence in certain localities emphasize the need for immediate intervention and preventive measures. These measures should include community engagement, awareness campaigns, education programs on conflict resolution, and the promotion of non-violent behaviors. Efforts should also focus on addressing underlying factors such as social inequality, economic hardship, and lack of access to justice.

- **Sexual violence**

In the South West region, sexual violence is widespread, with the majority of people having experienced it more than once.

The variables "a few times" and "never" are the most recurrent, with areas such as Banassu, Kumba 3, Mbongué and Ekondo Titi showing a high prevalence around the variable "very often".

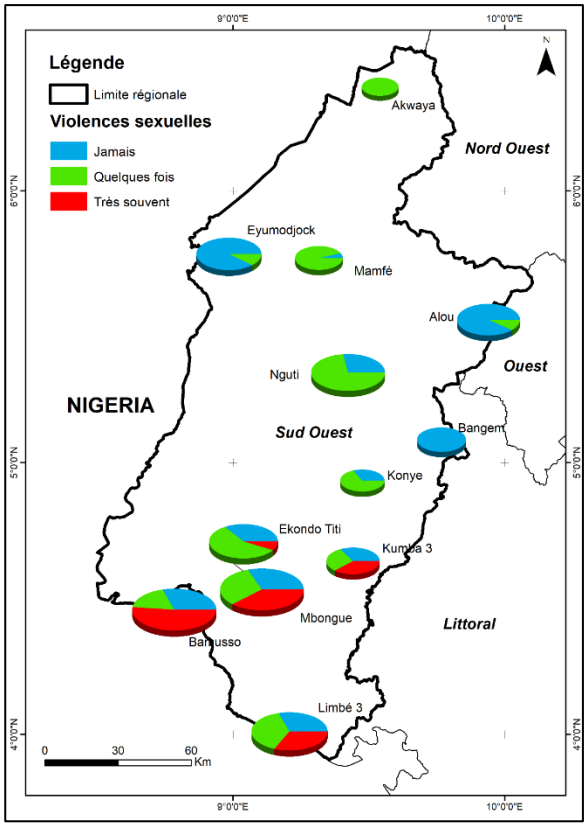


Figure 28 : Sexual violence in South west region

Table 9: Distribution of sexual violence in localities, subdivisions and divisions of South west region

Départements	Arrondissements	Localités	Jamais	Quelques fois	Tres souvent
Fako	Limbe 3	Bimbia	73.7%	29.4%	
		Man o war bay	26.3%	64.7%	100.0%
		New Town		5.9%	
	Ako	Likomba	100.0%	100.0%	100.0%

Koupe Manengouba	Bangem	Bangem town	39.4%		
		Ekanjoh	15.2%		
		Muebah	3.0%		
		Ndibisi	27.3%		
		Nteho	15.2%		
		Bansong	19.0%	0.0%	0.0%
		Belgium quarter		20.0%	
		Besompe	0.00%	40.00%	0.00%
		Ekenge		20.0%	
		Mbanso	47.6%		
		Mboka		10.0%	
		Monija	4.8%		
		Nguti	28.6%	10;00%	
Lebialem	Alou	Fossimondi	44.1%		
		Mmockmbie	55.9%	100.0%	
	Andek	Akoh		10.0%	
		Ayosang		20.0%	
		Babong	60.0%	10.0%	
		Funi		20.0%	
		MBECHO		10.0%	
		Nchingang		10.0%	
		Tabot	20.0%	10.0%	
		TALUNG	20.0%	10.0%	
Manyu	Mamfe	Mamfe		51.2%	
		Nchang	100.0%	48.8%	
	Akwaya	Akwa		11.1%	
		Bachuo		37.0%	
		Mbu		7.4%	
		Mukonyong		33.3%	
		Nyang		11.1%	
	Eyumodjock	Ayukaba	55.9%	50.0%	

		Eumojock	44.1%		
Meme	Kumba 3	Ekambe	41.7%	28.60%	50.00%
		Ekemwe	8.3%	14.3%	
		Ntam	50.0%	57.1%	50.0%
	Mbongue	Mbonge	100.0%	100.0%	100.0%
	Konye	Kokaka	50.0%	30.8%	
		Konye town	25.0%	38.5%	
		New quarter's		7.7%	
		Timber road	25.0%	23.1%	
Ndian	Bamusso	Bamusso	55.3%	18.8%	8.3%
		Bekumu	23.7%	43.8%	33.3%
		Njangassa	21.1%	37.5%	58.3%
	Ekondo titi	Bekora	63.3%	8.6%	
		Mundemba	36.7%	91.4%	100.0%

Certain localities stand out with relatively high percentages of sexual violence. For example, in Fako division, Bimbia locality reports 73.7% of sexual violence occurring at least once. Likomba in Ako division reports 100.0% of sexual violence occurring at least once. Mamfe locality in Manyu division reports 51.2% of sexual violence occurring at least once. These figures highlight the need for targeted interventions and support services to address the issue effectively in these specific areas.

The data reveals variations in the distribution of sexual violence at the subdivision level. For example, in Koupe Manengouba division, Bangem town reports 39.4% of sexual violence occurring at least once. Bansong in the same division reports 19.0% of sexual violence occurring at least once. This indicates that sexual violence patterns can differ even within the same division and require tailored approaches for each subdivision.

- **Economic violence**

In the South-West region, in contrast to the North-West region, there is a strong presence of economic violence, as shown on the map opposite. In all the communes visited, economic violence is present and is generally characterised by prohibitions in addition to the denial of opportunities.

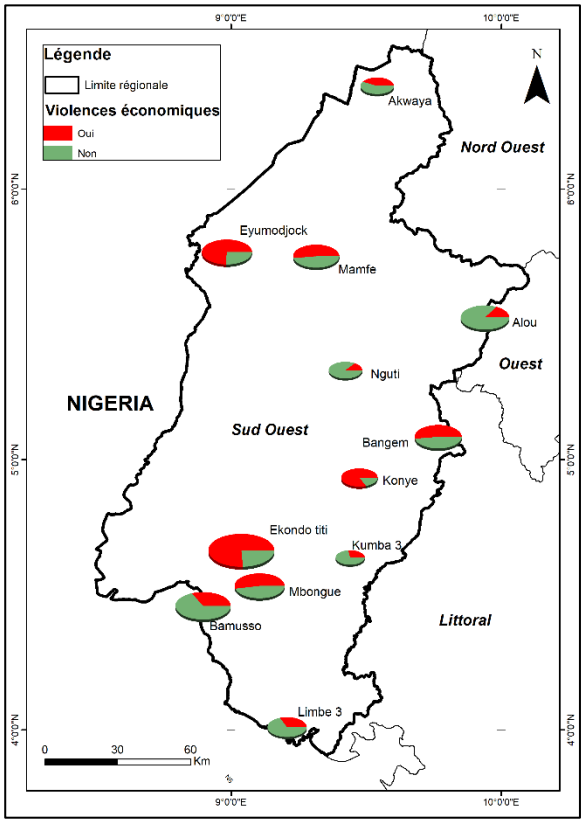


Figure 29 :Economic violences in South West

➢ **Emotional violence**

cases of emotional violence in the South West region are very widespread in the municipalities visited, although in varying proportions

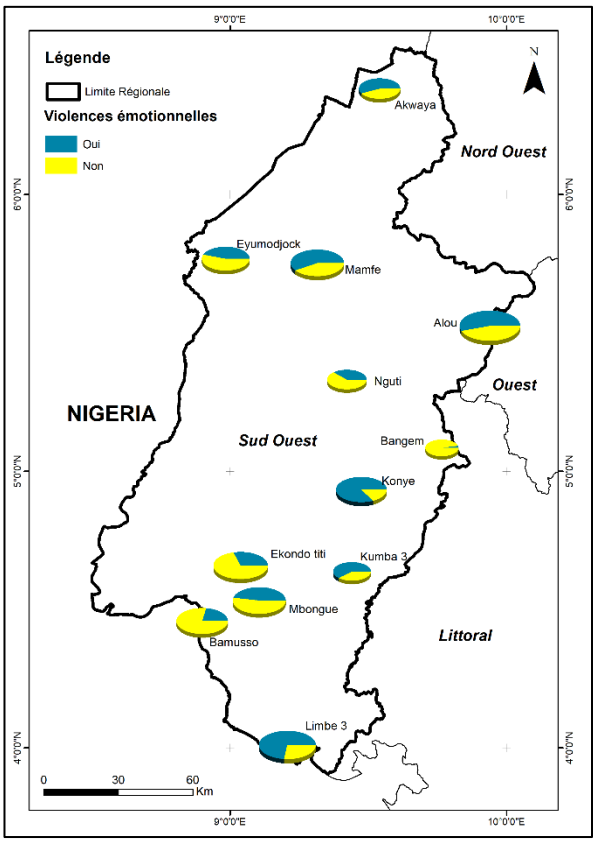


Figure 30 : Emotional violence

Table 10 : Services available in Sud-Ouest region

Divisions	Sub-divisions	Names of organizations	Area of intervention	Contact person	Comments
Fako	Leaf blade	Community Action Scheme Africa (CASAF)	Livelihood	Name: Adolf Mbonyam Okorn Position: Executive Director Phone No:675316171 Website: www.casafcameroon.org Email: ccasafcameroon.org	International NGO
Fako	Leaf blade	CHAMEG (Changing Mentalities and Empowering Groups)	Psychos ocial	Name: Ebai Sonita Position: Social Worker Phone No: 671465037	Local CSO
Fako	Leaf blade	Limbe Regional Hospital	Medical	T233 333 658 / 233 332 250	Public structur e
Fako	Leaf blade	Limbe district hospital	Medical	233 332 176	Public structur e
Fako	Leaf blade	DDPROFF	Security	LIMUNGA LILIAN MONGOLO MVOUA 693541600	Public structur e
Fako	Leaf blade	DAPROFF	Psychos ocial	TAKERE née MPEH NZONGUTY CARRINE	subdivi sion, Ministr y of Public Health

				676 295 955 / 698 488 586	
Fako	Leaf blade	Hope	Psychos ocial	Name: Ndode Ewang Position: Executive Director Phone No: 675062931	Local CSO
Fako	Leaf blade	CENTRAL POLICE STATION LIMBE	Security	653 028 789	Public structur e
Fako	Leaf blade	LIMBE GENDARMERIE COMPANY	Security	N/A	Public structur e

Fako	Leaf blade	Limbe Court of First Instance	Legal assistan ce	Located near the Limbé regional tax office	Public structur e
Fako	Buea	CHAMEG (Changing Mentalities and Empowering Groups)	Psychos ocial	Name: Ebai Sonita Position: Social Worker Phone No: 671465037	Local CSO
Fako	Buea	Community Action Scheme Africa (CASAF)	Psychos ocial	Name: Adolf Mbonyam Okorn Position: Executive Director Phone No:675316171	Internat ional NGO

				Website:www.casafcameroon.org Email: ccasafcameroon.org	
Fako	Buea	CIDA	Legal assistance	Name: Sally Ndape Position: Founder and Executive Director Phone No:677652614 Email:cida.online@gmail.com	Local CSO
Fako	Buea	Buea Regional Hospital	Medical	Tel: 233 323 388	Public Service
Fako	Buea	BUEA MILITARY HOSPITAL	Medical	Tel: 650 262 62	Public Service
Fako	Buea	Mount Mary Hospital	Medical	Phone No: 233322469 Name: Ndode Ewang Position: Executive Director Phone No: 675062931	Public structure
Fako	Buea	Hope	Psychosocial	N/A	Local CSO
Fako	Buea	DAPROFF	Psychosocial	N/A	Public structure
Fako	Buea	BUEA CENTRAL POLICE STATION	Security	N/A	Public structure

Fako	Buea	BUEA GENDARMERIE LEGION	Security	N/A	Public structure
Fako	Tiko	FWID(Fund for Women in development)	Livelihood	N/A	Local CSO
Fako	Tiko	Hope	Psychosocial	N/A	Local CSO

Fako	Tiko	Tiko District Hospital	Medical	N/A	Public structure
Fako	Tiko	TIKO GENDARMERIE BRIGADE	Security	N/A	Public structure
Fako	Tiko	TIKO POLICE STATION	Security	N/A	Public structure
Fako	Tiko	DAPROFF	Psychosocial	N/A	Public structure
Koupe-Manengouba	Bangem	District Hospital	Medical	N/A	Public structure
Koupe-Manengouba	Bangem	DAPROFF	Psychosocial	EPUMANGANDO SYNTHIA EPEDE'BIH née PANJI 675389315	Public structure
Koupe-Manengouba	Bangem	DDPROFF	Psychosocial	NGWENE CECILIA MBOLLE 674832411	Public structure
Koupe-Manengouba	Bangem	BANGEM CENTRAL	Security	N/A	Public structure

		POLICE STATION			
Koupe-Manengouba	Bangem	BANGEM GENDARMERIE BRIGADE	Security	N/A	Public structure
Koupe-Manengouba	Bangem	AFRINET	Psychosocial	N/A	Local CSO
Koupe-Manengouba	Bangem	Bangem Court of First and High Instance	Legal assistance	N/A	public structur e
Manyu	Eyumodjock	CHAMEG (Changing Mentalities and Empowering Groups)	Psychosocial	N/A	Local CSO
Manyu	Eyumodjock	CMA Eyumodjock	Medical	N/A	Public structure
Manyu	Eyumodjock	DAPROFF	Psychosocial	N/A	Public structure
Manyu	Eyumodjock	EYUMODJOCK GENDARMERIE BRIGADE	Security	N/A	Public structure
Manyu	Eyumodjock	EYUMODJOCK PUBLIC SECURITY POLICE STATION	Security	N/A	Public structure
Manyu	Mamfe	CPFF	Psychosocial	N/A	Public structure

Manyu	Mamfe	MAMFE PUBLIC SECURITY POLICE STATION	Security	N/A	Public structure
Manyu	Mamfe	MAMFE GENDARMERIE BRIGADE	Security	N/A	Public structure
Manyu	Mamfe	DDPROFF	Psychosocial	OBI née TABI MAUREEN KETCHEN 670690565	Public structure
Manyu	Mamfe	mamfe court of first and high instance	Legal assistance	N/A	Public structure
Manyu	Mamfe	Manfe District Hospital	Medical	N/A	Public structure
Meme	Kumba	CIDA	Legal assistance	N/A	Local CSO
Meme	Kumba	FWID(Fund for Women in development)	Livelihood	N/A	Local CSO
Meme	Kumba	KUMBA TOWN DISTRICT HOSPITAL	Medical	N/A	Public structure
Meme	Kumba	CPFF	Psychosocial	N/A	Public structure
Meme	Kumba	CENTRAL POLICE STATION KUMBA	Security	N/A	Public structure
Meme	Kumba	Kumba courthouse	Legal assistance	N/A	Public structure

Meme	Kumba	KUMBA GENDARMERIE COMPANY	Security	N/A	Public structure
Meme	Kumba	DDPROFF	Psychosocial	ABUNAW née TABETAH AYUKANDA 677784185	Public structure
Meme	Mbonge	CIDA	Legal assistance	N/A	Local CSO

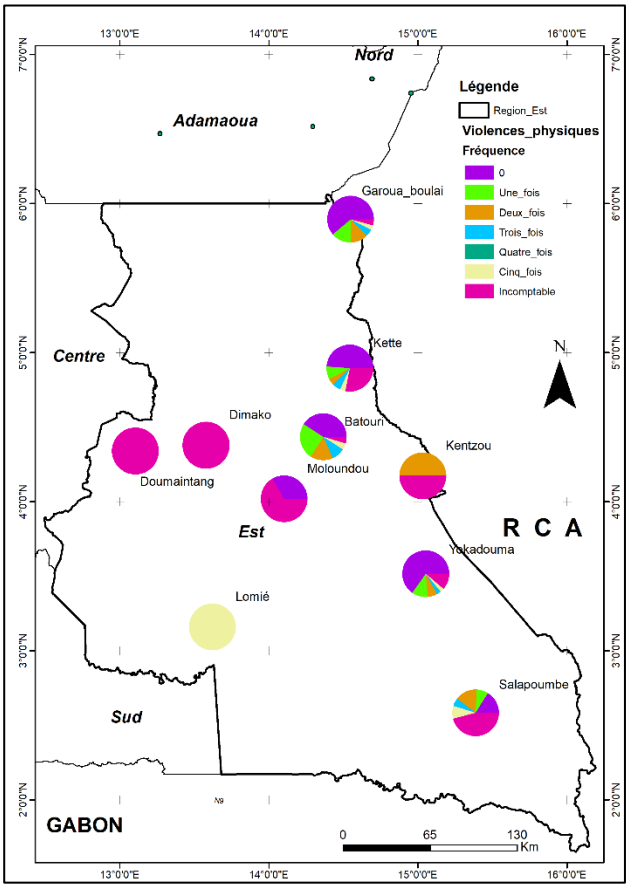
Meme	Mbonge	FWID(Fund for Women in development)	Livelihood	N/A	Local CSO
Meme	Mbonge	Mbonge District Hospital	Medical	N/A	Public structure
Meme	Mbonge	DAPROFF	Psychosocial	N/A	Public structure
Meme	Mbonge	MBONGE NATIONAL SECURITY BORDER POST	Security	N/A	Public structure
Meme	Mbonge	MBONGE GENDARMERIE BRIGADE	Security	N/A	Public structure
Ndian	Mundemba	Mundemba District Hospital	Medical	N/A	Public structure
Ndian	Mundemba	MUNDEMBA PUBLIC SECURITY POLICE STATION	Security	N/A	Public structure

Ndian	Mundemba	MUNDEMBA GENDARMERIE POST	Security	N/A	Public structure
Ndian	Mundemba	CPFF	Psychos ocial	N/A	Public structure
Ndian	Mundemba	FWID(Fund for Women in development)	Liveliho od	N/A	Local CSO
Ndian	Mundemba	DDPROFF	Psychos ocial	Ashu Margaret ONEKE 677128931	Public structure
Ndian	Mundemba	Mundemba Court of First and High Instance	Legal assistan ce	N/A	Public structure
Ndian	Ekondo-Titi	FWID(Fund for Women in development)	Liveliho od	N/A	Local CSO
Ndian	Ekondo-Titi	DAPROFF	Psychos ocial	N/A	Public structure
Ndian	Ekondo-Titi	EKONDO TITI GENDARMERIE BRIGADE	Security	N/A	Public structure
Ndian	Ekondo-Titi	EKONDO TITI PUBLIC SECURITY POLICE STATION	Security	N/A	Public structure
Ndian	Ekondo-Titi	Ekondo-Titi District Hospital	Medical	679 631 520	Public structure
Ndian	Ekondo-Titi	Ekondo Titi Baptist HC	Medical	675006619	Privat structure

Source: Field Survey, 2024

1.5. East region

The trends are broken down into the following categories: i) prevalence of physical violence, ii) sexual violence, iii) economic violence and denial of opportunities, and iv) sexual abuse and exploitation.**Physical violence**



Looking at the map, it appears that in all the localities in the study, as can be seen on the map below, there is a variable prevalence ranging most of the time from once to incommensurable. The incompatible variables stand out in the following localities: Doumaintang , Dimako, Salampoube, with intermediate elements, with a strong tendency in the areas of Lomié and Kentzou. In planning our action, we need to consider this form of violence as the most prevalent in the region, as well as in all the other regions.

Figure 31: Physical violences in East region

- **Economic violence**

This form of violence does not affect all localities. There is a high concentration in the Garoua, Kette, Batouri, Yokadouma and Salboumbé areas, with a high concentration in the first two areas, as shown below.

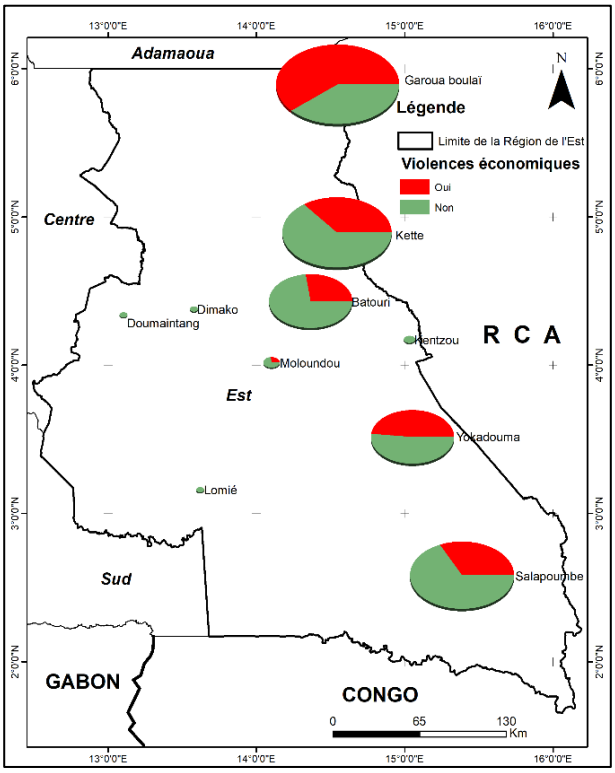


Figure 32:Economic violences in East region

- **Sexual violence .** Sexual violence is the second most common form of violence in the region. There is a strong tendency to trivialise cases of sexual violence such as rape and non-consensual intercourse between partners. The following trends emerged during the group discussions with the women: "It's very hard to be a woman on your own here. Every man thinks he can come and knock on your window at night and tell you to open up. Cases of rape are recurrent". The compilation of data on the main towns in the region confirms this reality.

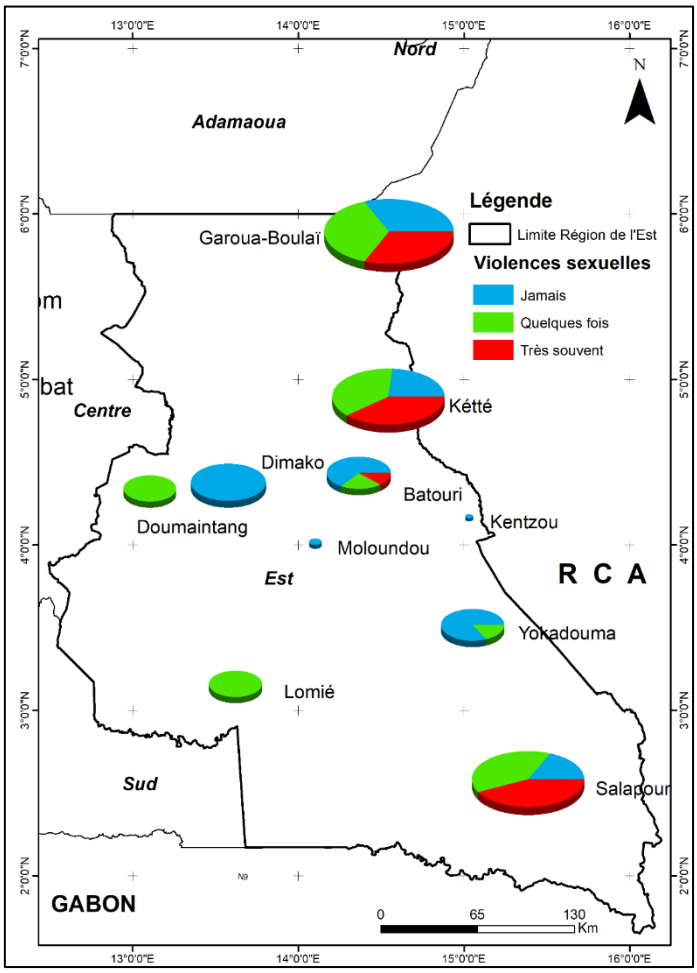


Figure 33: Sexual violence in East region

- **Emotional violence**

Cases of emotional violence are very common in the east of the country, mainly in municipalities with large populations.

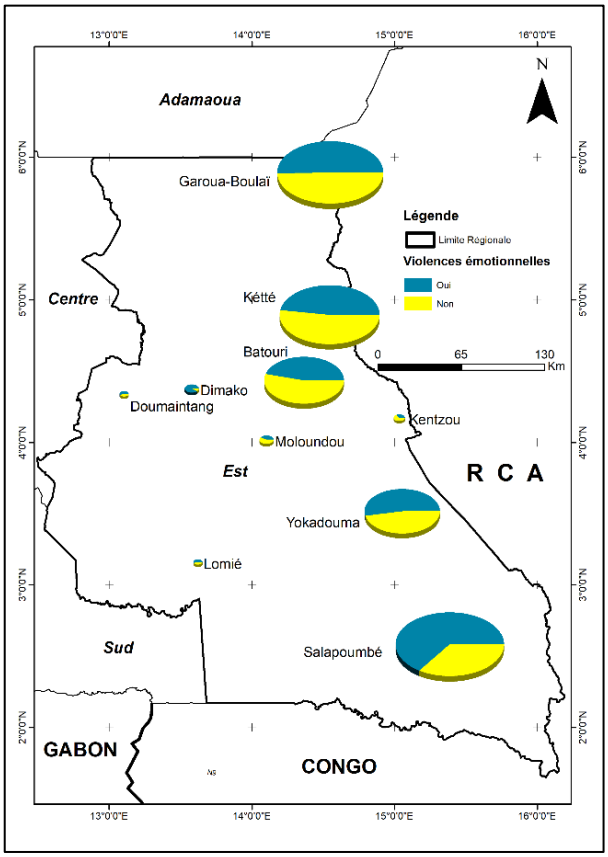


Figure 34 : Emotional violence in East region

Case analysis of the situation regarding child prostitution

To the question of whether there are cases of child prostitution or child rape in the various regions, the main responses are given below, with a high prevalence in Kadey Boumba egoko and Lom and Djerem.

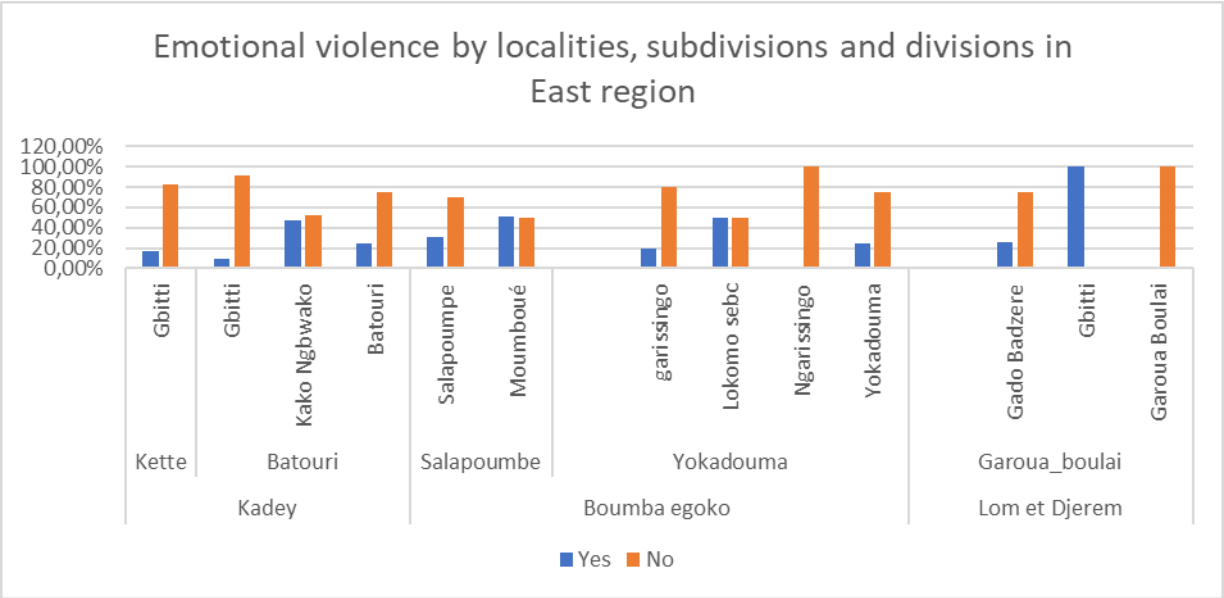


Figure 35: Distribution of emotional violence by localities, subdivisions and divisions in East region

Certain localities stand out with relatively high percentages of emotional violence. For example, in the Kadey division, Kako Ngbwako locality reports 47.9% of emotional violence occurring, while Batouri locality reports 25.0%. In Boumba egoko division, Moumboué locality reports 50.7% of emotional violence occurring. These figures highlight the need for targeted interventions and support services to address emotional violence effectively in these specific areas.

The data reveals variations in the distribution of emotional violence at the subdivision level. For example, in the Kette subdivision of the Kadey division, Gbitti locality reports 16.9% of emotional violence occurring, while Batouri locality reports 9.1%. In the Boumba egoko subdivision, Salapoumpe locality reports 30.6% of emotional violence occurring. These differences indicate that emotional violence patterns can vary within the same subdivision and require tailored approaches for each locality.

1. The high percentages of emotional violence in certain localities emphasize the need for immediate intervention and preventive measures. These measures should include community engagement, awareness campaigns, education programs on healthy relationships and conflict resolution, and the promotion of emotional well-being and

empathy. ***It is also necessary to work on early marriage in CAR community in the region as mention above : "This situation of early marriage is very recurrent in our community with the populations coming from the CAR. It's so frequent. For them, a young girl must automatically marry early, so these practices are still going on. We need to educate them." Djohong health staff.*** This verbatim highlight the issue of early marriage and the cultural norms surrounding it in the community. It suggests that there is a prevalent belief that young girls should marry early, which perpetuates the practice. The health staff emphasizes the need for education to challenge these beliefs and raise awareness about the negative consequences of early marriage, such as increased vulnerability to GBV and limited opportunities for girls' empowerment.

Table 11 : Services available in the East region

Names of the Organisation	Area of intervention	Contacts	Comments
Social centre	Psychosocial	Dairou , Head of Social Centre 67765 6148/697886280	Public structure
CPFF	Psychosocial	ZONGO EBOKO'O Florence 671099297	Public structure
DDPROFF	Psychosocial	ZAMB 677336598	Public structure
District hospital	Medical	670892121	Public structure
Yokadouma North CSI	Medical	672770977	Public structure
CSI of yokadouma sud	Medical	696501846	Public structure
Gendarmerie	Security	N/A	Public structure
Public Security Police Station	Security	N/A	Public structure
Association and networks of women's organisations FERAFCAM	Psychosocial	Ms Doka Odette Chair 676257214/699386040	Public structure

Yokadouma Court of First and High Instance	Legal assistance	Located near the subprefecture of Yokadouma	Public structure
CPFF	Psychosocial	N/A	Public structure
DAPROFF	Psychosocial	N/A	Public structure
Public Security Police Station	Security	N/A	Public structure

Moloundou Gendarmerie Brigade	Security	N/A	Public structure
District hospital	Medical	697429445	Public structure
CSI	Medical	670894892	Public structure
District hospital	Medical	699462537	Public structure
CSI	Medical	699537055	Public structure
Gendarmerie guard	Security	N/A	Public structure
Public Security Police Station	Security	N/A	Public structure
DAPROFF	Psychosocial	NDJANA Honorine 675085575	Public structure
CPFF	Psychosocial	MESSOUGLA nee BISSA MVONDO Cecile 691108235	Public structure
Territorial Gendarmerie Brigade	Security	Located near the Abong-Mbang total station	Public structure
Public Security Police Station	Security	N/A	public structure
DDPROFF	Psychosocial	MIAPIEK Rosette/699663482	Public structure

Abong Mbang courthouse	Legal assistance	Located near AbongMbang prison	Public structure
CSI	Medical	694054996	Public structure
District hospital	Medical	695052159	public corporation
Special Commission	Security	N/A	Public structure
Gendarmerie guard	Security	N/A	Public structure
District hospital	Medical	674482790/675795069	Structuro pu-liquo
Gendarmerie guard	Security	N/A	Public structure
Public safety post	Security	N/A	public structure
CMA	Medical	654749714	public structure
DAPROFF	Psychosocial	FOUMA EBA Innocent 693883274	Public structure
Special Commission	Security	N/A	Public structure
Gendarmerie guard	Security	658167582	Public structure
District hospital	Medical	699115313	Public structure
DAPROFF	Psychosocial	BONDONG MVONDO Josephine 699341773	Public structure
Gendarmerie guard	Security	N/A	Public structure
Public safety post	Security	N/A	Public structure
CPFF	Psychosocial	BELINGA nee KOUN Sylvie Annie 670376353	Public structure
District hospital	Medical	651729451	Public structure
District hospital	Medical	697474646/674482790	Public structure
Special Commission	Security	N/A	Public structure
Gendarmerie guard	Security	N/A	Public structure
Security Police Station	Security	N/A	Public structure
DAPROFF	Medical	TONGO Cathy	Public structure

		Charlie 670148912	
District hospital	Medical	694850025	Public structure
CSI	Medical	673 092 516	Public structure
District hospital	Medical	694770629	public structure
DDPROFF	Psychosocial	BESSEMOU LEA BEATRICE 677247066/694977371	Public structure
CPFF	Psychosocial	TCHAMANOU YAKA MICHOUE RICHELLE 694257437	Public structure
Plan-Cameroon	Psychosocial	Jeremie, Child protection team leader 666925205	International NGO
Gendarmerie company headquarters	Security	located near the regional delegation of commerce Est	Public structure
Batouri Court of First and High Instance (Palais de Justice)	Legal assistance	Located near Batouri town hall	Public structure
Public Security Police Station	Security	N/A	Public structure
Batouri CMA	Medical	655297346	Public structure
Bertoua Gendarmerie Company	Security	Rue Mindang Benjamin, Bertoua	Public structure
Public Security Police Station	Security	Avenue Paul Biya Bertoua	Public structure
bertoua courthouse	Legal assistance	Rue de la justice, 234, Bertoua, Cameroon	Public structure

MOPAJEF Association	Psychosocial	N/A	Local CSO
Bertoua Regional Hospital	Psychosocial	662995023-699567876	Public structure
DRPROFF East	Psychosocial	675162431/6962813	Public structure
DDPROFF	Psychosocial	699725895/677080684	Public structure
DAPROFF Bertoua1st	Psychosocial	677027294	Public structure
ASAD-Bertoua	Livelihood	N/A	Local CSO
FEPLEM	Livelihood	675848166-699550995	Local CSO

2.Overview of the GBV situation in the regions

This section is based on field data and the literature review. Most of the data collected reveals a high prevalence of GBV in the various communities surveyed, along with a range of associated representations. An analysis of the experience of gender-based violence between men and women reveals areas of convergence, continuity and discontinuity. In terms of discontinuity, it should be noted that cases of physical violence are more recurrent among women, even if the case of Mayo-Danay calls for attention with cases of men being victims of physical violence. In terms of similarities, we can see that there are closer disparities when it comes to economic violence. There is a continuing disparity in psychological and emotional violence. From this analysis, we can see that there is a need for a programme to combat physical violence against women in the various departments, with a particular focus on certain arrondissements, as we shall see below, by integrating the aspect of violence against men in Mayo-Danay, a joint programme for men and women on economic and emotional violence, and finally a specific programme for women on the denial of opportunities. This sub-section will highlight: i) the extent of the phenomenon in the project's intervention communities; ii) the main causes reported and the perpetrators; iii) the aggravating factors and community perceptions; iv) an assessment of the support services available and access to these services.

2.1. Extent of the phenomenon in the project communities

The available data show that the prevalence of GBV varies in the different communities where we work. The main data are given below:

- **Physical violence**

L'on observe une certaine récurrence du phénomène dans les différentes régions d'intervention du PULCCA **(Fig 4).** C'est ainsi par exemple que sur l'ensemble des femmes interviewées, 42% affirment avoir déjà subi au moins une violence physique au cours de leur vie. Ces valeurs, There is a certain recurrence of the phenomenon in the various PULCCA intervention regions **(Fig 4).** For example, of all the women interviewed, 42% said they had already experienced at least one incident of physical violence in their lives. Although these figures are general, they do not tell the whole story, especially when we look at the different areas under study, where: **i)** the East region, for example, accounts for 54.7% of the rate of physical violence observed, while departments such as Haut Nyong (100%), Bouba and Ngoko (66%) and Kadey (55%) are at the top of the table. In this region in particular, ***"being a single woman in our community is very difficult. Sometimes a man will come knocking on your door at night because he thinks he can come and take you without your permission"***[8] **.** At the lowest level, the localities most affected by this phenomenon in this region are: Gbitti; Lokomo sebc; Mouboué; Timangolo; **ii)** the South-West region, in second place with a rate of 47.8%, mainly in the Meme (72%), Manyu (56%) and Fako (38%) departments. The localities most affected include Bekumu, Besompte, Akoh, Akwa and Ayosang, each of which has a rate of 100%; iii) The North-West region rounds off the podium with a rate of 41.3%, mainly in the departments of Menchung (51%), Donga Mantung (49%) and Boyo (40%). At local level, Abakwa, Kugwe, Reeh, Tezeh and Wom are the localities most affected; **iv)** the Adamaoua region has an observed rate of physical violence of less than 40%, and although this is a high figure, it is only fourth in the table, with 45% in the Mbéré department and 17% in Djerem; **v)** Finally, the Far North region has the lowest rate of physical violence at 28.4%, with only the departments of Mayo danay and Diamaré having the highest rates (38%). In terms of localities, Kai-Kai, Maga, Moskota and Sabongari Zaly were the villages with the highest rates

[8] Group discussion with the girls

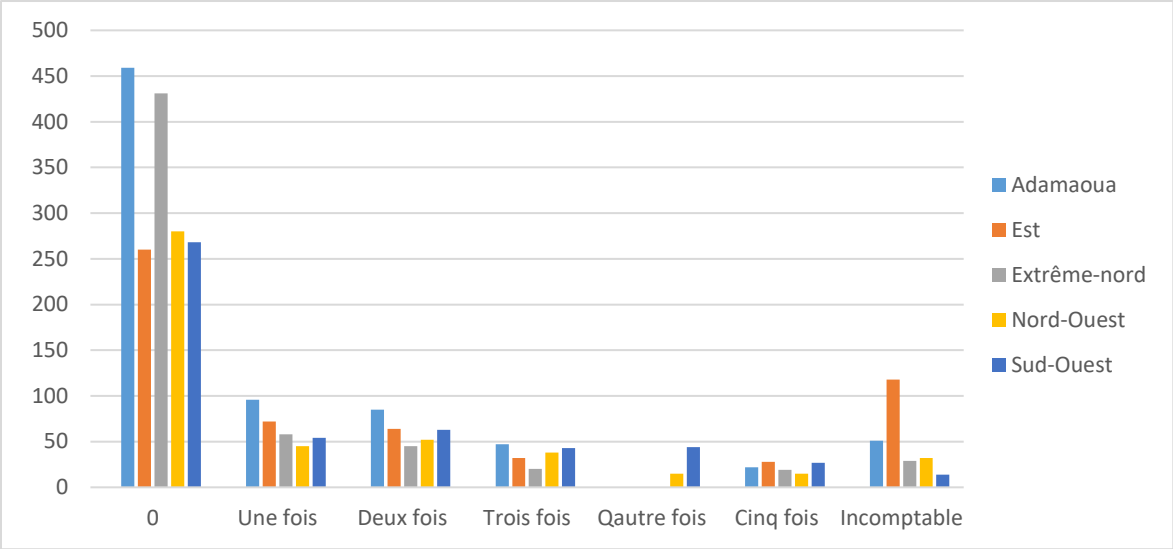


Figure 36 : Frequency of physical violence

The graph below shows the convergence of the above data and, above all, the need, when setting up aid structures, to ensure that the structures in these areas are functional on an ongoing basis. The challenges are threefold: to raise awareness in these areas on an ongoing basis, to strengthen existing structures in terms of both equipment and infrastructure, and also to ensure that the response approach, which is currently lacking, is strengthened. As things stand, GBV, particularly physical violence, takes the form of rape and beatings.

The qualitative data shows that among vulnerable groups, young mothers are particularly vulnerable and are often seen as ***"easy prey and people who can be taken advantage of".*** The trend towards trivialisation is all the more real because "it's ***difficult for a woman to complain about her husband hitting her. Everyone will laugh at her and think she deserves what's happening to her. Moreover, every time she complains, the only solution is conciliation, without repressing her husband, who may do it again"***. All in all, GBV activities should be planned around raising awareness about physical violence and its consequences, strengthening the care available, particularly in terms of referrals, and supporting women's empowerment, particularly in terms of access to means of subsistence, because according to the data from the interviews*: "If a woman has no means of her own, who is she going to rely on apart from her husband, even if he beats her. Sometimes they stay because they have no choice. The fight against GBV must involve empowerment activities"*.

- **On sexual violence**

They take many different forms. According to the data from the group discussions, these are cases of **"rape by intimate or non-intimate partners", "touching of a young girl by a family member" and "use of force to have sex".** Although 74% of those interviewed said that they

had never been victims of this type of violence, at least 22% had experienced it on at least one occasion. However, in the North-West and South-West regions, the incidence was higher, at 30% and 45% respectively, no doubt due to the prevailing security situation and the presence of extremist groups. The East region, with 29%, is in third place, in a context very similar to that of the two previous regions, but accentuated by the crossroads position of the East, resulting in significant human flows. Finally, the last two regions, Adamawa (15%) and the Far North (14%), have very low figures compared with the others.

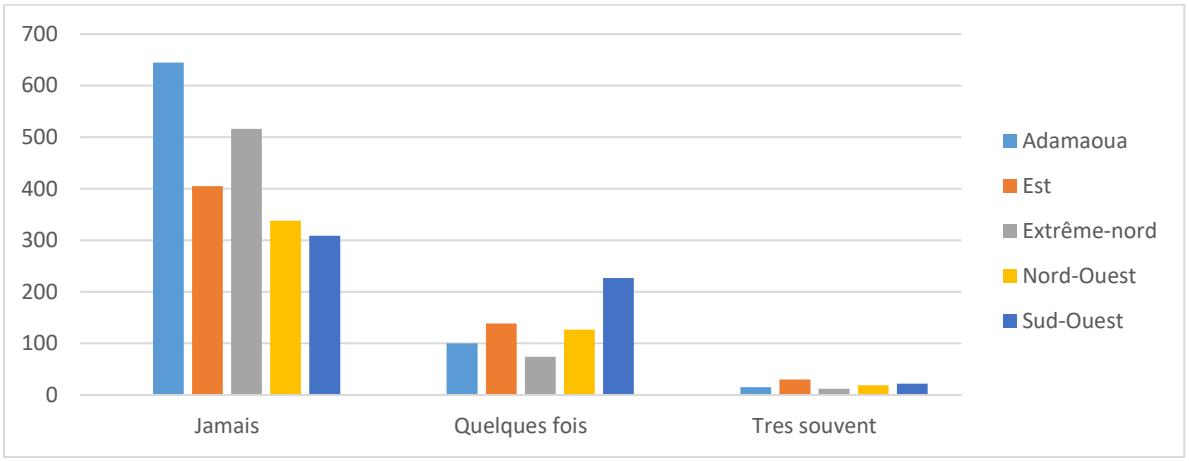


Figure 37 : Frequency of sexual violence

On the particular aspect of the use of force, the map presented below (Table 2) shows that this concerns members of the community (family or other member) mainly in the East (27.4%), North-West (33.7%) and South-West (24.2%) regions. In the Adamawa region, for example, where there are major population movements, including cross-border movements, groups such as traders (79.2%), nomadic herders (100%) and transporters (77%) are the main actors involved in cases of use of force. Finally, in regions or communities where there are certain security vulnerabilities, there have also been cases involving groups such as Boko Haram in the East, Adamawa and Far North regions, separatist groups in the North-West and South-West regions and, to a very large extent, regular army personnel (soldiers).

The awareness-raising programmes developed by the project should concern communities in the broadest sense of the term, but the focus should be on each of the groups indicated in order to optimise awareness-raising. The main groups concerned are: the military, transporters and traders (Adamawa); members of the community and teachers (East); bandits, separatists and the military (North-West and South-West). The communication to be put in place should therefore focus on these actors specifically and on communities in general.

Table 12 : ***Actors or groups involved in the use of force to gain access to sex***

	Region					Total
	Adamawa	East	Far-north	North-west	South-west	
No	24.2%	16.7%	27.4%	18.8%	13.0%	100.0%
Military	29.0%	11.3%	18.4%	11.7%	29.6%	100.0%
Separatists	22.2%	13.9%	1.1%	23.8%	39.0%	100.0%
Boko haram	37.8%	48.9%	13.3%	0.0%	0.0%	100.0%
Bandits and muggers	24.3%	32.4%	0.0%	24.3%	18.9%	100.0%
Carriers	77.0%	18.0%	3.3%	0.0%	1.6%	100.0%
Retailers	79.2%	12.5%	8.3%	0.0%	0.0%	100.0%
Nomadic shepherds	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%
Foreigners/unknown people or refugees	30.2%	31.7%	24.9%	4.8%	8.5%	100.0%
Members of the community	4.2%	27.4%	10.5%	33.7%	24.2%	100.0%
Teachers or employees	30.0%	70.0%	0.0%	0.0%	0.0%	100.0%
Other self-employed workers	18.0%	76.0%	6.0%	0.0%	0.0%	100.0%

The specific situation of children calls for particular attention, especially as the fragile security and climate in the regions studied accentuate the poverty and fragility of the most vulnerable groups, including children. As a result, prostitution appears to be a means of survival. With an overall average for all regions of 28.3%, the regions most affected by this phenomenon are the South West (43.2%) followed by the North West (30.2%).

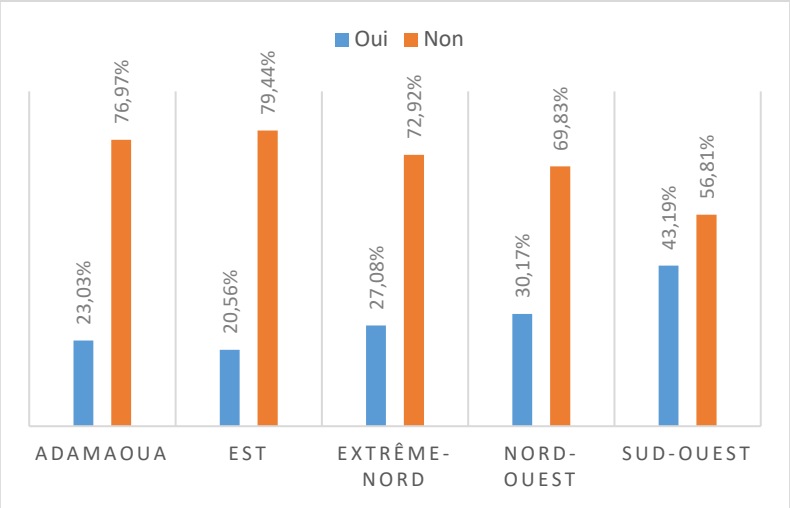


Figure 38 : ***Cases of child prostitution***

- **On Economic violence**

The proposed results are based on an analysis of three main variables: **i)** whether or not women are able to carry out an income-generating activity (IGA); **ii) whether** or not women are able to carry out any salaried activity; and **iii)** whether or not women are able to manage their own income if they have any.

On the question of whether or not women are allowed to carry out IGAs, it was found that overall, in 19% of cases, women were forbidden to carry out this type of activity, with higher proportions in the South West (25.4%), Far North (18.8%) and Adamawa (18.2%) regions. On the specific question of paid work, women in the South-West (28%), East (24%) and Adamawa (19.7%) regions said they were refused paid work. Finally, the management of women's income by their spouses is fairly low, at just 11%, with the South-West, North-West and East regions in the lead.

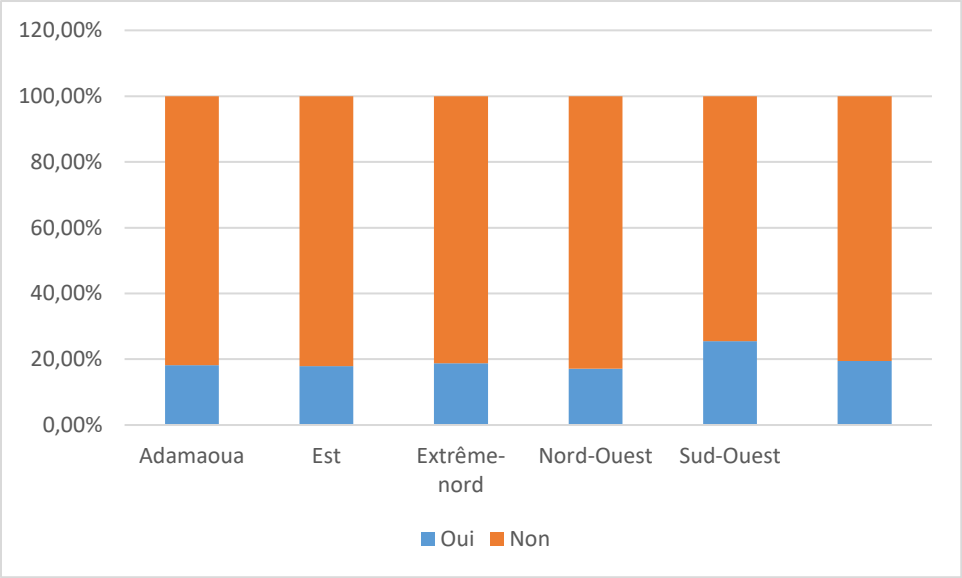


Figure 39 : ***Prohibition on women carrying out IGAs***

The various prohibitions come from intimate partners, or family members in the case of young girls, and if they refuse, there is a significant risk of physical violence. Moreover, there is a correlation between areas with a high prevalence of physical violence (East, Adamawa, South West and North-West) and those where women are most often denied the right to engage in IGAs. In this respect, if the project plans to provide support for the development of IGAs, it should include activities to raise men's awareness of women's right to work and the added value for the family.

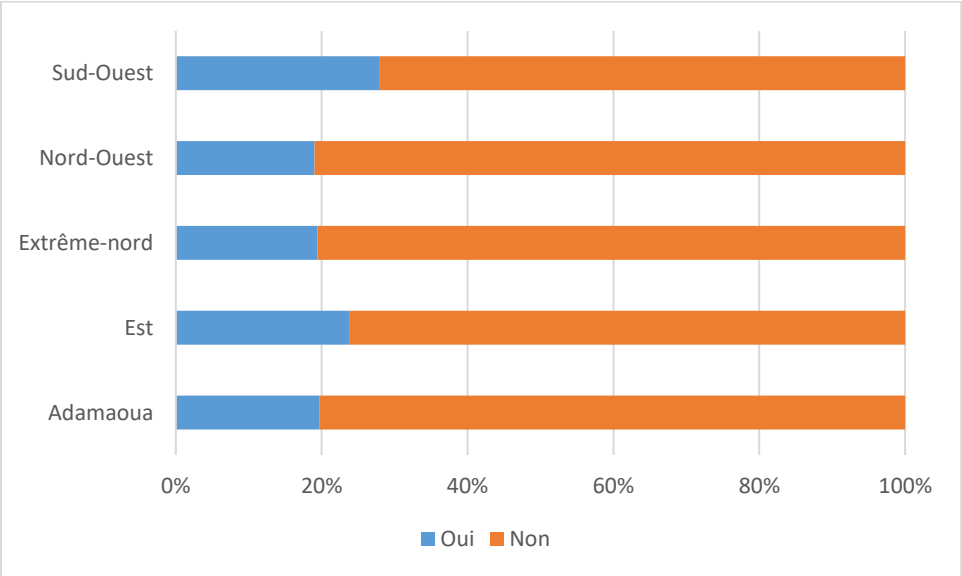


Figure 40 : ***Men's agreement that their wives should have paid work***

2.2. Main causes reported and perpetrators

An analysis of the causes reveals three main strata of causes: firstly, the weight of culture, secondly poverty, and thirdly the deterioration of morals and the weakness-vulnerability of women. The graph below shows that poverty is the most cross-cutting cause in all regions. Moreover, the qualitative data on poverty can be seen as follows: ***"Marriage is a guarantee for some women. She has no money and children to feed, so what can she do?***

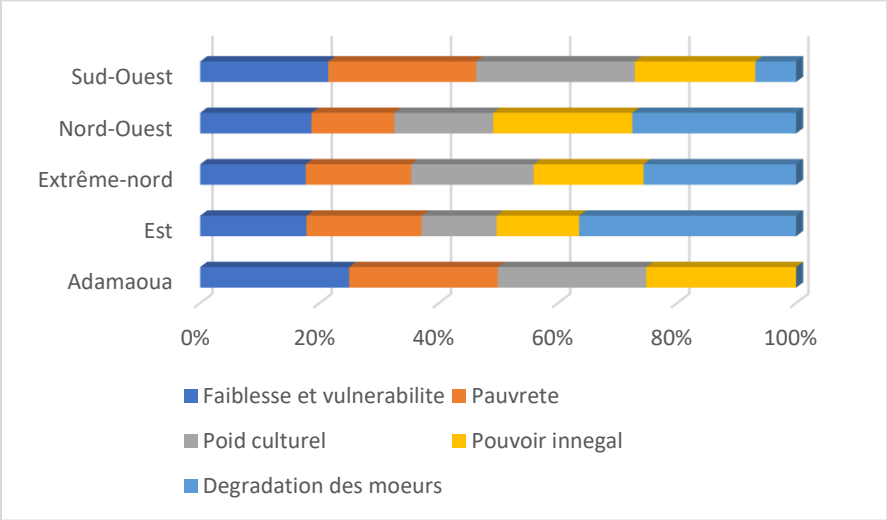


Figure 41 : ***Risk factors for GBV/SEA/SH***

Table 4 also shows that the lack or weakness of women's incomes accounts for 15% to 25% of the causes that justify the absorption and trivialisation of the violence to which women may be exposed. This inevitably results in women being highly dependent on their spouses, partners or husbands (between 13% and 29%). In short, the economic argument and the difficulty in accessing means of subsistence lead women and men to put up with GBV and even trivialise it.

However, in some regions, such as Adamaoua (27.3%), the East (24.5%) and the Far North (30.2%), women continue to suffer violence even when they are financially independent, which may somewhat mitigate the link between vulnerability and violence. The cultural argument is all the stronger in that, when asked whether it is normal to beat one's wife, the young people we met felt that ***"the man is the boss, and if his authority is threatened, he defends himself".***

The implementation of the project's actions should be based on empowerment support activities. However, an analysis of the needs of the survivors must be carried out in order to develop a complementary empowerment plan. The study should cover economic aspects and the identification of measures to mitigate cultural constraints in each intervention community

Table 13: HS Economic factors contributing to the emergence of GBV/SEA/HS

	Régions					Total
	Adamaoua	Est	Extrême-nord	Nord-Ouest	Sud-Ouest	
Lack or weakness of women's income	25.7%	18.6%	20.4%	15.1%	20.2%	100.0%
Strong economic dependence of women on men	28.9%	19.4%	24.0%	14.2%	13.5%	100.0%
Women's economic success	27.3%	24.5%	30.2%	7.0%	11.1%	100.0%
Poverty and its corollaries	33.3%	20.1%	27.6%	10.5%	8.6%	100.0%
Degradation of morals	0.0%	71.4%	28.6%	0.0%	0.0%	100.0%

Although it is well established that women are victims of physical, sexual and economic violence, in certain situations (Table 7) they may be the ones who start the conflicts in their households (12.3%), which is well above the figure for men (6.3%). In 74.4% of cases, both are directly involved.

Table 14 : ***Distribution of responsibility for domestic violence***

	Region					Total
	Adamawa	East	Far-north	North-west	South-west	
N/A	7.9%	10.1%	1.8%	8.7%	6.5%	7.0%
Both	77.4%	77.9%	88.9%	65.7%	59.0%	74.4%
Men only	7.5%	6.3%	4.3%	9.5%	3.9%	6.3%
Only women	7.2%	5.7%	5.0%	16.1%	30.6%	12.3%
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

2.3. Support services and survivor strategy

Victims use a variety of strategies to deal with the challenges posed by GBV/ASA/HS. They can either complain or remain silent, as shown in **Figure 15**. In most cases, victims do not

remain silent following a violent incident and report the incident either in order to report it, to be directly taken care of or to reach an amicable settlement.

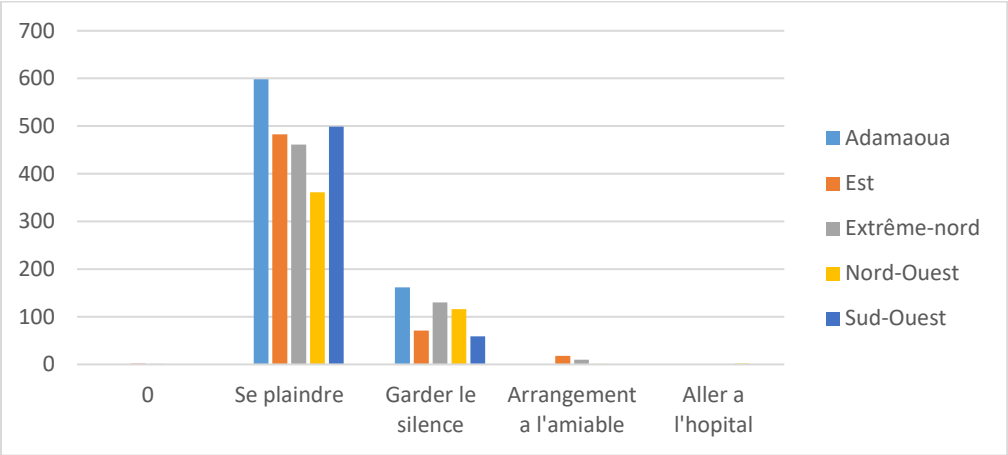


Figure 42 : ***Management strategy for identified cases of GBV***

When they decide to seek care, victims generally turn to health facilities, local, community and religious authorities, but increasingly to NGOs (Figure 14). NGOs offer the advantage of being able to go into the most difficult localities and often the most tense security situations. Through their programmes, they set up listening centres to record cases, provide care for survivors and raise awareness. The best-known NGOs include International Medical Corps (IMC), Plan International, etc. In some cases, victims are forced to remain silent when it is difficult for them to bear the gaze of their communities. The work of local authorities in mediating and punishing perpetrators of GBV. Religious authorities are mainly involved in mediation and reconciliation between the parties involved. Their role is generally limited to advising and promoting peace.

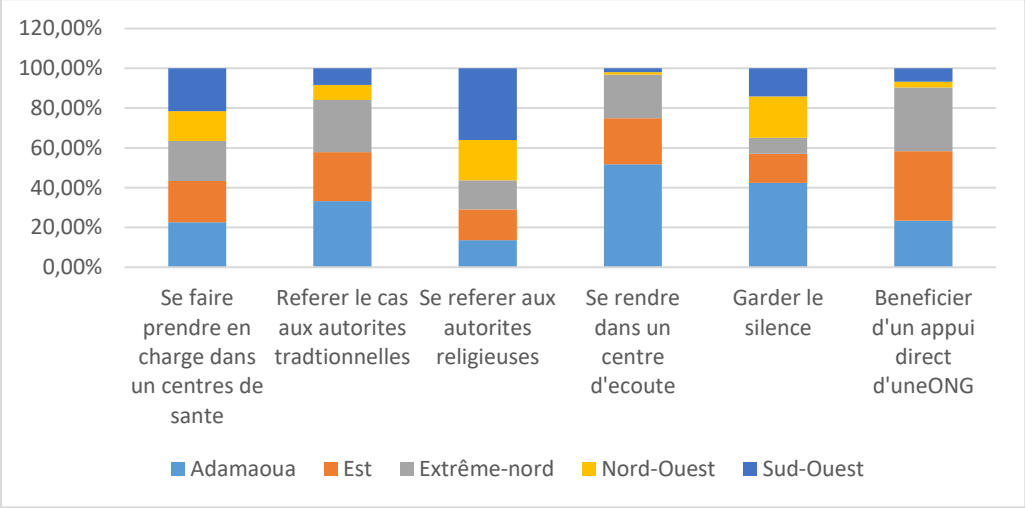


Figure 43 : ***Actions taken in the event of GBV***

As well as being a receptacle for the various forms of violence, communities can also play the role of actors capable of encouraging or repelling the development of these phenomena. It has been observed that communities' response to actions to prevent or combat violence is mostly positive, with a few pockets of resistance, especially in Adamawa, the East and the Far North.

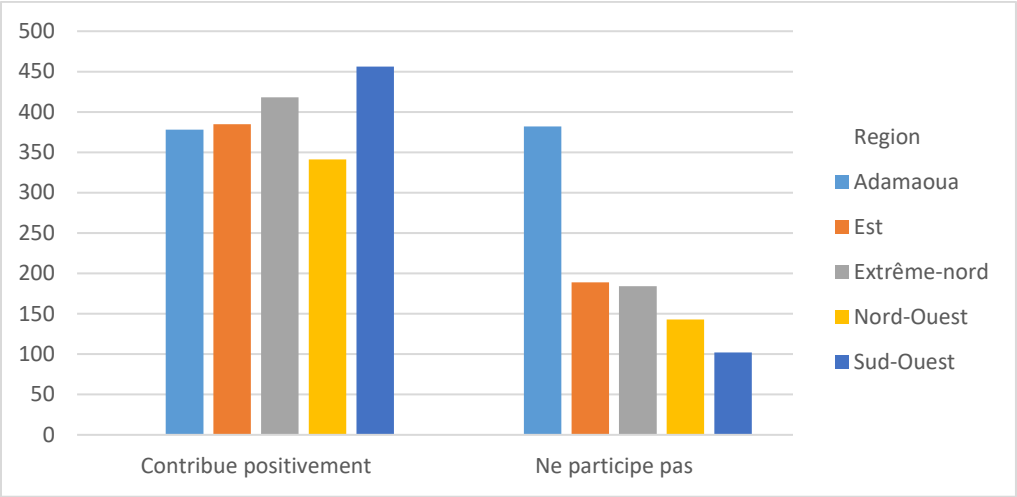


Figure 44 : ***Community feedback on anti-GBV measures implemented by various stakeholders***

Finally, an analysis of the communities' assessment of all the customs and practices of their communities reveals a form of consensus for both women and men, especially in the NorthWest and South-West regions, insofar as the populations are fairly in tune with their norms and customs. In the far north, there are clearly inequalities that call for greater forms of resistance.

Standards and factors to be taken into account when planning responses to GBV in the project areas

The aim of this section is to highlight the key results that should be taken into account as a basis for planning the project's actions. Some of these are disparate and must be dealt with beforehand to raise awareness and remain consistent with the ***"Do no ham"*** principles.

To this end, when asked **whether there is** equality between men and women in the region, the majority of those surveyed felt that there was not. It should be pointed out that the target communities are mostly rural and vulnerable, marked by cultural norms that often lead to disparities. The high prevalence of "no" calls for ongoing communication about the project approach in order to maintain community balance and limit the risk of exacerbation of GBV in households following the implementation of project activities.

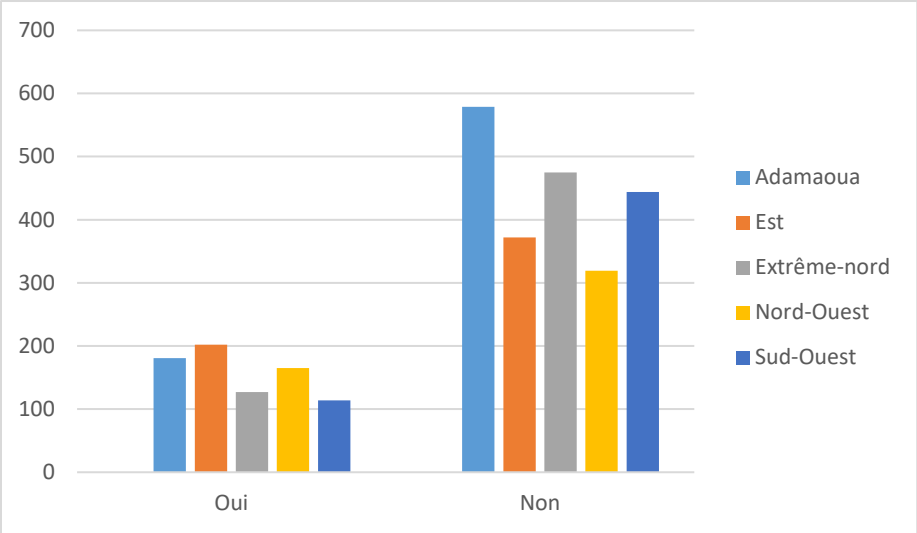


Figure 45 : Existence of gender equality by region

Similarly, when asked if there were any fears associated with the advent of the project, the main responses that emerged were as follows: the fear of an increase in early pregnancies emerged in all regions, an increase in cases of rape and infidelity, and the spread of STDs and STIs. The harmful social effects of the project were highlighted, raising questions about the development of protection and safeguard tools and, above all, their application. Respect for the principle of maintaining the balance of communities and doing no harm should be a key issue, and the development of an ethical charter to be applied by the partners a key issue. The table below lists all the social fears identified.

Table 15 : Challenges associated with the influx of foreign workers for the project

	Region					
	Adamawa	**East**	**Far-north**	**Nord-west**	**South-west**	**Total**
Early pregnancies	33.1%	23.5%	30.8%	5.3%	7.3%	100.0%
Divorces	6.5%	21.2%	16.3%	24.1%	32.0%	100.0%
Increase in rape cases	36.8%	26.0%	23.4%	3.8%	10.0%	100.0%
Ban on opportunities	14.9%	8.1%	24.2%	18.3%	34.5%	100.0%
Infidelity	48.3%	22.7%	29.0%	0.0%	0.0%	100.0%
Security problems	49.0%	34.7%	4.1%	8.2%	4.1%	100.0%
Prostitution	33.3%	25.0%	0.0%	33.3%	8.3%	100.0%
Inflation and poverty	11.1%	22.2%	33.3%	11.1%	22.2%	100.0%
Land disputes	0.0%	40.0%	20.0%	40.0%	0.0%	100.0%

Don't know	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%
STDs and STIs	9.1%	63.6%	0.0%	27.3%	0.0%	100.0%

In addition, the trend towards trivialising GBV/SEA/SH remains strong despite the recurrence of cases of femicide in the country. For example, in all regions, only 35% of respondents thought it was serious to hit one's wife with an object, with 65% trivialising the act, tending to normalise it and think that it is the natural order of things. This proportion is 6.9% when the husband hits his wife without using an object, and only 7.8% of the people we met thought it was serious for a man to forbid his wife to work. However, each of these rights is a fundamental right that must be exercised, and the lack of exercise of these rights often leads to vulnerability and exacerbation of more serious forms of GBV, such as physical violence. From a specific analysis perspective, physical violence, which is the most serious form of
GBV, is still trivialised, while other emotional, economic or sexual forms, even the most serious forms such as child prostitution, are still accepted as long as they provide a means of subsistence. It is therefore important to address the causes, the most serious of which are linked to poverty, ignorance leading to the trivialisation of acts that are nonetheless serious, and the inadequacy of responses or their application where they exist. Particular attention should be paid to awareness-raising activities, but also to empowerment support activities, which would help to limit the cycle of poverty that exacerbates GBV in the study areas. In the East, Adamoua and Far North regions, it seems important to involve community leaders and men who have positive masculinity, who need to be identified. The statistics below give an idea of GBV perceptions and their level of seriousness.

Available support services: Access to support services remains limited in most of the intervention communities, particularly in the east, northwest and southwest. The option of setting up committees and providing training in the management and referral of GBV/SEA/SH cases should be considered. A detailed analysis shows that the areas furthest from the project are those with a high prevalence of GBV, and that they often do not have treatment facilities. The situation is slightly more marked in the North West and South-West regions, where the fragile security situation has led to the closure of facilities. This complicates care unless endogenous mechanisms are supported.

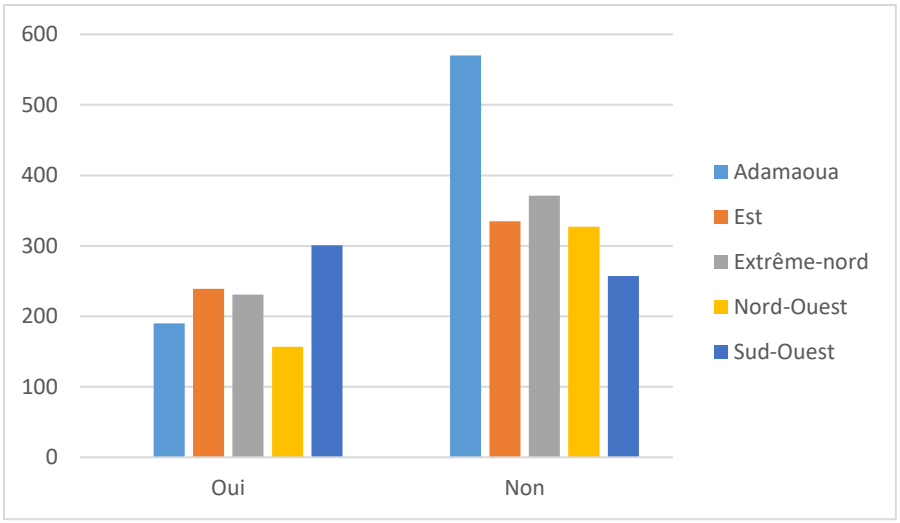


Figure 46 : ***Existence of GBV prevention measures***

On SEA: they take many and varied forms. These include cases of child prostitution**,** sex for pay **and** sex for work. According to the quantitative data, the phenomenon appears continuously in all five regions of the study, while the qualitative data highlight a slightly stronger trend in this area in the South West, North-West and East regions. These areas are facing security shocks, as well as high levels of mobility and transit.

IV. GENDER-BASED VIOLENCE MANAGEMENT PLAN

This action plan is based on a series of findings, the main ones of which are listed below:

The origins of GBV lie in ignorance, poverty and the difficulty of developing means of redress. The types of GBV that women encounter is: rape, denial of resources, sexual harassment, physical assault, but above all silence and the tendency to believe that it is normal"[9] . This trend is very strong in some of the localities/regions in the study, particularly in the east, where there are still major challenges in terms of rape and early pregnancy, with young girls resorting to coping strategies such as prostitution.

According to the data from the group discussions, the situation of young girls is still marked by ***"regular cases of harassment both at school and in the community".*** The main trends that the action plan should address are as follows:

- Highly compartmentalised role trajectories creating inequalities within the project communities:
- A strong tendency to make GBV commonplace, combined with widespread poverty: o Insufficient pooling of response options and expertise on GBV
- A major need for training for care providers and the setting up of referral mechanisms Here: ***"A man can marry a woman, and he cannot ration in her house. As soon as the woman starts talking, he starts putting his hands on her. Sometimes he says he's going to ration you, but he doesn't ration you"[9] .*** Added to this is the use of drugs: "When women are raped, it's sometimes drugs and everyone accepts".

Here, a woman doesn't have much right to speak the truth, because ***"if her husband doesn't like it, he'll beat you up and everyone will say that the wife is the wrong person and as soon as you arrive, the others will say that the wrong woman is coming and even if your husband beats you up in public, no one will speak out".***

[9] Head of MINPROF F [9] FGD with Djohong women.

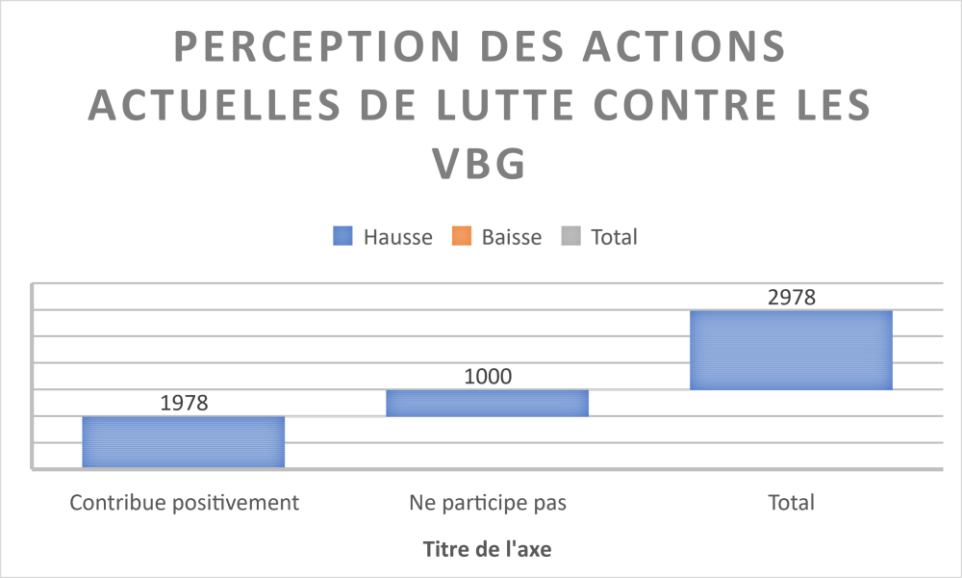


Figure 47: Perception of current efforts to combat GBV

The summary above present some keys information that can be related to the plan :

- "When someone abuses another person, it's first discussed among ourselves. People can't stand complaints. We have to explain, because at the moment we're just working things out amicably. And sometimes the other person reoffends. For the time being, we can't go public with cases of GBV, so we talk to each other, the parents of the victim and the perpetrator, to resolve the problem amicably." Djohong refugee representative.

- "A medical certificate costs 900 + a doctor's consultation costs 900, which adds up to 1800. In a context of poverty like this, no one will come. People will settle everything in the neighborhood." Health staff.

- "Under-education is very, very high, so a lot of people don't go to school, which means they're not open to the world and can't understand certain phenomena, so we really have to raise awareness with simple things because if it's too complicated, they won't understand." Head of school.

- "I think alcohol and poverty are the main causes. Women here generally don't do anything. So being beaten is the lesser evil. To help them, you first have to empower them because without their means, they'll always stay with their abusers." Source: Women during the FGD.
- "Sometimes the survivor, when you try to help or work with her, suggests that you accompany them to training courses, an apprenticeship in sewing, or in IGAs, and given that the structure doesn't have the means, how do I go about it? With my experience, I'm able to say today that wanting to fight against GBV means knowing the needs of the victims and accompanying them towards autonomy." MINPROFF manager.
- "In my opinion, we've already spent too much time raising awareness. We now need to severely reprimand these people, these perpetrators, because every time we let them go. We need to support the referral of cases and ensure that the law is applied." Magistrate.
- "Marriage isn't easy; it sometimes involves moments when your husband and you fight. The most important thing is that he assumes his responsibilities. If he assumes and hits you, you put up with it." Source: Women during the FGD.

V. PROPOSED SURVIVOR CARE PROTOCOL AND REFERRAL SYSTEM

One of the deliverables of this study is a proposed protocol for care and referral. With a view to supporting and monitoring survivors of gender-based violence (GBV), sexual exploitation and abuse (SEA) and sexual harassment (SH), a care protocol and referral system are essential tools for the appropriate care and monitoring of these victims.

1.1. Protocol for the care of survivors

Care for survivors is a process that aims to put in place support and accompaniment mechanisms tailored to the needs of each survivor, offer medical, psychological and legal assistance to survivors, draw up a personalised action plan in collaboration with the survivor, offer safe and confidential spaces through discussion groups or group therapy sessions.

The care protocol is therefore a system that details all the guidelines and steps to be followed for the proper care of victims.

1.2. Medical care for survivors

In general, in cases of GBV, especially sexual violence with possible consequences (injuries, pregnancies, etc.), medical care is a priority. This care for victims takes place at several levels: reception of survivors in medical facilities, clinical examination and treatment protocol for victims, and special cases.

- **Reception in medical facilities:**

The aim is to identify and raise the awareness of healthcare staff about the quality of the reception to be given to a victim and the first interview. In this case, the quality of the reception depends on the attitude of the healthcare provider, the quality of the counselling approach and the quality of the interview. In addition, care providers must be trained to develop attitudes of tolerance, empathy, confidentiality, respect, physical attitude, appropriate language and adequate information.

- **Clinical examination and treatment protocol for victims:**

The aim is to establish the mechanisms to be used by health care providers and to ensure that they master them during the clinical examination of a victim, as well as the steps involved. The various stages in the clinical examination of a GBV survivor are: the interview, the medical

examination, preparation for the physical examination, identification of a survivor of sexual and gender-based violence (SGBV), the GBV survivor/victim care sheet, the medical certificate, equipment, materials and supplies required for clinical care. When faced with a GBV survivor, the healthcare provider must be able to:

- Mastering the elements of questioning;
- Describe the stages of the physical examination;
- Carrying out a physical examination of a casualty
- Record the information gathered from the victim on the relevant media

The treatment protocol for victims depends on the time the victim has allowed to elapse before presenting to a care facility. This treatment protocol aims to equip the health care provider with the necessary knowledge about the stages in the medical care of a survivor), prophylactic measures, prescribing appropriate drugs for the treatment of trauma, methods of medical follow-up of the survivor of SGBV in relation to the treatment, and attitudes for giving advice to the victim of gender-based sexual violence regarding her medical and psychosocial follow up.

- **Special cases**

In the context of GBV, special cases refer to victims who present certain particularities according to established standards. This management protocol provides healthcare providers with the mechanisms, methods and steps required to manage each victim's particular situation.

- **The case of a child victim of SGBV**

The aim is to provide healthcare providers with special training that includes important aspects relating to the child's psychosocial development, growth and anatomy, so that they can provide appropriate care for a child who has been a victim of SGBV. Care for a child victim of SGBV is a step-by-step process, and each step depends on the victim's psychosocial behaviour. The first step is to establish a climate of trust with the victim; the second is to carry out a physical examination of the victim while maintaining this climate of trust; the third is to carry out a gynaecological and anal examination to determine whether there is any damage or to ensure that there is none; the fourth is to prescribe prophylactic treatment for STIs or HIV; the fourth is to refer the child; the fourth is to monitor the victim's health; the fourth is to be able to deal with the questions and behaviour of the people accompanying the child victim.

- **The case of a teenager aged between 15 and 18**

In view of the psychosocial characteristics specific to this age group, including fragility, vulnerability and aggressiveness, the approach used in the case of a young teenager is somewhat different from that which would be applied to an adult female victim of SGBV. The role of the care provider in this case is to do everything possible to gain the victim's trust and accept without judgement the inaccuracies of her bad experience, and to be able to present the facts of her story in clinical terms.

1.3. Legal care for survivors

Providing survivors with legal assistance is the minimum response that should be given to victims of sexual violence in order to guarantee their safety and security. The aim of this protocol is therefore to equip those involved in legal support with techniques to improve their actions. More specifically, the aim of the protocol is to provide those involved in the provision of care with knowledge of the legal aspects of SGBV and the medico-legal aspects. This will make it easier for survivors to access justice and legal services. The legal support mechanism includes free legal assistance, reporting procedures, investigations, prosecutions and legal protection measures guaranteeing survivors' rights and safety during the legal process. It should also include measures to ensure safe and adequate accommodation, such as shelters, safe houses or emergency centres, so that survivors can leave the dangerous environment.

In addition, in the event of a trial for gender-based sexual violence, the legal process goes through a number of stages:

- Stage 1: Preliminary investigations by the Police or Gendarmerie o Step 2: The Public Prosecutor's Office
- Stage 3: The trial courts (courts of first instance; appeal courts; Supreme Court) Forensic aspects also come into play in cases of gender-based violence. They must also be able to master the legal and forensic procedures for dealing with cases of GBV. Finally, they must be able to demonstrate the importance of a health care provider in dealing with the issue of GBV in the legal field (collecting evidence, taking note of the observations made following the interview with the victim and recording them in full in a medical file, keeping forensic evidence, etc.); take note of the observations made following their interview with the victim and record them in

full in a medical file; keep forensic evidence confidential; pass on the evidence and the victim's treatment records to an expert doctor or judicial officer if requested).

1.4. Psychological support for survivors

Psychosocial care for survivors of GBV involves a number of interdependent activities, including reception, active listening, emotional support to contribute to psychological and spiritual healing, and trauma management. In the context of psychosocial care, stakeholders should be able to make a significant contribution to reducing the psychosocial repercussions of sexual and gender-based violence on the behaviour of victims/survivors. In order to do this, they need to be equipped with the knowledge that will enable them to:

- Defining psychosocial care for victims/survivors of SGBV;
- Dealing with psychological trauma following symptoms and reactions observed in the victim/survivor of SGBV;
- Applying counselling techniques and principles adapted to the needs of a victim/survivor of sexual and gender-based violence.

2. Survivor referral system

Referral is a process that consists of transferring cases of gender-based violence to the appropriate structure for consideration. It aims to build a bridge between victims and the services they need quickly and safely. It enables a referral system to be set up with partners and players specialising in caring for survivors (associations, shelters, social services, helplines or specialist organisations, etc.) using appropriate tools and in compliance with the guiding principles. The referral system also includes counter-referral, which enables case follow-up to ensure that survivors receive ongoing and appropriate care.

2.1. Reference process

Referral of a survivor is based on a rapid assessment of the case by the first contact (focal point), who goes through the following stages:

- **Listening**: Listen carefully to the survivor, with empathy and without any form of judgement.

- **Find out**: assess and respond to the victim's various needs and concerns - emotional, physical, social and practical (e.g. childcare).
- **Validate**: support the victim and believe in her. Reassure the victim that the situation they are going through is never their fault.
- **Support**: Support the survivor by helping them to access the information, services and social support to which they are entitled.
- **Consent**: obtaining consent from victims for any information that may be shared with support services and other care partners
- **Referral**: As far as communication is concerned, only basic information should be recorded and transmitted to the focal point: the type of GBV, the area and date of the incident, the victim's age, the link between the survivor and the alleged perpetrator (if known), the survivor's age and sex. This information is transmitted via reference forms drawn up in advance. However, the case manager may call the Focal Point (FP) of the referral structure after listening to and identifying the urgent needs and obtaining the victim's consent in order to facilitate case management.

1.1. Some principles applicable to individual case management

If survivors are to be properly cared for, the following elements must be respected:

- Ensure the physical safety of the victim/survivor or those around them at all times; o Guarantee the confidentiality of those affected at all times; o Respect the wishes, rights and dignity of the victim(s)/survivor(s) when deciding on the most appropriate measures to take to prevent or respond to an incident of violence, bearing in mind the safety of the1 structure as a whole as well as that of the individual concerned.
- Guarantee non-discrimination in the provision of services.

Apply all the above principles to children, including their right to participate in decisions that affect them. If a decision is to be made on behalf of the child, the principle of the child's best interests must prevail and the appropriate steps must be taken.

2.2. The referencing circuits

The various players in this referencing circuit are:

- Actors involved in psychosocial care: social centres at the district level, departmental delegations of MINAS and MINPROFF at the level of departmental delegations and regional delegations of MINAS and MINPROFF and some national non-governmental organisations such as AVLF, ADELPA, LUKMEF, International Organisations such as IMC, Plan Cameroun, Intersos, Danish ect...
- Health care providers, which are the health facilities identified in the various intervention zones.
- Those involved in providing security and legal services: law enforcement agencies (police and gendarmerie) and legal services. The security services include police stations and gendarmeries, which work closely with the courts to ensure that justice is

  done for survivors who have filed complaints. The courts of first instance, such as those in Batibo, Bamenda, Limbe, Kumba, Garoua, Guider and other towns, are working closely with the security services, which are carrying out investigations in the field to ensure that the law is established.

The referencing circuits of a number of communes in the various regions will also be presented.

2.3. General referencing circuit

NB:

1. Never force a survivor to access a service if she is not psychologically ready to do so. Nevertheless, provide reliable, accurate and appropriate information to help her make decisions that can help her.
2. Never give survivors information about services you do not know about. Refer them to the appropriate services for appropriate care.

Referral circuit Ngaoundéré municipality

CONFIDING IN SOMEONE TO ASK FOR HELP

The victim/survivor tells someone about the incident	**The survivor visits one of the actor in the system.**
• Give the survivor/victim the right information about her rights and the services available. • Accompany the victim/survivor to the health centre/psychosocial partner/police according to her wishes.	

IMMEDIATE RESPONSE

IMMEDIATE RESPONSE:

- The care provider must provide safe care in a loving environment while respecting the survivor's confidentiality and choices.
- Provide reliable and comprehensive information about the services and supports available to the survivor.
- Any intervention must have the consent of the parent or guardian.
- The child must agree to the decisions made
- It is preferable for the child to choose who will accompany him or her.
- When family or guardians make decisions for a child, make sure that the child's best interests are a priority.

NB : For rape survivors, make sure that medical treatment is provided within 72 hours.

MEDICAL CARE/CLINICAL MANAGEMENT OF RAPE AND OTHER SEXUAL VIOLENCE	**PSYCHOSOCIAL CARE**
Régional Hospital/696 066 346 SASO régional Hospital Mme MOUMENI Victorine **674 03 62 77/6 97 53 20 41** **Protestant Hospital**	CESO Ngaoundéré 1er Mme MASSIAKRE Heleine BAISSIRI **6 75 66 58 14/6 97 81 37 86** CESO Ngaoundéré 2e : Mme BOUBA LEHELER Ayissatou/**6 91 20 85 87** CESO Ngaoundéré 3e : M. BAMBA KEPSOU /**6 97 38 56 74** SASO Central Police Station Mme ZALINGONO Juzele épse IHONGOLOK **678 25 13 71/6 99 56 63 29** **DDPROFF/** **CPFF (Space on)** **Youth Association** **Ngaoundere volunteers AJVN** **AFFADA (Space on)**

IF THE SURVIVOR WANTS LEGAL ACTION-OR-IF THERE ARE SAFETY RISKS FOR THE SURVIVOR OR OTHERS

- ***Refer the survivor to the police/gendarmerie or legal assistance/protection office for information and support***

POLICE/GENDARMERIE	LEGAL ASSISTANCE
Central Police Station Gendarmerie Brigade	SASO Ngdéré courts M. ABIAE A BETCHEN Yves **6 54 44 67 45/6 91 91 73 46**

AFTER THE IMMEDIATE RESPONSE Over time and based on their choices, survivors may request the following services		
Health Care: •	**Psychosocial services:** •	**Protection, Security, Justice:** •

Referencing circuit Municipality of Maroua

Referral circuit Maroua municipality

CONFIDING IN SOMEONE TO ASK FOR HELP	
The victim/survivor tells someone about the incident • Give the survivor/victim the right information about her rights and the services available. • Accompany the victim/survivor to the health centre/psychosocial partner/police according to her wishes.	**The survivor visits one of the actor in the system.**

IMMEDIATE RESPONSE

IMMEDIATE RESPONSE:

- The care provider must provide safe care in a loving environment while respecting the survivor's confidentiality and choices.
- Provide reliable and comprehensive information about the services and supports available to the survivor.
- Any intervention must have the consent of the parent or guardian.
- The child must agree to the decisions made
- It is preferable for the child to choose who will accompany him or her.
- When family or guardians make decisions for a child, make sure that the child's best interests are a priority.

NB : For rape survivors, make sure that medical treatment is provided within 72 hours.

MEDICAL CARE/CLINICAL MANAGEMENT OF RAPE AND OTHER SEXUAL VIOLENCE.	PSYCHOSOCIAL CARE
Régional Hospital: 699 65 9666/694264474/699101 960	Plan International : 697148830/681803119 ALDEPA : 697 755454/ 677646278 DRPROFF : 695284933/696079188/691700853 CDD CARITAS : 674 02 3117/690231414 DDPROFF/CPFF : 656902168/650656657/691344770

Domayo Health Centre : 695370008	ALVF : 699092611/699850717 DRAS : 656295099/699833612/674849639 International Rescue Committee (IRC) :665617280/676176255/698059168/694761946 Association Rayons De Soleil : 695112226/677876316 APIPDA (Personnes vivant avec handicap) : 679289600

IF THE SURVIVOR WANTS LEGAL ACTION-OR-IF THERE ARE SAFETY RISKS FOR THE SURVIVOR OR OTHERS

- ***Refer the survivor to the police/gendarmerie or legal assistance/protection office for information and support***

POLICE/GENDARMERIE	LEGAL ASSISTANCE
Gender desk : 699652124	**TPI : 693155712** **CPDH : 696382658/697625333**

AFTER THE IMMEDIATE RESPONSE

Over time and based on their choices, survivors may request the following services

Health Care:	Psychosocial services:	Protection, Security, Justice:
•	•	•

Referencing circuit Buea municipality

Referral circuit Buea municipality

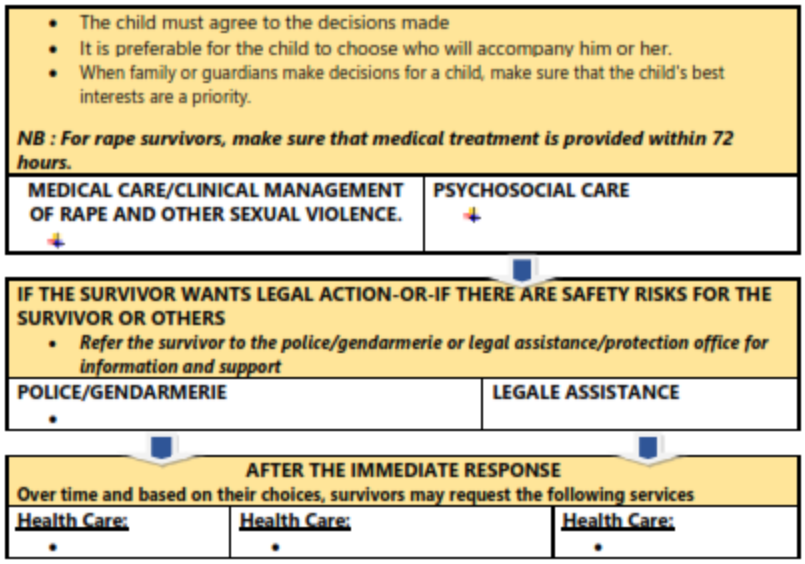
CONFIDING IN SOMEONE TO ASK FOR HELP

The victim/survivor tells someone about the incident	The survivor visits one of the actor in the system.
• Give the survivor/victim the right information about her rights and the services available. • Accompany the victim/survivor to the health centre/psychosocial partner/police according to her wishes.	

IMMEDIATE RESPONSE

IMMEDIATE RESPONSE:

- The care provider must provide safe care in a loving environment while respecting the survivor's confidentiality and choices.
- Provide reliable and comprehensive information about the services and supports available to the survivor.
- Any intervention must have the consent of the parent or guardian.



Referencing Circuit Bamenda

Structure Nord-Ouest.pdf

VI. INTEGRATION OF THE PLAN WITHIN PULCCA

1.2. Alignment with PULCCA principles and objectives

The findings highlighted in the provided text indicate a concerning trend of trivializing gender-based violence (GBV) and harmful social norms (HSN) despite the recurring cases of femicide in the country. These findings can be aligned with the principles and objectives of the PULCCA framework in the following ways.

Integrated Approach

The PULCCA framework emphasizes an integrated approach that considers both climate change mitigation and adaptation measures in urban development planning. In this context, addressing GBV and HSN can be seen as part of the broader social and cultural dimensions of urban development, which are essential for creating sustainable and resilient cities.

Local Context

The PULCCA framework recognizes the importance of understanding the local context and tailoring actions accordingly. In this case, it is crucial to understand the specific social, economic, and cultural factors that contribute to the trivialization of GBV and HSN in different regions. By recognizing these local dynamics, interventions can be designed to effectively challenge and change harmful attitudes and behaviours.

Multi-Stakeholder Engagement

The PULCCA framework promotes the involvement of various stakeholders, including local authorities, civil society organizations, private sector entities, and communities. In addressing GBV and HSN, it is essential to engage community leaders and influential individuals, particularly men who exhibit positive masculinity, to challenge and change social norms that perpetuate violence against women. This involvement can help shift societal attitudes and promote gender equality.

Capacity Building

The PULCCA framework emphasizes capacity building at the local level to enhance understanding, knowledge, and skills for implementing low-carbon and climate-resilient actions. Similarly, addressing GBV and HSN requires capacity building efforts to raise awareness about the seriousness of these issues, promote gender equality, and provide support to survivors. Capacity building can include training programs, workshops, and awareness campaigns targeting different segments of society.

Financing and Investment

The PULCCA framework recognizes the importance of securing adequate financing and investment for implementing low-carbon and climate-resilient actions. Similarly, addressing GBV and HSN requires financial resources to support interventions, awareness-raising activities, and empowerment programs. Securing funding for initiatives aimed at combating GBV and HSN can contribute to the overall development and resilience of cities.

Conclusively, aligning the findings with the PULCCA framework involves recognizing the importance of an integrated approach, understanding the local context, engaging multiple stakeholders, building capacity, and securing financing to address GBV and HSN effectively. By incorporating these principles and objectives, efforts can be made to challenge harmful social

norms, raise awareness, and promote gender equality, ultimately contributing to safer and more resilient cities.

1.3. Strategies for integrating both components

Integrating the components mentioned in the provided text, which highlight the trivialization of gender-based violence (GBV) and harmful social norms (HSN), with the principles and objectives of the PULCCA framework can be done through the following strategies

Integrated Approach

Incorporate GBV and HSN as key considerations within the broader urban development planning process under the PULCCA framework. This involves recognizing the interconnections between social, economic, and environmental aspects of urban development and addressing GBV as a crucial social dimension.

Ensure that GBV and HSN are integrated into the urban greenhouse gas inventory and climate resilience planning processes. This can involve assessing the intersectionality between GBV and other urban challenges, such as poverty and inequality, and identifying opportunities to address them collectively.

Local Context

Conduct localized assessments to understand the specific factors contributing to the trivialization of GBV and HSN in each region. This can include analyzing social norms, cultural practices, economic conditions, and levels of awareness and education. This information can guide the development of tailored interventions and strategies.

Collaborate with local community leaders, organizations, and influencers to gain insights into the local context and engage them in addressing GBV and HSN. This can help ensure that interventions are culturally appropriate and resonate with the communities they aim to serve.

Multi-Stakeholder Engagement

Foster partnerships between local authorities, civil society organizations, private sector entities, and communities to collectively address GBV and HSN. This can involve establishing multi-sectoral task forces or working groups to coordinate efforts and share resources.

Engage men as allies and champions for change. Involve men who exhibit positive masculinity and community leaders in awareness-raising campaigns, workshops, and dialogues to challenge harmful social norms and promote gender equality.

Capacity Building

Conduct capacity-building programs to raise awareness about GBV and HSN, their impacts, and the importance of gender equality. This can target different stakeholder groups, including community members, government officials, law enforcement agencies, and service providers.

Strengthen local organizations' capacity to respond to GBV and support survivors, including training programs for healthcare professionals, social workers, and counsellors. This helps ensure access to comprehensive services for survivors.

Financing and Investment

Advocate for increased funding for initiatives addressing GBV and HSN within the framework of the PULCCA. This includes mobilizing resources from international climate finance mechanisms, national budgets, and donor support.

Explore innovative financing mechanisms, such as public-private partnerships, to sustainably fund GBV prevention and response programs. This can involve engaging businesses and private sector stakeholders in contributing to the initiatives.

1.4. Implementation challenges and recommendations

Identification of challenges in the implementation of the mapping and management plan

Implementing an action plan to address the challenges of gender-based violence (GBV) and harmful social norms (HSN) in the mentioned localities/regions may face several challenges. However, with appropriate strategies and approaches, these challenges can be overcome. Here are some challenges that may arise and recommendations for overcoming them.

Deep-rooted social norms and attitudes

The normalization of GBV and HSN is deeply ingrained in societal norms and attitudes. Changing these deeply entrenched beliefs and behaviours can be challenging.

Limited resources and inadequate response mechanisms

Limited resources and expertise on GBV can hinder the development and implementation of effective response mechanisms.

Fear and stigma associated with reporting

Fear of repercussions, stigma, and victim-blaming can prevent survivors from reporting incidents of GBV, thus perpetuating the culture of silence.

Addressing the intersectionality of GBV and other social issues

GBV is often interconnected with other social issues such as poverty, early marriage, drug abuse, and limited access to education and resources.

Recommendations for overcoming challenges

Conduct comprehensive community engagement and awareness-raising campaigns to challenge harmful social norms. This can involve utilizing local influencers, community leaders, and respected individuals to lead conversations and promote positive messaging around gender equality and non-violence. Implement culturally sensitive and context-specific interventions that address the underlying drivers of GBV and HSN, such as poverty, power imbalances, and traditional gender roles. Engage men and boys as allies and agents of change through targeted programs that promote positive masculinity and gender equality.

Advocate for increased allocation of resources and funding from local authorities and relevant stakeholders to support GBV prevention and response programs. Strengthen coordination and collaboration among different actors, including government agencies, civil society organizations, and service providers, to establish referral mechanisms and ensure comprehensive support for survivors. Provide training and capacity-building programs for care providers, including healthcare professionals, social workers, and law enforcement officials, to enhance their knowledge and skills in addressing GBV and providing appropriate support to survivors.

Develop safe and confidential reporting mechanisms, such as helplines, anonymous reporting platforms, and community-based support networks, to encourage survivors to come forward and seek assistance. Conduct awareness campaigns to challenge victim-blaming attitudes and educate the community about the importance of supporting survivors and holding perpetrators accountable. Establish survivor-centered and trauma-informed support services that prioritize the safety, well-being, and confidentiality of survivors. Adopt a holistic and intersectional approach that addresses the underlying factors contributing to GBV, including poverty alleviation, education, and access to healthcare and economic opportunities.

Collaborate with relevant stakeholders and sectors, such as education, health, and social welfare, to integrate GBV prevention and response measures into existing programs and services. Engage with community-based organizations and local leaders to develop and implement targeted initiatives that address the specific needs and challenges of young girls, including prevention of early pregnancy, provision of education and vocational training, and support for alternative livelihood options. Overall, addressing the challenges of implementing the action plan requires a multi-sectoral and multi-dimensional approach that includes community engagement, resource mobilization, capacity building, and collaboration among different stakeholders. By employing

these strategies, progress can be made in challenging harmful social norms, supporting survivors, and transforming communities to create safer and more equitable environments.

1.5. MONITORING AND EVALUATION

Indicators of measuring progress and impact

To measure progress and impact in addressing gender-based violence (GBV) and harmful social norms (HSN), it is important to establish indicators that capture changes in attitudes, behaviors, and outcomes. Here are some indicators that can be used to measure progress.

Attitudinal Indicators

Proportion of respondents who perceive GBV, including physical violence, emotional abuse, sexual harassment, and economic control, as a serious issue. Proportion of respondents who believe in gender equality and reject harmful social norms. Proportion of respondents who support survivors of GBV and are willing to intervene or report incidents.

Behavioral Indicators

Rates of reported incidents of GBV, including physical violence, sexual assault, emotional abuse, and economic control. Proportion of survivors who seek support and access available services. Proportion of men and women engaged in activities challenging harmful social norms and promoting gender equality. Proportion of men and boys actively involved in preventing and addressing GBV.

Service Provision Indicators

Availability and accessibility of support services for survivors, including helplines, shelters, counselling, and legal assistance. Proportion of service providers trained on GBV prevention, survivor-centered approaches, and gender-responsive services. Proportion of survivors satisfied with the quality and effectiveness of support services received.

Socioeconomic Indicators

Proportion of women employed or engaged in income-generating activities, indicating progress towards economic empowerment and reducing dependency. Reduction in poverty rates and improvement in living conditions, which can contribute to reducing vulnerability to GBV. Proportion of women accessing education and training opportunities, indicating progress towards enhancing their agency and decision-making power.

Legislative and Policy Indicators

Existence and enforcement of laws and policies addressing GBV and protecting the rights of survivors. Proportion of regions or localities with comprehensive action plans and strategies in place to prevent and respond to GBV. Proportion of reported cases of GBV that lead to legal action and successful prosecutions.

1.6. Framework for monitoring and evaluation

To effectively monitor and evaluate efforts to address gender-based violence (GBV) and harmful social norms (HSN), a comprehensive framework is needed. Here is a suggested framework for monitoring and evaluation.

Goal and Objectives

Clearly define the overarching goal and specific objectives of the intervention, such as reducing GBV prevalence, challenging harmful social norms, and promoting gender equality.

Indicators

Develop a set of indicators that capture key aspects of GBV and HSN, as well as the desired changes. These indicators should align with the issues highlighted in the statistics provided, such as attitudes towards different forms of GBV and women's rights.

Select both quantitative and qualitative indicators that can be measured over time and provide a comprehensive understanding of progress and impact.

Ensure that the indicators capture changes in attitudes, behaviours, service provision, and socioeconomic factors.

Monitoring Activities

Establish a system for regular data collection to monitor progress throughout the intervention period.

Determine the frequency and timing of data collection to capture changes at different stages of the intervention.

Ensure data quality through training data collectors, using standardized data collection tools, and conducting regular quality checks.

Evaluation

Conduct periodic evaluations to assess the effectiveness of the intervention and its impact on GBV and HSN.

Use a mixed-methods approach to gather data on outcomes, impacts, and processes.

Assess the extent to which the intervention has achieved its objectives and identify areas for improvement.

Analysis and Reporting

Analyze the collected data using appropriate statistical and qualitative analysis techniques.

Prepare regular progress reports to share findings and insights with stakeholders, including policymakers, funders, and program implementers.

Use the findings to inform decision-making, adapt interventions as necessary, and advocate for further actions and resources.

Learning and Adaptation

Continuously learn from monitoring and evaluation findings to improve program design and implementation. Engage in reflective practices and knowledge sharing to identify effective strategies and best practices. Use lessons learned to inform future interventions and contribute to the broader field of GBV prevention and response.

CONCLUSION

1.6.1. Summary of key findings

Based on the information provided, here are the key findings regarding perceptions of gender-based violence (GBV) and harmful social norms (HSN).

Trivialization of GBV

A significant proportion of respondents (65%) tend to trivialize acts of violence against women, such as hitting one's wife with an object. They perceive it as a natural order of things rather than a serious issue.

Lack of Recognition of Rights

There is a lack of recognition of fundamental rights, such as a woman's right to work. Only 7.8% of the people surveyed considered it serious for a man to forbid his wife from working. This lack of exercise of rights can lead to vulnerability and exacerbation of more severe forms of GBV.

Trivialization of Physical Violence

Physical violence, which is the most serious form of GBV, continues to be trivialized. This trivialization poses a significant challenge in addressing and preventing physical violence against women.

Acceptance of Other Forms of GBV

Emotional, economic, and sexual forms of GBV, including child prostitution, are often accepted as long as they provide a means of subsistence. This acceptance perpetuates harmful social norms and increases vulnerability to GBV.

Causes of Trivialization

Trivialization of GBV is linked to poverty, ignorance, and the inadequacy of responses. Poverty exacerbates GBV, and lack of awareness contributes to the normalization of harmful acts. Additionally, inadequate responses and their inconsistent application reinforce the trivialization of GBV. Based on these findings, it is crucial to address the underlying causes and implement targeted interventions. Awareness-raising activities can help challenge harmful social norms and increase understanding of the seriousness of GBV. Empowerment support activities, particularly focused on addressing poverty and promoting economic opportunities for women, can contribute to breaking the cycle of vulnerability. Involving community leaders and men who exhibit positive masculinity in the regions is important for fostering community-level change.

These key findings highlight the urgent need for comprehensive efforts to combat GBV, including addressing social norms, improving responses, and addressing the intersecting factors of poverty and ignorance.

1.6.2. Implications for policy and practice

The findings regarding the trivialization of gender-based violence (GBV) and harmful social norms (HSN) have important implications for policy and practice. Here are some key implications.

Policy Frameworks

Policymakers should prioritize the development and implementation of comprehensive policies that address GBV and HSN. These policies should focus on promoting gender equality, protecting women's rights, and creating an enabling environment for positive social change.

Awareness and Education

Policy efforts should include robust awareness-raising campaigns and educational initiatives to challenge harmful social norms and raise awareness about the seriousness of GBV. These campaigns should target both the general population and specific groups, such as community leaders, men, and youth.

Legal Reforms

Governments should review and strengthen existing laws and regulations related to GBV, ensuring that they provide adequate protection and support for survivors while holding perpetrators accountable. This may involve criminalizing specific forms of GBV, strengthening legal frameworks for addressing domestic violence, and ensuring access to justice for survivors.

Service Provision

Adequate and accessible support services should be established to assist survivors of GBV. This includes setting up shelters, hotlines, counseling services, and legal aid programs. These services should be survivor-centered, culturally sensitive, and adequately resourced to meet the needs of survivors.

Economic Empowerment

Policies and programs should focus on promoting economic empowerment for women, including access to education, skills training, and income-generation opportunities. Economic empowerment can reduce women's vulnerability to GBV and provide them with greater agency and independence.

Engagement of Community Leaders and Men

Efforts should be made to engage community leaders, including religious and traditional leaders, in challenging harmful social norms and promoting gender equality. Men who exhibit positive masculinity should be identified and involved in promoting respectful and equitable relationships and in advocating for women's rights.

Monitoring and Evaluation

Establishing a robust monitoring and evaluation system is crucial to track progress, identify gaps, and inform evidence-based policy and practice. Regular data collection, analysis, and reporting are necessary to measure the impact of interventions and guide future efforts.

Collaboration and Coordination

Effective policy and practice require collaboration and coordination among government agencies, civil society organizations, community leaders, and other stakeholders. Multi-sectoral partnerships can ensure a comprehensive and holistic approach to addressing GBV and HSN.

Addressing the trivialization of GBV and HSN requires a multi-faceted approach that combines legal, social, economic, and cultural strategies. By implementing policies and practices that challenge harmful norms, promote gender equality, and provide support for survivors, societies can work towards creating safer and more equitable environments for all individuals.

1.6.3. Future directions and recommendations

Based on the information provided, here are some future directions and recommendations to address the trivialization of gender-based violence (GBV), harmful social norms (HSN), and femicide.

Strengthening Legal Frameworks

Governments should review and strengthen existing laws to ensure that they provide adequate protection for survivors of GBV. This may include criminalizing specific forms of GBV, improving laws related to domestic violence, and ensuring effective implementation and enforcement of these laws.

Education and Awareness

PULCCA should develop a comprehensive and targeted awareness-raising campaigns to challenge harmful social norms and change attitudes towards GBV. These campaigns should focus on promoting gender equality, equity and inclusion, respect, and understanding of women's rights. Educational institutions should also integrate gender-sensitive curricula to address HSN from an early age.

Empowerment and Economic Opportunities

Efforts should be made by PULCCA to provide women with access to education, skills training, and economic opportunities. Economic empowerment can increase women's independence and reduce their vulnerability to GBV. Additionally, programs that support entrepreneurship and financial literacy among women can contribute to their economic autonomy. Most importantly, PULCCA should develop a separate relief, recovery and resilience program for victims of sexual violence caused by poverty to curb the silence syndrome.

Support Services

Comprehensive support services should be established to assist survivors of GBV. These services should be adequately funded, accessible, and survivor-centered to meet the diverse needs of survivors.

Community Engagement

PULCCA should develop a program that engages community leaders, including religious and traditional leaders, which is crucial in challenging harmful social norms. Community-based interventions should involve dialogue, training, and capacity-building programs to promote positive masculinity and gender equality. Since change is a process, this should take a longer duration for durability.

Data Collection and Research

There is a need for a further robust data collection and research on GBV and HSN to understand the scope, causes, and consequences of these issues. This data can inform evidence-based policies and interventions and help monitor progress over time.

Collaboration and Partnership

Governments, civil society organizations, and international stakeholders should collaborate and form partnerships to address GBV and HSN. These collaborations can enhance the effectiveness of interventions, resource mobilization, and knowledge sharing.

Monitoring and Evaluation

Implementing a monitoring and evaluation framework is crucial to assess the impact of interventions, identify gaps, and inform evidence-based decision-making. Regular evaluation of programs and policies can help improve their effectiveness and identify areas for improvement.

Engaging Men and Boys

Engaging men and boys in efforts to address GBV and HSN is essential. Promoting positive masculinity and challenging harmful gender norms among men can contribute to creating a more equitable and violence-free society.

Addressing Poverty and Inequality

Addressing the underlying causes of GBV, such as poverty and inequality, is crucial. Governments should prioritize poverty reduction strategies, including social protection programs, access to quality education, and job creation, to alleviate the conditions that perpetuate GBV.

By implementing these future directions and recommendations, societies can work towards creating safer, more equitable environments, where GBV and HSN are no longer trivialized but actively challenged and eradicated.

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APPENDIX

Table 16 : Physical violences by localities in Fotokol and Goulfey subdivisions in Far north region

Subdivisions	Localities	0	Once	Twice	Three times	Four times	Five times	Incomptable
Fotokol	Djabounib a	70,00 %	33,30 %					
	Hile alifa			100,0 0%				
	Makambar a	20,00 %	66,70 %					
	Makary	10,00 %						
Goulfey	Bâche makary	3,80 %						
	Djagara	15,40 %	33,30 %					
	Galgoue	11,50 %						
	Goulfey	30,80 %	66,70 %					
	guemelgo ue	7,70 %						
	Hillé djadid	3,80 %						
	niwinde	11,50 %						

	Saba	15,40 %						

Table 17 : Physical violences by localities in Kousseri and Logone birni subdivisions in Far north region

Subdivisions	Localities	0	Once	Twice	Three times	Four times	Five times	Incomptable
Kousserie	Lacka	8,90%		20,00 %			20,00 %	
	Madagascar				33,30 %			
	Madana	1,80%	25,00 %	10,00 %			40,00 %	16,70%
	Riyad		25,00 %				20,00 %	
	Semri						20,00 %	
	Soukala	1,80%						16,70%
	Waly	1,80%		10,00 %	33,30 %			
Logone-birni	Darsalam	13,80 %	20,00 %	33,30 %				
	Kalkousam	16,90 %					50,00 %	

Table 18 : Physical violences by localities in Kai kai and Mokolo subdivisions in Far north region

Subdivisions	Localities	0	Once	Twice	Three times	Four times	Five times	Incomptable
Kai-kai	Dabrang	12,50 %						
	Doualaré	25,00 %		25,00 %				20,00%
	Hleke				50,00 %			
	Sabongari	29,20 %		25,00 %				50,00%
	Tchoulo	8,30%						
	Wouraï	25,00 %		50,00 %	50,00 %			20,00%
	Mozogo	50,00 %					50,00 %	25,00%
Mokolo	Djabrom	1,60%						
	Minawao	28,10 %	50,00 %	33,30 %				
	Mokolo	6,30%	50,00 %	33,30 %	33,30 %		50,00 %	100,00%
	Zamay	54,70 %		33,30 %	33,30 %		25,00 %	

Table 19 : Distribution of sexual violence in localities, subdivisions and divisions in Far north region

Division	Subdivisions	Localities	Never	Sometimes	Many times
Logone et chari	Fotokol	Djabouniba	44,4%	80,0%	
		Hile alifa		20,0%	

		Gargarrabé	1,6%		16,7%
	Kousseri	Garinkaria		6,3%	
		hibou		12,5%	
		Kolouck		6,3%	
		Kousseri Centre	64,5%	18,8%	16,7%
		Krouang	1,6%		16,7%
		Lacka	9,7%		33,3%
		Madagascar			16,7%
		Madana	3,2%	25,0%	
		Massil Alkanam		6,3%	
		Riyad	1,6%	6,3%	
		Semri		6,3%	
		Soukala	1,6%	6,3%	
		Waly	3,2%	6,3%	
	Logone-Birni	Kalkousam	15,7%	8,3%	
		Logone birni centre	50,0%	91,7%	100,0%
Mayo danay	Kai-kai				
		Doualaré	28,0%	7,1%	50,0%
		Hleke		7,1%	
		Kai-kai	4,0%	7,1%	
		Sabongari	28,0%	35,7%	50,00%
		Wouraï	20,0%	42,9%	

Table 20 : ***Economic violence by localities of Far north region***

Localities	**Yes**	**No**
Dabrang	1,01%	0,31%
Darsalam	3,04%	1,85%

Doualaré	3,72%	0,72%
Douane	0,68%	0,21%
Gargarrabé	0,68%	0,21%
Goulfey	3,04%	1,44%
Hile alifa	3,38%	1,85%
Kalkousam	2,70%	1,85%
Kousseri Centre	17,23%	5,95%
Pette	8,11%	1,85%
Sabongari	2,03%	0,77%
Zamay	3,72%	6,67%

Table 21 : Child prostitution analysis in Far north region

Division	Subdivisions	Localities	Yes	No
Diamare	Maroua1	Domayo	57,9%	42,1%
	Meri	Meri centre	20,0%	80,0%
Logone et chari	Fotokol	Djabouniba	62,5%	37,5%
		Hile alifa	100,0%	
		Makambara	75,0%	25,0%
		galgoue	50,0%	50,0%
	Goulfey	Goulfey	50,0%	50,0%
		guemelgoue	50,0%	50,0%
	Hile-ifa	Hile alifa	63,6%	36,4%
	Kousseri			
		Douane	50,0%	50,0%
		Gargarrabé	50,0%	50,0%
		Kousseri Centre	6,8%	93,2%
		Krouang	50,0%	50,0%
		Lacka	25,0%	75,0%
		Madana	50,0%	50,0%
		Soukala	100,0%	

	Logone-birni			
		Kalkousam	8,3%	91,7%
		Logone birni centre	41,7%	58,3%
	Makary	Hillé djadid		100,0%
		Makary	32,0%	68,0%
		Malia site	33,3%	66,7%
	Zina	Zina	75,0%	25,0%
Mayo Danay	Kai-kai	Dabrang	33,3%	66,7%
		Doualaré	11,1%	88,9%
		Sabongari	15,5%	84,5%
		Tchoulo	50,0%	50,0%
Mayo Sava	Mora	MEGDEME	20,0%	80,0%
Mayo Tsanaga	Mayo moskota	Moskota	70,0%	30,0%
		Mozogo	28,6%	71,4%
	Mokolo	Mendézé	50,0%	50,0%
		Mokolo	75,0%	25,0%
		Zamay	47,4%	52,6%
		Ziling	50,0%	50,0%

Table 22 : Distribution of physical violence by localities, subdivisions and divisions in Far Adamawa region

Division	**Subdivisions**	**Localities**	**0**	**Once**	**Twice**	**Three times**	**Four times**	**Five times**	**Incomptable**
Djerem	Ngaoundal	Champ de tir	11,50%	8,30%	25,00%	20,00%			50,00%
		Mandal	10,60%	8,30%		20,00%			

		Ngaoudal	77,00%	83,40%	75,00%	60,00%	0,00%	0,00%	50,00%
Mbere	Meiganga	Barde	14,00%	3,80%	9,30%	17,60%			
		Batoua Godole	4,90%	5,80%	16,30%	17,60%			14,30%
		bondo	15,20%	5,80%	7,00%	0,00%	0,00%	0,00%	5,70%
		Fada	11,60%	7,70%	9,30%	5,90%		16,70%	2,90%
		Gaziyella borgop	0,60%						
		Guiwang	7,30%	9,60%	11,60%	11,80%		50,00%	22,90%
		Kombo laka	11,00%	11,50%	9,30%	5,90%		16,70%	
		Lokoti	12,80%	9,60%	11,60%	5,90%			2,90%
		Meidougou	6,70%	25,00%	11,60%	11,80%			
		Meiganga centre	4,30%	5,80%	9,30%	17,60%		16,70%	51,40%
	Djohong	Baboue	20,40%		26,30%	15,80%		16,70%	
		BATOURIZIM	5,80%	14,30%	15,80%	57,90%		58,30%	38,50%
		Gaziyella borgop	15,50%	42,90%		5,30%			15,40%
		GAZIYELLA BORGOP	1,90%		15,80%	10,50%		16,70%	7,70%

		Nabata	22,30%	42,90%	15,80%	5,30%		8,30%	15,40%
		Wangou	5,80%		15,80%				7,70%
		Yambang	28,20%		10,50%	5,30%			15,40%
	Ngaoui	Bafouck	21,50%	8,00%	10,50%	33,30%		50,00%	
		BAWAKA	10,10%	12,00%	5,30%	16,70%			100,00%
		Kaoutal	21,50%	24,00%	21,10%				
		Ngaoui centre	15,20%	24,00%	26,30%	33,30%			
		Toukaré	15,20%	32,00%	26,30%	16,70%		50,00%	

Table 23 : ***Distribution of sexual violence in Adamawa region***

Division	**Subdivisions**	**Localities**	**Never**	**Sometimes**	**Many times**
Mbere	Meiganga	Bar			
		Batoua Godole	7,9%	9,4%	9,1%
		Guiwang	10,3%	10,9%	27,3%
		Meiganga centre	5,4%	25,0%	63,6%
	Djohong	Baboue	15,2%	34,6%	
		Nabata	19,3%	15,4%	50,0%
		Yambang	18,6%	23,1%	50,0%

	Ngaoui				
		Bawaka	10,9%	25,0%	
		BAWAKA	9,3%	25,0%	100,0%
		Toukaré	20,2%	50,0%	
Djerem	Ngaoundal	Champ de tir	11,6%	33,3%	
		Mandal	10,1%	16,7%	

Table 24 : Distribution of economic violence by localities in Adamawa region

Localities	Yes	No
Barde	6,82%	3,25%
BAWAKA	3,13%	1,70%
bondo	3,13%	1,87%
Fada	8,24%	2,60%
Guiwang	5,11%	5,11%
Mandal	4,26%	1,06%
Meiganga centre	7,67%	5,03%
Nabata	5,40%	3,98%
Ngaoundal	18,75%	11,04%
Zouzami	4,26%	3,73%

Table 25 : *Child prostitution analysis*

Divisions	Subdivisons	Localities	Yes	No
Mbere	Meiganga			
		Batoua Godole	50,0%	50,0%
		Fada	23,3%	76,7%
		Guiwang	45,7%	54,3%
		Kombo laka	10,0%	90,0%
		Lokoti	48,5%	51,5%
		Meidougou	71,0%	29,0%

		Meiganga centre	94,4%	5,6%
		Zouzami	44,8%	55,2%
	Djohong	Baboue	32,3%	67,7%
		Wangou	20,0%	80,0%
		Yambang	35,3%	64,7%
	Ngaoui			
		Ngaoui centre	4,0%	96,0%

Table 26 : Child prostitution analysis in Boyo and Donga menchung division in North west region

Divisions	Subdivisions	Localities	Yes	No
Boyo	Belo	Baingo	21,6%	78,4%
	Ndjinikon	Fuanantui	26,7%	73,3%
		Wombong	18,2%	81,8%
Donga Mantung	Misiai	Kamine	45,5%	54,5%
	Ndu	Binshua	25,0%	75,0%
	Ako	Abonshie	50,0%	50,0%
Menchung	Benakuda	Aquaniakuru	33,3%	66,7%
		Buyi	30,0%	70,0%
		Eguaniakuru	8,35%	91,7%
		Ogan	75,0%	25,0%
	Balikumbat	Zhoa	47,4%	52,6%
		Ifa	50,0%	50,0%
		Kuda	100,0%	
		Kuge	100,0%	
		Kugwe		100,0%

Table 27 : *Child prostitution analysis in Momo and Ngo ketundja divisions*

Départements	Arrondissements	Localités	Oui	Non

Momo	Batibo	Agie		100,0%
		Ambo	66,7%	33,3%
		Ashong	50,0%	50,0%
		Efa	100,0%	
		Ifa	50,0%	50,0%
		Kuda	100,0%	
		Kuge	100,0%	
		Ebang	8,3%	91,7%
		Tezeh	27,3%	72,7%
	Ndjikwa	Bereje	60,0%	40,0%
		Edom	16,7%	83,3%
		Ekeh	10,0%	90,0%
Ngo ketundja	Babessi	Abakwa	50,0%	50,0%
		Chiu	60,0%	70,0%
		Mbuzo	50,00%	50,00%
	Ndop			
		Kake	20,0%	80,0%
		Mbiyeh	75,0%	25,0%
		Munjong	33,3%	66,7%
	Nkum	Tatum	57,1%	42,9%

Table 28 : Distribution of emotional violence by localities, subdivisions and divisions in East region

Divisions	Subdivisions	Localities	Yes	No
Kadey	Kette	Gbitti	16,9%	83,1%
	Batouri	Gbitti	9,1%	90,9%
		Kako Ngbwako	47,9%	52,1%
		Batouri	25,0%	75,0%
Boumba egoko	Salapoumbe	Salapoumpe	30,6%	69,4%
		Mouboué	50,7%	49,3%

	Yokadouma			
		garissingo	20,0%	80,0%
		Lokomo sebc	50,0%	50,0%
		Ngarissingo		100,0%
		Yokadouma	25,0%	75,0%
Lom et Djerem	Garoua_boulai			
		Gado Badzere	25,4%	74,6%
		Gbitti	100,0%	
		Garoua Boulai		100,0%