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**NATIONAL ACTION PLAN
FOR THE ELIMINATION OF
FEMALE GENITAL
MUTILATION IN CAMEROON
2022-2026**



United Nations

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ACRONYMS AND ABBREVIATIONS

AFFADA	: Association of the Adamawa Women and Girls
ACAFEJ	: Cameroon Female Jurists Association
ACAFEM	: Cameroon Medical Women Association
ALVF	: Association for the Fight against Violence on Women
BCC	: Behaviour Change Communication
CIAF	: Community Leaders and the Inter-African Committee for the Fight against Harmful Cultural Practices
CIDIMUC	: Council of Imams and Muslim Dignitaries in Cameroon
CHRC	: Cameroon Human Rights Commission
CSO	: Civil Society Organisation
DGSN	: General Delegation for National Security
DHS	: Demographic and Health Survey
ECCAS	: Economic Community of Central African States
FGM	: Female Genital Mutilation
FLO	: Forces of Law and Order
FSM	: Female Sexual Mutilation
IEC	: Information-Education-Communication
IGA	: Income Generating Activities
LRAs	: Local and Regional Authorities
LWC	: Local Watch Committee
MINCOM	: Ministry of Communication
MINAS	: Ministry of Social Affairs
MINDCAF	: Ministry of State Property and Land Tenure
MINJEC	: Ministry of Youth and Civic Education
MINJUSTICE	: Ministry of Justice
MINPROFF	: Ministry of Women's Empowerment and the Family
MINPOSTEL	: Ministry of Posts and Telecommunications
MINSANTE	: Ministry of Public Health
NAP	: National Action Plan
NEPAD	: New Partnership for Africa's Development
NGO	: Non-Governmental Organisation
NIS	: National Institute of Statistics
DP	: Development Partners
UNDP	: United Nations Development Programme
UNFPA	: United Nations Population Fund
UN WOMEN	: United Nations Entity for Gender Equality and the Empowerment of women
WHO	: World Health Organisation

EXECUTIVE SUMMARY

Female Genital Mutilation (FGM) is an age-old practice that exists in several societies around the world. It has serious consequences for the health of young girls and women and is a violation of fundamental rights. It is prohibited by law in many countries including Cameroon. Since 1987, this practice has been combated by the Cameroonian authorities through many actions, such as: awareness campaigns, support for the reconversion of excisors, the establishment of local committees to combat and monitor the practice and the establishment of networks of former excisors. All these actions have highlighted the emergence of new needs and the necessity to carry out complementary actions aimed at strengthening holistic care and the national legal system, sustained by new results and impact indicators. Law No. 2016/007 of 12 July 2016 on the Penal Code now punishes those performing Female Genital Mutilation under Sections 277 and following. Significant differences are observed depending on region and ethnicity. Foreign communities settled in Cameroon are the most reluctant to abandon the practice, despite the law, which is now well known by the population. Several international NGOs and local associations are active in the field, supported by the national press, and religious and community leaders committed to ending this tradition.

In the continuity of the actions that have been carried out, the 2022-2026 action plan is a process to capitalize on the initiatives of the Government, Parliament, civil society, NGOs, community and religious leaders. The objectives assigned are:

- to contribute to increasing the actors' awareness concerning the situation of FGM and the rights of women and girls;
- to integrate the teaching of FGM into formal and non-formal education;
- to contribute to a better management of excision and of the violation of the law condemning FGM;
- to mobilise resources and partnerships;
- to ensure the coordination and monitoring and evaluation of interventions at all levels.

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INTRODUCTION

According to the World Health Organisation (WHO), Female Genital Mutilation is any procedure that intentionally alters or injures the external genitalia of women and girls for non-medical reasons. These practices have no health benefits for girls and women but have serious consequences. They are most often performed on young girls between childhood and the age of 15. Female Genital Mutilation is a violation of the rights of girls and women.

To justify the practice, the communities involved put forward several reasons, some of which are cultural, psychological, mystical, mythical, doctrinal and economic.

The latest HDS-MICS survey of 2011 shows a national prevalence of Female Genital Mutilation (FGM) of 1.4% and 20% in the focus areas of the Far North and South West Regions.

In December 2012, the United Nations General Assembly unanimously adopted the first-ever resolution against Female Genital Mutilation (Resolution A/RES/67/146), calling for intensified global efforts to end the practice. In 2015, FGM was included in the Sustainable Development Goals under target 5.3, which calls for the elimination of all harmful practices. In 2019, the African Union launched the SALEEMA initiative which focuses on the elimination of FGM. Despite all these initiatives, FGM is still widespread. It is a deeply rooted social and cultural norm in many parts of the world.

In response to the recommendations and guidelines of the United Nations and with the support of its agencies, Cameroon drew up an action plan to combat Female Genital Mutilation in 2011, which was revised in 2017. The Government intends to update this document to take into account the new factors motivating the practice. These include among others the security and health context (Covid-19), the adoption of the National Development Strategy 2020-2030 (NDS 30), which contains relevant guidelines for the fight against GBV, the evolution of techniques and methods of dealing with the protection of women's human rights, and the new partnership dynamics in this field. The assessment of the present action plan has brought forward the strengths and weaknesses that must be taken into account in this action plan.

Though it is difficult to address this rather undulating phenomena, tireless efforts are being made to monitor its evolution and minimise its impact. The updating of the action plan is in line with this concern. The document reexamines the persistence of FGM despite the actions undertaken and the obstacles to the fight in the current context and, presents the planning framework for the next few years (2022-2026).

I. DRAFTING CONTEXT OF THE NATIONAL ACTION PLAN ON FGM



Over the past decade, violence against women has become a major issue in both regional and international commitments to achieve sustainable development. From these commitments, women's rights advocates have mobilised in different countries to bring about significant changes in regional, national and international norms and policies on gender-based violence. Violence against women exists as a result of men trying to maintain women in a state of subordination. Women's vulnerability to violence reinforces their inferiority complex and limits their ability to defend their rights and contribute effectively to development. The economic, health and social costs of violence against women are very high. FGM is an extreme form of violence that attacks the very core of a woman's soul by denying her the right to life and dignity.

I-1. Normative framework

I.1.1. At the international and regional levels

According to WHO estimates in 2019, about 4.1 million girls were cut in the name of tradition or religion, thus compromising their mental and reproductive health. If the trend continues, every year, 4.6 million girls will fall victim to the practice by 2030 unless efforts to end FGM are intensified. If FGM practices persist in the 25 countries where it is most commonly performed and for which more recent data are available, 68 million girls will undergo excision between 2015 and 2030. The progression of the phenomenon requires great efforts to accelerate the elimination of this harmful practice. FGM is no more restricted to a few countries; it has become a global concern. Ignorance, misinterpretations of religion and cultural considerations that make women inferior, are all factors that contribute to the perpetuation of this silent tragedy, which stands the test of time. Moreover, the extraordinary capacity of women to endure suffering and pain in silence has allowed the practice of FGM to continue.

Whatever its form, FGM is recognised by the international community as a serious violation of the human rights of women and girls.

It is worth noting that Cameroon's active participation as a member of strategic and orientation structures at the sub-regional and regional levels works to protect women's rights and to combat violence against women.

In this regard, the following regional strategic and policy structures can be mentioned:

- The Niamey Declaration and Commitment on the Elimination of Harmful Cultural Practices;
- The African Charter on Human and Peoples' Rights of on the Rights of women in Africa (Maputo Protocol);
- The African Committee for Gender and Social Development;
- The Economic Community of Central African States Platform on Gender Mainstreaming in the Community's Policies and Action Plan;
- The Dakar Action Plan;
- The Declaration of the Heads of State of the African Union on Equality between Men and

Women;

- The African Network of Women Ministers and Parliamentarians.

As a member of the United Nations, Cameroon has also subscribed to the following guidelines:

- The Universal Declaration of Human and Peoples' Rights;
- The United Nations Economic and Social Council Resolution 1992/251 on harmful practices affecting the health of women and children;
- The Declaration and Plan of Action of the International Conference on Population and Development;
- The Declaration and Programme of Action of the World Summit on Social Development;
- The Beijing Declaration and Platform for Action;
- The OAU Declaration on the African Plan of Action on the Status of Women in Africa;
- The Convention on the Elimination of All Forms of Discrimination Against Women;
- The Millennium Development Declaration;
- UN Resolution 1325 on Women's Participation in Conflict Management and Peacekeeping;
- The Millennium Development Goals ;
- The Sustainable Development Goals ;
- The African Union's Agenda 2063;
- The Universal Declaration of Human Rights;
- The Convention on the Political Rights of Women;
- The International Covenant on Civil and Political Rights;
- The International Covenant on Economic, Social and Cultural Rights;
- The Convention on the Elimination of All Forms of Discrimination against Women (18 January 1979) which entered into force on 3 March 1981;
- The Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment;
- The Convention on the Rights of the Child;
- The African Charter on the Welfare of the Child.

I-1-2. At the national level

It should be noted that the implementation of these guidelines is consistent with reference frameworks such as the Paris Declaration and the Monterey Consensus, thus promoting coherence between government policy and the options of the international community.

These guidelines are contained both in the very high prescriptions of the Head of State and in national development planning documents, such as:

- ✓ The Policy Declaration on the Integration of Women in Development;
- ✓ The Poverty Reduction Strategy Paper, inspired from the Millennium Declaration;
- ✓ The Social and Rural Sector Development Strategies;
- ✓ The Health Sector Strategy;
- ✓ The Women Empowerment and Family Strategy;
- ✓ The Vision Statement for the Development of Cameroon by 2035;
- ✓ The Growth and Employment Strategy Paper;
- ✓ Law No. 2016/007 of 12 July 2016 on the Penal Code under Sections 277 paragraph 1 and following.

The national legislation reflects the concern of government authorities to provide women with a social and cultural environment conducive to the expression of their anthropological dignity and the exercise of their rights as citizens and human beings.

MINPROFF works in liaison with all other ministries and bi and multilateral cooperation partners, CSOs, community and religious leaders, in a cross-sectoral, holistic and participatory approach.

The development of an Action Plan to Combat Female Genital Mutilation in Cameroon is based on specific political orientations aimed at protecting the rights of women and girls.

This option, which falls in line with international and regional political guidelines, has remained constant over the years and has been translated each time into significant acts relating to the institutional framework of the rights of women and girls, the legislation on the subject, and the consideration of women as a focus of attention in development processes.

At the institutional level, a Ministry for Women's Affairs was created in 1984 with specific missions. These missions have been strengthened to better take into account the strategic interests of women in the functioning of the social body. The decrees on the organisation and functioning of MINASCOF (1988), MINCOF (1997) and MINPROFF (2004) are unequivocal on this point. They state that the Government of Cameroon shall take all necessary measures to ensure the dignity of women and the respect of their rights in society, that is, civil, political, cultural, economic and social rights. These rights include the right to have control over their own body, which implies the protection of the physical integrity of women and girls. This structure is equally responsible for ensuring the elimination of all forms of discrimination; for studying and proposing measures to strengthen the promotion and protection of the family.

II. GENERALITIES ON FGM IN CAMEROON



II.1. Definition and types of FGM

II.1.1. Definition

Female Genital Mutilation or Female Sexual Mutilation refer to harmful cultural practices. The terminology of Female Sexual Mutilation has been adopted by bodies such as the National Academy of Medicine to reflect the fact that it is the sexual nature of the vulva and clitoris that is affected.

According to the World Health Organisation (WHO), Female Genital Mutilation (FGM) intentionally alters or injures a woman's external genitalia for non-medical reasons. This practice has no health benefits for girls and women. It can cause severe bleeding and urinary problems, and subsequent cysts and death of the newborn. It is most often performed on young girls between childhood and the age of 15. Female Genital Mutilation is a violation of the rights of girls and women.

II.1.2. Types of FGM

The WHO distinguishes four types of Female Genital Mutilation, the most common being female circumcision and infibulation.

- **Type 1** : clitoridectomy: partial or total removal of the clitoris and, more rarely, the prepuce (fold of skin surrounding the clitoris);

- **Type 2** : excision: partial or total removal of the clitoris and labia minora, with or without excision of the labia majora;

- **Type 3** : infibulation: narrowing of the vaginal orifice with covering, performed by cutting and repositioning the labia minora, or the labia majora, sometimes by suture, with or without excision of the clitoris;

- **Type 4** : all other harmful procedures performed on the female genitalia for non-medical reasons, such as pricking, piercing, incising, cauterizing or introducing corrosive substances into the genitalia.

II.2. Causes and contributing factors

II.2.1. Causes

The causes are based on cultural, psychological, mystical, mythical, doctrinal and economic factors.

II.2.2. Contributing factors

In some communities in South West Cameroon, FGM is an initiation rite. Madeleine Grawitz defines initiation as a ritual marking the change of status. Thus, initiation marks the entry of a person into a larger group (age group, social class, etc.).

Be it in the Far North, the North and South West of Cameroon, excision is a practice that initiates the young girl or woman to femininity and makes her fertile.

This rite of passage gives her the status of a mother, a wife responsible for the perpetuation of the family. According to some literature, the excisors in South West Cameroon believe that these practices make the woman more beautiful. In these communities, it is believed that the face of a woman who has been excised glows particularly.

✓ **FGM as a factor for controlling female sexuality**

In regions where FGM is practised, women are treated as being incapable of controlling their sexual urges. Through excision, society, represented by men, intends to keep control of what it considers to be its property.

In the Choa Arab communities of the Far North, the majority of whom are traders, this practice helps to control the sexuality of women in the absence of their partners who are outdoors to carry out their commercial activities.

Also, in some communities of South West Cameroon, the clitoris is regarded as a cumbersome organ during sexual intercourse. It is a useless and embarrassing element for the man.

✓ **FGM as a practice to combat witchcraft**

Some communities in the South West (Bayang and Ejaghan) commonly believed that witches have a long clitoris. As such, the practice of excision might be a means of detecting them and even reducing their evil power, when it is not simply annihilated.

Moreover, according to a cultural myth, during delivery, when the baby comes out, if the clitoris touches the baby's head, it dies. Several other reasons have served as justifications for this practice.

✓ **FGM as a precondition for marriage**

FGM is also closely associated with marriage, which is an important aspect within African society, since it is seen as a means of preserving a girl's virginity until marriage. In some communities (whether Christian, Jewish or Muslim), the practice can even be attributed to religious beliefs. For those who support a religious justification for the practice, the woman is somehow capitalising on God's grace. These are assumptions that some of these communities rely on to justify acts that are not actually based on any religious text. In some communities in the Far North (Choa Arabs), excision is a prerequisite for marriage for girls and women. According to these communities, excised women are submissive and good wives.

Some respondents believe that it has a religious basis and that the practice is a form of purification for women and girls. Thus, in South West Cameroon, the practice has a sacred value, to the extent that it is performed on deceased women and girls.

✓ **FGM as an important part of culture or identity**

Female Sexual Mutilation is deeply rooted in many cultures and is considered an obligation. It is usually performed by women, and exceptionally by men in some communities.

✓ **FGM as a source of income**

From information gathered during the follow up of the activities of local committees against FGM, the WAZANS (female excisors) declared that the practice of FGM is a source of income and a means for families to fight against poverty. That is the reason why they request for alternative activities to abandon their knives.

✓ **FGM as a religious principle**

It can be difficult for families to decide not to have their daughters cut. Those who reject the practice may face condemnation or exclusion. Even parents who do not want their daughters to undergo FGM sometimes feel compelled to engage in the practice.

In the South West, a cultural myth states that in a family, a young girl who has not yet been cut exposes her family to curses.

II.3. The consequences of the practice

These consequences may be psychological, sexual, social and healthwise.

✓ **Psychological, sexual and social consequences**

Female Sexual Mutilation can leave lasting marks in the life of the victims. At the psychological level, the following consequences may be identified:

o **Psychological and sexual effects**

- A feeling of imperfection, of anxiety;
- Depression and chronic irritability;
- Behavioural disorder;
- Loss of trust in family and friends;
- Psychosis;
- Frigidity;
- Trauma;
- Withdrawal;
- Loss of self-esteem;
- Possible generational repetition.

o **Social effects**

- Marital, family conflicts;
- Rejection, isolation;
- Possible generational repetition.

✓ **Health consequences**

The consequences of FGM on the health of women and girls are of several kinds and depend on several factors: the extent or severity of the incision, the skill of the excisor, the quality of the instruments used for the operation, the salubrity of the place of the operation, the mental state of the person undergoing excision, etc.

The immediate and long-term health consequences of Female Genital Mutilation vary according to the type of mutilation performed on the victim. A distinction is made between short-term and long-term complications :

o **Short-term and medium-term complications**

These include:

- severe pain;
- haemorrhage;
- tetanus;

- ulceration of genital organs and adjacent tissue damage;
- death by shock: during or immediately after the operation, the patient may go into shock, which may be fatal. This may be due to severe haemorrhage, intense pain that can lead to cardiac arrest, or severe and generalised infection (sepsis);
- fracture or dislocation: fractures of the clavicle, femur or humerus and dislocation of the hip can occur if the patient is frightened and has to be forcibly and brutally restrained during the operation;
- infection: this is common because of the use of unsterilised instruments, unhygienic conditions and the application of herbs or ashes to the wound;
- slow healing: the wound may not heal quickly due to infection, irritation from urine or malnutrition;
- risks of blood-borne diseases such as hepatitis B, STIs, HIV/AIDS
- etc..

o Long-term complications

Long-term complications include:

- cysts;
- keloid scars;
- dyspareunia (painful sexual intercourse);
- sexual dysfunction;
- recurrent bladder and urinary tract infections;
- cases of infertility and childbirth resulting in vesico-vaginal or even vesico-recto-vaginal fistula;
- urinary incontinence;
- chronic pelvic infections;
- infertility;
- abscesses, cysts of the vulva;
- menstrual disorders;
- the formation of stones in the vagina;
- the appearance of a false vagina is possible if during repeated sexual intercourse, the scar tissue is not sufficiently expanded to allow normal penetration;
- sexual dysfunction due to painful intercourse, difficulty in sexual penetration and reduced sexual sensitivity as a result of clitoridectomy;
- complications during delivery at the time of expulsion that may result in fistulas.

II.4. Overview of FGM in Cameroon

II.4.1. The scope of the phenomenon in Cameroon

The results of the Demographic and Health Survey (DHS), carried out in 2011, indicate a prevalence of 1.4% at national level and 20% in the focus areas. However, this low rate hides large regional disparities. In the most affected communities, religious confessions play a determining role

in the practice of excision.

Most of the women concerned undergo excision of the clitoris (type I according to the WHO classification), with the removal of the labia minora (type II) in some cases, and 5% undergo infibulation (type III). The age at which FGM is performed varies from one region to the other and ranges from a few days after birth to 15 years of age or older. Generally, the procedures take place before puberty: between 5 and 9 years of age for almost half of the girls and between 10 and 14 years of age for one fifth.

II.4.2. The localities and ethnic groups concerned

The localities and ethnic groups affected by the practice in Cameroon, which are concentrated in the Centre, South West and Far North Regions, can be summarised in the table below:

Table : List of localities and ethnic groups concerned

Regions	Divisions	Localities	Ethnic groups
Centre	Mfoundi	Briqueterie	Hausa, emigrants from Niger, Nigeria, Guinea, Sénégal, Burkina Faso
Far North	Logone & Chari	- Logone Birni, Kousseri, Amichide ; Ndjaména, Hile Haoussa ; Krouang Goulfey, Ndjagaré, Arkis ; Gobodo ; Hambaka ; Bournai ; Nimia ; Salé ; Waza, Lactace	Woularbé, Choa Arab Bornouang
	Mayo Sava	Pivoulgagoua, Gance Zize, Bounderi, Limani, Igawa Sere Warda, Kolofata, Greya, Kérawa, Amchide, Hidjéledjé, Mora.	Woularbé, Choa Arabs Kotoko Massa Boromo Bornouang
	Diamaré	Doualaré, Louggueo, Mayyel IBBE (Maroua II) -Kourdaya, Bogo, Morgoi and Ardjani (Bogo) -Karalgui-é, Kourgnounou, Kongho1 and 2, Namaredji, Gniwadji, Oourofowrou (Pette)	Kanouri and Choa Arabs
South West	Manyu	Akwa, Ejagham, Agborkem Ajamen, Eyumojock, Kekukesim I and II, Ewelle, Kembong, Kadjifu, Ndekwei, Ossing, Upper Bayang, Onaku, Eshobi, Boki.	Bayang, Ekwe, Ejagham, Boki, Babong, Anyang, Akwaya
	Ndian	Bakassi, Isangele	Oroko/Ngolo
Everywhere else in Cameroon			Immigrant families from neighbouring countries and Choa Arab families.

An analysis of the migratory movements of the peoples of Sudan-Sahelian and Sudano-Guinean Africa can justify some transmission of cultural traits and characteristics from one riparian society to another, which sometimes share a common civilisation though they are separated by geo-administrative borders. This is the case of the Choa Arabs, Massa, ... whose excision practices are attested to in the Far North of Cameroon as well as on the other bank of the Logone, where they are more prevalent in Chad. This is also true of certain populations in the South West which are neighbouring the Cross River and share a common border with the Ikoï of South East Nigeria.

✓ **FGM in humanitarian and crisis contexts**

Cameroon has been suffering from crises for some years now. This situation includes armed conflicts in the northern part, the East, the North West and South West Regions as well as various pandemics that have occurred all over the country. The impact of these crises shows that girls and women victims of FGM are disproportionately affected. The displacement of populations greatly increases the vulnerability of girls and women, including increased exposure to gender-based violence, such as FGM. Moreover, this situation has created additional challenges for organisations providing long-term care to FGM survivors and implementing prevention activities, namely logistical problems, lack of adequate service support, and disruption of girls' education, which increases the risk of FGM. Also, the outbreak of the COVID-19 pandemic led the government to take measures such as social distancing, restriction of movements, curfew, school closure, which, on the one hand, has put girls and women at a higher risk of being victims of GBV and specifically of FGM and, on the other hand, showed the unpreparedness of the actors and stakeholders in the fight against FGM in a crisis situation.

The refugees and internally displaced populations continue to practice FGM and this has influence on local populations.

II.4.3. Description of the practice

✓ **Definition**

The term FGM refers to a number of procedures involving the removal of parts of the female genitalia and the mutilation of the sexual organs of girls and women without any medical reason.

Regardless of the way in which they are practised, FGM reflects cultural values to which the members of the societies in which they are practised are deeply attached. In many cases, they are rites that contribute to the stability and cohesion of the group and therefore have their own logic.

The procedure is usually performed without anaesthesia by an «experienced grandmother» or traditional Mid-wife. It is worth noting that the practice is not performed by any individual. Those involved are usually descendants of well-known lineages in the community. Sometimes it is performed by hospital or health centre staff.

✓ **The Organisation**

According to a study carried out in 1998 among the Choa Arabs (Far North Region), the period indicated for the practice takes into account the climate, which must be mild; the months of November-December and January are the most appropriate. Actually, no specific period is required, but a belief advises against operating on Fridays to avoid any curse on the victim.

✓ **Location and mode of operation**

In the past, the practice was carried out in a public square where all the children of the village of the same age group or belonging to the same family were gathered. Today, the rite takes place in the vicinity of the huts or inside a compound. A corner of the yard is set up for the occasion. Girls of the same age group or from the same family (Choa Arabs) may be grouped together for a session.

In the South West Region, excision is performed behind the house on a big stone and in the presence of the practitioner and the child's mother. Collective ceremonies are also organised with popular celebrations and a remuneration for the excisor.

✓ **The instruments**

The traditional method of operation is practiced in ignorance of the basic rules of hygiene, asepsis and proper care and uses rudimentary operating instruments such as knife, razor, sewing needle, sewing thread, sharp piece of bamboo, etc.

In the past, the only instrument used for the practice of excision was the traditional knife or 'mousse' among the Choa Arabs, "akaran» among the Ejaghan. In the villages, this knife is still used. For suturing in the case of infibulation, a needle or a thorn is used in addition to the sewing thread.

✓ **Treatment**

After the operation, treatment is administered to the excised person, and it varies from one community to another, the most common of which are:

- a sit bath in a decoction of plants and other mixtures;
- sit bath with warm water made from dried acacia fruit powder;
- application of :
 - o warm peanut oil ;
 - o cow's butter;
 - o green tea leaves, well crushed and sieved;
 - o dried cow dung, to the wound.

According to common practice, the patient is washed after the operation with hot water containing decoctions. She must regularly take a «special» porridge.

In the city (Kousseri for instance), the service of a health personnel is increasingly requested to attend to the victims. Parents also often resort to pharmaceutical products such as alcohol, antibiotics, mercurochrome and other products for post-operative care.

✓ **The remuneration**

In the village, the practitioner receives a cup of millet, two pieces of soap, and a sum of money between 500 and 1,000 CFA francs as a reward for her service. In the city, the sum can go up to 15,000 CFA francs, and many other things whose value depends on the purchasing power of the victim's parents. The practitioner equally receives social recognition from members of the community, by which she acquires a "mystical" or "supernatural" power.

✓ **The rite**

Data on the practice among the Choa Arabs in the Far North Region reveals that the preparation is done by the girl's parents and includes, among other things, the washing of the girl, the cleaning of the house and the yard, and the digging of a hole (behind the family's hut in the South West Region) which will be used to collect the blood and the rest of the organ.

In the South West Region, after the rite, the girls are confined in a special room where they are prepared for many days, forced-fed to put on weight and anointed with clay or other cosmetic products. After this, men pay a sum of money to have the opportunity to see these young girls. This is the intrinsic link between FGM and early and forced marriage.

A piece of wood is securely tied between the two thighs. When the girl is in a sitting position, she spreads her thighs, clasps her fists together in front of her and under the level of her knees, two large bowls are placed to help support her. In the case of infibulation, the girl's legs are brought together and tied with a loincloth. The mutilated or infibulated girl remains with the others in a hut until she is completely healed, which can then, depending on the operation, be from one week to one month, if there are no serious complications.

During the time of confinement, they have an iron bar at their side to protect them from evil spirits. A ceremony is then held for the release of the girls.

✓ **The social dimension**

Family members who have grown up in communities where Female Genital Mutilation is practised generally feel that they are 'doing the girl a social good' by putting her through the ordeal of mutilation

Studies show that the decision to have a girl undergo genital/sexual mutilation is made by male family members, while other important decisions, including decisions about the marriage of a family member, are made by the husband, father or eldest member of the family. This is the height of irony in the decision-making process in African families, and the question is what causes this great difference from the patriarchal pattern.

II.4.4. Reasons or justifications for genital mutilation

✓ **Classical/sociocultural motivations**

FGM is part of the habits and customs of certain regions and for a long time was taboo because it concerned sexuality and was associated with rituals. Traditional beliefs and ignorance are another distinctive factor in the prevalence of FGM. People are often unaware of the dangers of cutting a young woman's genitals, and consider it legitimate for cultural reasons. As for the young women themselves, the social pressures are so great that it is not possible to avoid them.

✓ **Material and financial motivations**

These traditional motivations are increasingly accompanied by material and financial motivations: practitioners of mutilation derive additional income from this activity, which for some constitutes a form of exploitation, although practitioners and their clients themselves are convinced that the victim's family is obliged to offer a gift in cash or in kind for the service provided. Practitioners are therefore not ready to give up their 'trade' unless they find other sources of income.

II.5. FGM stakeholders

These are people involved in FGM matters. There are three (03) categories of stakeholders, namely : primary, secondary and key stakeholders. Each of these categories has a specific motivation and develops its own strategies as presented in the table below.

Table 2 : FGM STAKEHOLDER ANALYSIS CHART

Primary stakeholders	Position	Motivation	Level of influence	Strategies
Young girls/ little girls	Against	Refusal of the father Effect of globalisation/cultural melting pot	Average	IEC BCC
	For	Honour Winning a husband Avoiding stigma and discrimination Initiatory and educational practice	Average	Social mobilisation
	Neutral	Indifference Not concerned by the practice	Mitigated	IEC BCC
Wives/mothers and aunts	Against	Awareness of the harmful effects Cultural mixing	Very High	Capacity building for BCC actions and social mobilisation
	For	Enhancement of the value of women Religious and traditional reasons: health and hygiene, purity Avoiding stigma and discrimination Consideration, pride and respect Economic, financial	Very high	IEC BCC
	Neutral	Indifference		Mitigated
Men	Against	Non-usefulness and harms of the practice Awareness	Fairly high	
	For	High esteem for women Religious and traditional motives: initiation of men, purity Consideration, pride and respect	High	BCC/advocacy
	Neutral	Not concerned by the practice Indifferent	Average Capacity building for their involvement in the fight Awareness raising	
Excisors (both male and female)	For	Cultural and traditional Material, financial	Very high	BCC Capacity building, Awareness raising
Secondary stakeholders	Position	Motivation	Level of influence	Strategies
International institutions and organisations	Against	Protection and respect for human rights	High	Partnership
Civil society organisations	Against	Mandate Protection and promotion of human rights	High	IEC/BCC Social mobilization Capacity building

Key stakeholders	Position	Motivation	Level of influence	Strategies
International institutions and organisations	Against	Protection and respect for human rights	High	Partnership
Civil society organisations	Against	Protection and promotion of human rights	High	IEC/BCC Social mobilization Capacity building
Decision-makers (government, parliament)	Against	Awareness raising Protection and promotion of women's and girls' rights Political motivation	High	Advocacy for commitment in action
	For	Political and religious motivations	Very high	Advocacy / Capacity building
	Neutral	Indifferent, not concerned	Weak	IEC/Advocacy for support and involvement in the fight
Traditional and religious leaders	Against	Protection of human rights Cultural mixing	High	Advocacy/awareness raising Capacity building
	For	Respect for religious principles/ misinterpretation of religious principles Respect for custom and tradition		

III. ACTIONS TAKEN AND RESULTS ACHIEVED



III.1. Actions taken

In Cameroon, the issue of FGM has been timidly addressed since 1987. Legislation on FGM at the national level is very recent. One can cite in particular Law No. 2016/007 of 12 July 2016 on the Penal Code in its articles 277 and following.

At the level of policies and programmes, FGM is taken into account in the National Strategy for the Fight against Gender-Based Violence, the National Gender Policy and the National Development Strategy for 2030 (NDS30). In the fight against violence on women and children and other forms of harmful traditional practices, the Government of Cameroon, supported by development partners, some civil society associations such as: ALVF, AFFADA, ALDEPA, CIPCRE, ACAFEJ, ACAFEM, ARF, IAC Cameroon, AJSB, etc, religious leaders (CIDIMUC), community leaders and the Inter-African Committee for the Fight against Harmful Cultural Practices (CI-AF), have carried out a number of actions regarding the elimination of FGM. Thanks to the results of these actions, the issue was brought to public attention. The actions focused on advocacy and legislation, awareness raising, study/research and training.

With regards to the Advocacy and Legislation intervention axis, the following actions were carried out:

- The holding of meetings with the traditional and religious authorities of the focus zone concerned;
- support for excisors with a view to their reconversion;
- the commitment of 20 women parliamentarians in 2001 to the fight against FGM following the testimony of a victim;
- the organisation of an advocacy session at the National Assembly;
- the celebration since 2008 of the International Day against FGM (06 February);
- the organisation of educative talks on related topics;
- material grants to former excisors for their socioeconomic reconversion;
- the drafting, adoption and popularization of Law No. 2016/007 of 12 July 2016 on the Penal Code with relevant provisions on the rights of women, the family and the child;
- the organisation of 16 days of activism campaign on violence against women in collaboration with partners and the civil society;
- advocacy and awareness-raising with strong involvement of opinion leaders;
- the establishment and support to the operation of local committees to combat FGM in the focus areas and localities of the Far North, South West and Centre Regions;
- the dissemination of the National Action Plan to combat FGM in Cameroon;
- follow-up and evaluation of the activities of local committees;
- revitalising of local committees.

As regards the Study/Research intervention axis, the following actions were carried out:

- a baseline survey in the focus areas prior to the development of the National Action Plan;
- the development of training modules on violence for adolescents (pupils and

students);

- production of a report by the MINCOF Multidisciplinary Group in November 2002 on «FGM in Cameroon»;
- integration of the FGM component in the HDS-3 (2004).

For the intervention axis “Training of Local Focal Points and IEC Modules”, the following actions were carried out:

- sensitisation of stakeholders ;
- retraining of medical staff and traditional birth attendants on reproductive health;
- training of stakeholders in IGA management;
- the organisation of awareness campaigns in the focus areas in favour of the stakeholders (religious and traditional authorities, traditional mid-wives, excisors, parents, victims and potential victims, communities);
- the organisation of visits and meetings with stakeholders by MINPROFF in 2008, which raised awareness and commitment among excisors who solemnly handed over their knives in the Far North Region;
- a good number of trainings for stakeholders in IGA management;
- the development of the National Reproductive Health Programme;
- medical management of complications ;
- the drafting of the Terms of Reference for local committees.

Bi and multinational partners have provided significant support to the Government in carrying out actions in favour of the fight against FGM. This has mainly involved support for:

- the organisation of meetings (advocacy seminars, colloquiums and others) for leaders of associations and NGOs working in the field;
- capacity building of IEC workers;
- the development of educational and training materials;
- the financing of micro-projects in the focus areas;
- the carrying out of studies on the «Situational Analysis of FGM in Cameroon» and the «Assessment of Gender-Based Violence».

Other actions have been carried out which do not correspond to any of the axes covered by the NAP. These are:

- social support for traditional birth attendants and excisors by providing them with machines (mills etc.);
- reconversion of excisors into other professions;
- the holistic management of survivors (psychosocial care and support for medical care structures).

III.2. Shortcomings and weaknesses

The context in which the plan was drawn up does not allow a good perception of the

scope of the phenomenon. In addition, a number of shortcomings were observed, including :

- the priority given during programming to related actions at the expense of key actions;
- the lack of planning of actions;
- the absence of a recent study on the scope of the phenomenon;
- the absence of recent statistical data (EDVS 5 not having taken FGM into account);
- the lack of reception centres for women in distress or victims of violence;
- the socio-political instability that prevails in the English-speaking regions of Cameroon and does not facilitate the Government's actions in the focus areas such as the South West;
- the occurrence of the Corona virus pandemic is a hindrance not only for government initiatives but also for the activities of partners and CSOs in the fight against FGM;
- the insufficiency of qualified personnel in terms of taking care of survivors and potential victims;
- insufficient coordination and monitoring of actions carried out by both the government and partners;
- the practice of FGM is considered, in the vast majority of the focus communities, as a traditional act based on mythical beliefs.
- the fact that the practice of FGM is limited to a few localities, in the case of Cameroon; this obscures the common interest in the issue and is perceived as a marginal phenomenon;
- the message focusing solely on the consequences of FGM on health presents a risk of medicalisation (4% according to HDS-3) and obscures the management of the human rights and psychosocial aspects;
- proximity with neighbouring countries that practice FGM;
- insufficient resource to fight FGM;
- poor literature on good practices in the fight against FGM;
- insecurity as a result of the actions of the Boko Haram in the Far North.

The National Action Plan for the Elimination of Female Genital Mutilation, developed in 2017, has been poorly implemented. One of the reasons for this is the low level of ownership of the document by the various actors, which resulted in the scattered implementation of activities and insufficient coordination.

Furthermore, the implementation of the updated Plan should focus on fund raising, the dissemination of the Plan, the development of an active partnership and the establishment of a coordination and monitoring/evaluation system.

III.3. The actors involved

At all levels, people with decision-making power or influence provide the necessary impetus to ensure that the issue of FGM and violence against women remains a priority in our society and that concrete actions are implemented. These are:

- ✓ Public institutions ;
- ✓ International organisations ;
- ✓ Civil Society Organisations ;
- ✓ Community Based Organizations ;
- ✓ The Forces of law and order ;
- ✓ Young people (CNJC);
- ✓ Excisors ;
- ✓ Community, religious, traditional and opinion leaders;
- ✓ Professionals (Magistrate, Doctor) ;
- ✓ Media ;
- ✓ Families ;
- ✓ Bilateral partner ;
- ✓ Local and Regional Authorities.

III.4. Stakes and challenges

III.4.1. Lessons learned

- Strengthen the involvement of CSOs in programmes to combat FGM;
- engage religious and traditional leaders in programmes to combat FGM;
- identify the difficulties encountered by actors in the field;
- plan mediation actions ;
- provide holistic care to the survivors ;
- strengthen the involvement of Local and Regional Authorities.

III.4.2. New partnership dynamics

The proven political will reflected in legislation and appropriate institutional organisation opens up prospects for effective action to eradicate the deplored phenomenon. This has been manifested by the criminalisation of FGM under Law No. 2016/007 of 12 July 2016 on the Penal Code (Article 277 and following).

Also, the commitment of development partners in supporting the fight against FGM and the presence of NGOs and associations based in the focus regions, working on a permanent basis in the fight against FGM, constitutes a strength for the implementation of the updated Plan.

For example, UNFPA and UNICEF have developed the Joint Programme on FGM, a major global programme to accelerate the abandonment of FGM and address its consequences. The programme supports initiatives at the community, national, regional and global levels to raise awareness of the harm caused by FGM and empower communities, women

and girls to make the decision to abandon it.

Now in its third phase of implementation, the Joint Programme has enabled more than 3.2 million girls and women to benefit from protection services and specialised care for FGM in 17 countries. Some 31.6 million people in more than 21,700 communities have made public declarations to abandon Female Genital Mutilation. The Joint Programme has also helped 17 governments to establish response mechanisms against the practice. As a result of ongoing capacity development initiatives, there have been more than 900 cases of law enforcement to date.

With support from UNFPA and other UN agencies, several countries have passed laws banning FGM and developed national policies to achieve its abandonment, as is the case in Nigeria and the Gambia since 2015. UNFPA also contributes to strengthening health services in order to prevent FGM and treat the complications it can cause.

It also works with civil society organisations that engage in community education and dialogue sessions on the health and human rights issues raised by the practice. UNFPA also works with religious and traditional leaders to dissociate FGM from religion and to build support for its abandonment. Finally, UNFPA works with the media to encourage dialogue about the practice and to change attitudes towards uncut girls.

Globally, programmes to combat FGM operate according to the following mechanisms:

- identifying girls at risk and encouraging community dialogue on the dangers of FGM to change the social norms and behaviours that perpetuate these harmful practices. When communities choose to abandon the practice, they often do so through a collective public affirmation: signing and disseminating a public declaration or organising a party to celebrate the decision, for example. Neighbouring communities, often invited to these events, can then see the success of the abandonment process, which helps to extend the momentum for collective abandonment to other localities;

- **provision of psychosocial support for survivors;**

- organisation of alternative rites of passage ceremonies for girls, during which they are informed about the dangers of early marriage, the importance of going to school and their fundamental rights, which have unfortunately been suspended due to a lack of funding and the restrictions imposed by COVID.19

- and professional reorientation of those practising FGM.

III.4.3. National Action Plan Strategy: Vision 2022-2026

III.4.3.1. Vision

A society with zero tolerance of FGM, where all women and girls, regardless of age, origin or religious affiliation, enjoy their physical, mental and social integrity.

Changes in attitudes and behaviour take time. The tide is turning among the younger generation through campaigns against female genital mutilation, higher education and increased health awareness. We need to educate young people to reject harmful practices as future parents. Ideally, religious leaders and health professionals could work together to raise awareness in communities.

To encourage the abandonment of FGM, coordinated and systematic initiatives that involve entire communities and address human rights and gender equality are needed. These initiatives should emphasise social dialogue and enable communities to act collectively to eliminate the practice, but also to address the sexual and reproductive health needs of women and girls who are affected by it.

Collective abandonment (where an entire community chooses to stop practising FGM) is an effective way to combat this problem. It ensures that no girl or family is penalised by the decision. Many experts argue that collective abandonment is the only way to end FGM. This type of decision requires a process of discussion and reflection before communities reach a consensus on the issue. Health and human rights considerations must play an important role in these dialogues.

Eliminating the practice of FGM entails addressing a number of challenges:

- the eradication of FGM including restorative medical assistance;
- the social perception of FGM as a violation of human rights;
- the preservation of peace and social justice;
- justice and equity;
- social harmony;
- security and health crises;
- professional reconversion of former excisors in the local economic circuit.

III.4.3.2. Objectives

✓ General Objective

Contribute to the achievement of zero tolerance to FGM by 2025.

✓ Specific objectives

- Increase community awareness of the harms of FGM;
- encourage decision-makers to take action against FGM;
- intensify the fight against FGM.

✓ Partnership

From the stakeholder analysis, an active partnership will be developed. A synergy of actions will be established between Civil Society Organisations, Religious and Traditional Leaders on the one hand, and the Government on the other, with a view to the effective

implementation of the action plan. The agencies of the United Nations system, in particular UN-Women, UNFPA, PLAN International Cameroon, UNICEF and WHO, will be called upon for their technical and financial support.

As far as decision-makers are concerned, the Government through the Ministries involved and the Parliament will be the interfaces in advocacy actions for the improvement of the socio-cultural and legal environment.

✓ **Criteria for success / Condition for success**

To ensure that the fight against FGM is accelerated by 2026, the following measures must be taken:

• **At State level**

- Create, by Ministerial Order, consultation frameworks for the implementation of the Action Plan for the Elimination of FGM, the national coordination committee;
- Annualise the action plan through operational, monitoring and evaluation plans;
- Include a budget line devoted to financing the activities of the FGM Action Plan in the national budget (MINPROFF, MINSANTE, MINDEVEL, MINJUSTICE, MINEDUB, MINESEC, MINESUP, MINAS, MINCOM, MINEFOP, MINDDEVEL, MINJEC);
- Include FGM in the road map of the existing national consultation frameworks against GBV;
- Take a coordinated repressive measure against the perpetrators of FGM.

• **At the level of other partners**

- Support the popularisation of the Action Plan and practices in favour of the fight against FGM;
- Support the functioning of the coordination frameworks for the implementation of the Action Plan, the development of a monitoring and evaluation plan for the National Action Plan and the creation of a database on FGM;
- Mobilise more resources for the implementation of FGM.

• **At the level of civil society**

- Establish a network of NGOs and associations working in the field of FGM to revitalise them and increase the effectiveness of their interventions through concerted synergy;
- Encourage collaboration between NGOs and associations working in the same areas for greater synergy of interventions and efficient use of available resources;
- Strengthen the involvement of the various actors in the process of implementing the action plan to accelerate the national movement to combat FGM;
- Develop a resource mobilisation strategy for the implementation of the Action Plan.

IV. OPERATIONNAL PLANNING FRAMEWORK



The following axis have been identified for the operationalisation of the above reflection:

- Strengthening knowledge and prevention measures
- Strengthening the management of FGM
- Resource mobilisation and partnership
- Coordination, monitoring and evaluation

IV.1. AXIS I : Strengthening knowledge and prevention measures

General objective : prevent the practice of FGM by strengthening knowledge and prevention measures.

- Specifics objectives** :
- Strengthen FGM prevention through knowledge generation
 - Strengthen prevention mechanisms

Expected results: the prevalence rate of FGM has dropped.

Strategy: research - action

Strategic objective 1: update data and information on FGM in Cameroon

Activities :

- Carrying out an update study on the prevalence of FGM in Cameroon;
- Carrying out a KAP (knowledge, attitude and practice) study in the focus and potential areas:
- Popularisation of the study data.

Strategic objective 2 : Know the effectiveness of control initiatives

Activities :

- Carrying out an evaluation of the impact of past and ongoing initiatives in the fight against FGM;
- Carrying out a final evaluation of this Action Plan.

Strategic objective 3: Establish a national information system

Activities :

- Conducting a feasibility study for the establishment of a centralised information network;
- Mapping of interventions and actors involved in FGM;

- Setting up an information system;
- Strengthening the dissemination of information among the targets;
- Developing a platform for data collection and management.

Strategic objective 4 : strengthen the prevention mechanisms

Activities :

- Capacity building of the actors ;
- Awareness campaigns ;
- Commemoration of human rights days.

IV.2. AXIS II: Strengthening the repression of FGM

General objective: ensure the holistic care of the victims and punishment of those involved in the practice of FGM.

Specifics objectives : Ensure the holistic care of the victims

Expected result: the victims of FGM are taken care of and the perpetrators are punished.

Strategy: individual and group therapy, education, awareness-raising, advocacy, economic empowerment and legal support.

Strategic objective 1: holistic management of the victims.

Activities :

- Organisation of 100 counselling sessions and legal clinics;
- Distribution of dignity kits to victims;
- Financial/material support to victims and excisors;
- Support for the care of victims;
- Legal clinics and legal/judicial assistance;
- Holding of 10 advocacy sessions for those involved in the judicial chain (Forces of law and order, lawyer, magistrate);
- Popularisation of the legal instruments;
- Organisation of 04 training sessions for trainers;
- organisation of sessions for the exchange of experience and reconversion of the excisors ;
- organisation of 04 sessions for the training of trainers ;
- Organisation of 10 training sessions for social workers on case management;

- Organisation of 16 training sessions for community and religious leaders and peer educators;
- Organisation of at least 05 training/retraining sessions for health workers in case management.

Strategic objective 2: raise awareness on the people's fusional relationships with the community.

Activities: organisation of at least 20 individual and group therapy sessions for those involved in the practice.

Strategic objective 3: Build the capacity of actors

Activities :

- production of a guide for the holistic management of the victims;
- organisation of 04 technical sessions to harmonise the understanding of the guide;
- strengthening the technical platform of at least 10 health facilities;
- structuring and revitalising local control committees;
- financial and material support to local FGM committees.

VI.3. AXIS III : Resource mobilisation and partnership

General objective: improve the mobilisation of resources and interaction between the actors.

Specifics objectives : - Improve the mobilization of the technical and financial resources necessary for the fight

- Improve interaction between stakeholders

Expected results: (1) The resources are mobilized and interaction between partners is developed.

Strategies: lobbying, consultation, communication.

Strategic objective 1: carry out advocacy.

Activities :

- development of advocacy and communication tools (policy brief, video, verbatim, storytelling) on FGM for donors;
- organisation of a session to present the FGM Action Plan to donors;
- popularization session of the terms of reference of local committees to combat FGM;
- establishing partnerships with non-conventional structures (LRAs);
- strengthening the capacity of the actors involved in the budgetary chain for gen-

der responsive budgeting ;

- advocacy with the heads of government ministries and institutions to include FGM activities in their respective budgets ;
- taking gender into consideration in the budgeting process ;
- legalisation of the local committees to combat FGM.

Strategic objective 2: optimise the use of available resources

Activity :

- identification of human and institutional resources with their fields of intervention and competence;
- mapping of actors in the FGM sector ;
- signing of partnership conventions between the actors.

Strategic objective 3: establish consultation mechanisms

Activities :

- mapping of actors in the FGM sector ;
- development of collaboration platforms between stakeholders ;
- development of a charter for collaboration between stakeholders;
- regrouping of stakeholders according to the subject matter ;
- dissemination session of the action plan among stakeholders.

VI.4. AXIS IV: COORDINATION, MONITORING AND EVALUATION

General objective: Improve the monitoring/evaluation mechanism and promote a better coordination of the actions and monitoring/evaluation.

Specifics objectives : - Improve the monitoring/evaluation mechanism

- Promote a better coordination of actions

Expected result: the monitoring/evaluation mechanism is improved and the coordination of strengthened.

Strategy : consultation, communication, reporting

Strategic objective 1: establishing monitoring bodies

Activities :

- Development of a monitoring/evaluation committee;
- organisation of the committee meetings;
- Drafting and production of monitoring/evaluation reports;
- Formulation of the terms of reference of the local committees to combat FGM;
- Organisation of an annual meeting between stakeholders.

Strategic objective 2: strengthen the existing monitoring/evaluation mechanisms

Activities :

- Organisation of an annual meeting between stakeholders;
- Strengthening the institutional capacity of these mechanisms;
- Strengthening the capacity of the actors involved in the mechanisms;
- Organization of evaluation sessions of the mechanisms;
- Development of a management guide ;
- Organisation of a meeting to harmonise approaches and tools;
- Organisation of monitoring and evaluation missions in the field;
- Setting up case referral mechanisms.

Strategic objective 3: set up and strengthen the consultaion frameworks

Activities :

- Establishment of new consultation frameworks;
- Follow up and management of the implementation of the plan's activities;
- Supervision of all activities ;
- Development of a collaboration protocol;
- Organisation of half-yearly and annual follow-up meetings in small and large committees;
- Development of indicators for the implementation of the plan.

V- LOGICAL FRAMEWORK



AXIS I : STRENGTHENING KNOWLEDGE AND PREVENTION MEASURES

General objective : prevent the practice of FGM by strengthening knowledge and prevention measures

Expected result : the prevalence rate of FGM has dropped

Strategy : Research – action

Specific objectives	Actions	Activities	Indicators	Stakeholders	Periods				
					2022	2023	2024	2025	2026
Strengthen FGM prevention through knowledge generation	Updating data and information on FGM in Cameroon	Conducting a study to update the prevalence of FGM in Cameroon	A study has been conducted Study report	- MINPROFF - MINSANTE - NIS - CSOs - <i>Others administrations</i> - <i>Technical and financial partners</i>	x	x	x	x	x
		Conducting a KAP (knowledge, attitude and practice) study in focus areas and potential areas	A study has been conducted Study report	- MINPROFF - MINATD - NIS - CSOs - <i>Others administrations</i> - <i>Technical and financial partners</i>	x	x	x	x	x
		Dissemination of the study data.	Number and type of people reached Number of localities affected Number of outreach sessions organised	- MINPROFF - MINCOM - NIS - CSOs - <i>Others administrations</i> - <i>Technical and financial partners</i>	x	x	x	x	x
	Knowing the effectiveness of control initiatives	Conducting an impact assessment of past and ongoing initiatives in the fight against FGM;	An impact study is conducted Study report	- MINPROFF - NIS - CSOs - <i>Others administrations</i> - <i>Technical and financial partners</i>	x	x	x	x	x
			Conducting a final evaluation of this action plan.	Number of studies carried out	- MINPROFF - NIS - CSOs - <i>Others administrations</i> - <i>Technical and financial partners</i>	x	x	x	x

	Establishing a national information system	Carrying out a feasibility study for the establishment of a centralised information network	A study is carried out A study report available	- MINPROFF - MINAT - NIS - CSOs - <i>Others administrations</i> - <i>Technical and financial partners</i>	x	x	x	x	x
		Mapping of interventions and stakeholders involved in FGM;	A study is conducted A mapping document is produced Number of stakeholders identified	- MINPROFF - MINATD - CSOs - <i>Others administrations</i> - <i>Technical and financial partners</i>	x	x	x	x	x
		Reinforcing the dissemination of information to the targets	Number of sessions organised	- MINPROFF - CSOs - <i>Others administrations</i> - <i>Technical and financial partners</i>	x	x	x	x	x
		Establishing a platform for data collection and management	An information system is established Disaggregated data is available	- MINPROFF - CSOs - NIS - <i>Others administrations</i> - <i>Technical and financial partners</i>	x	x	x	x	x
Strengthen prevention mechanisms	Training	Capacity building of stakeholders	Number and types of stakeholders trained Training topics Number of capacity building sessions	- MINPROFF - CSOs - <i>Others administrations</i> - <i>Technical and financial partners</i>	x	x	x	x	x
	Awareness raising	Awareness raising campaigns	Number of Awareness raising campaigns organised	- MINPROFF - CSOs - <i>Others administrations</i> - <i>Technical and financial partners</i>	x	x	x	x	x
		Commemoration of human rights days (16 days of activism)	Number of days commemorated Number of people affected Topics retained	- MINPROFF - CSOs - <i>Others administrations</i> - <i>Technical and financial partners</i>	x	x	x	x	x
		Structuring the actions of existing mechanisms		- MINPROFF - CSOs - <i>Others administrations</i> - <i>Technical and financial partners</i>	x	x	x	x	x
Total :									

AXIS II : STRENGTHENING THE REPRESSION AND MANAGEMENT OF FGM

General objective: ensure the holistic care of victims and repression of the perpetrators of FGM

Expected result: the victims of FGM are taken care of and the perpetrators are punished

Strategy: individual and group therapy, education, awareness raising, advocacy, economic empowerment and legal support

Specific objectives	Actions	Activities	Indicators	Stakeholders	Period				
					2026	2022	2023	2024	2025
Ensure the holistic care of the victims	Provision of care	Organisation of 100 counselling sessions and legal clinics;	Number of sessions organized Number of beneficiaries	- MINPROFF -CSOs - <i>Others administrations</i> - <i>Technical and financial partners</i>	x	x	x	x	x
		Distribution of dignity kits to victims;	Number of kits distributed	- MINPROFF - CSOs - <i>Others administrations</i> - <i>Technical and financial partners</i>	x	x	x	x	x
		Financial/material support to the victims and the excisors	Number of support granted Number of beneficiaries	- MINPROFF - CSOs - <i>Others administrations</i> - <i>Technical and financial partners</i>	x	x	x	x	x
		Medical care of the victims;	Number of survivors cared for	- MINPROFF - MINSANTE - CSOs - <i>Others administrations</i> - <i>Technical and financial partners</i>	x	x	x	x	x
	Strengthening the institutional management mechanisms	Legal clinics and legal/judicial assistance	Number of clinics Number of beneficiaries Number of cases identified and addressed	- MINPROFF - MINJUSTICE - CSOs	x	x	x	x	x
		Development of a management handbook	A handbook is produced and made available	- MINPROFF - CSOs - <i>Others administrations</i> - <i>Technical and financial partners</i>	x	x	x	x	x
		Improvement of the technical equipment of at least 10 health facilities	Number of health facilities improved	- MINPROFF - MINSANTE - CSOs - <i>Others administrations</i> - <i>Technical and financial partners</i>	x	x	x	x	x

		Organisation of 04 technical sessions to harmonise the understanding of the handbook	Number of sessions organised	- MINPROFF - CSOs - <i>Others administrations</i> - <i>Technical and financial partners</i>	x	x	x	x	x
		Structuring and revamping of local committees to combat FGM.	Number of local committees revamped	- MINPROFF - CSOs - <i>Others administrations</i> - <i>Technical and financial partners</i>	x	x	x	x	x
Strengthening the capacity of stakeholders		Financial and material support to local committees to combat FGM	Number of local committees granted support	MINPROFF - <i>Others administrations</i> - <i>Technical and financial partners</i>	x	x	x	x	x
		Organisation of 10 advocacy sessions for actors of the judicial system (Forces of law and order, lawyers, magistrates)	Number of sessions organized Number and types of beneficiary stakeholders Topics covered	- MINPROFF - MINJUSTICE - CSOs - <i>Others administrations</i> - <i>Technical and financial partners</i>	x	x	x	x	x
		Organisation of 04 sessions of training of trainers ;	Number of training sessions organized Number and type of actors trained according to the topics	- MINPROFF - CSOs - <i>Others administrations</i> - <i>Technical and financial partners</i>	x	x	x	x	x
		Organisation de 10 training sessions for social workers on the management of cases ;	Number of training sessions organized Number and type of actors trained according to the topics	- MINPROFF - CSOs - <i>Others administrations</i> - <i>Technical and financial partners</i>	x	x	x	x	x
		Organisation of 16 training sessions for community, religious leaders and peer educators	Number of community leaders trained Number of training sessions organized Number of localities target	- MINPROFF - CSOs - <i>Others administrations</i> - <i>Technical and financial partners</i>	x	x	x	x	x
		Organisation of at least 05 training/retraining sessions for health actors in the management of cases	Number of health actors trained/retrained Number of training sessions according to the topics	- MINPROFF - MINSANTE - CSOs - <i>Others administrations</i> - <i>Technical and financial partners</i>	x	x	x	x	x

	Punishment of perpetrators of FGM and the possibility for the victims to be repaired	Advocacy for the modification and adoption of texts	Number of texts adopted or modified Number of advocacy action conducted	- MINPROFF - MINSANTE - CSOs - <i>Others administrations</i> - <i>Technical and financial partners</i>	x	x	x	x	x
		Training of actors of the repression chain (Magistrates, lawyers, Forces of defense, etc.)	Number of trainings Number of actors trained Number of court decisions rendered. Number of victims who have been repaired	- MINPROFF - MINJUSTICE - SED - DGSN - MINDEF - <i>Technical and financial partners</i>	x	x	x	x	x
		Disseminate legal instructions Public awareness	Number of awareness campaigns Number of people affected Number of cases of FGM reported	- MINPROFF - MINJUSTICE - OSC - <i>Others administrations</i> - <i>Technical and financial partners</i>	x	x	x	x	x
	Capacity building of stakeholders	Capacity building of the actors of the judicial chain	Number and type of actors trained Number of training sessions organised according to the topics	- MINPROFF - CSOs - <i>Others administrations</i> - <i>Technical and financial partners</i>	x	x	x	x	x
Total :									

AXIS III : RESOURCE MOBILISATION AND PARTNERSHIP

General Objective: improve mobilisation of resources and interaction between stakeholders

Expected Results: (1) resources are mobilised and interaction between stakeholders is developed

Strategies : Lobbying, concertation, communication.

Specific objectives	Actions	Activities	Indicators	Stakeholders	Period				
					2021	2022	2023	2024	2025
improve the mobilization of the technical and financial resources necessary for the fight	Advocacy	Development of advocacy and communication tools (policy brief, video, verbatim, storytelling) on FGM for donors	Number of tools developed Number of partners involved	- MINPROFF - MINCOM - CSOs - <i>Others administrations</i> - <i>Technical and financial partners</i>	x	x	x	x	x
		Organisation of a session to present the FGM Action Plan to donors and to the National Assembly	Number of sessions organized Number of partners involved Amount of the support granted	- MINPROFF - MINCOM - CSOs - <i>Others administrations</i> - <i>Technical and financial partners</i>	x	x	x	x	x
		Strengthening the capacity of the actors of the budgetary chain on gender budgeting	Number of actors trained Number of capacity building sessions	- MINPROFF - MINFI - MINEPAT - <i>Others administrations</i> - <i>Technical and financial partners</i>	x	x	x	x	x
		Advocacy among heads of government ministries and institutions for FGM related activities to be included in their respective budgets	Number of advocacy actions carried out Number of heads of government ministries and institutions involved	- MINPROFF - MINFI - MINEPAT - CSOs - <i>Technical and financial partners</i>	x	x	x	x	x
		Taking gender into account in budgeting	Effective Gender Responsive Budgeting	- MINPROFF - MINFI - MINEPAT - CSOs - <i>Technical and financial partners</i>	x	x	x	x	x
		Popularisation of the terms of reference for local FGM Committees	Number of sessions organised	- MINPROFF - MINCOM - CSOs - <i>Others administrations</i> - <i>Technical and financial partners</i>	x	x	x	x	x

		Legalization of the local committees to combat FGM	Number of legalized committees	- MINPROFF - MINJUSTICE - <i>Technical and financial partners</i>	x	x	x	x	x
		Developing partnership with non conventional structures (RLAs).	Number of partnerships developed with non conventional structures	- MINPROFF - MINCOM - CSOs - <i>Others administrations</i> - <i>Technical and financial partners</i>	x	x	x	x	x
	Optimum use of available resources	Identification human and institutional resources together with their area of intervention and their competence	Number of human and institutional resources identified	- MINPROFF - CSOs - <i>Others administrations</i> - <i>Technical and financial partners</i>	x	x	x	x	x
		Mapping of stakeholders in the FGM sector	A mapping is achieved and available	- MINPROFF - CSOs - <i>Others administrations</i> - <i>Technical and financial partners</i>	x	x	x	x	x
		Signing of partnership conventions between stakeholders	Number of conventions signed Number and type of stakeholders involved	- MINPROFF - CSOs - <i>Others administrations</i> - <i>Technical and financial partners</i>	x	x	x	x	x
Improve interaction between stakeholders	Setting up of consultation mechanisms	Mapping of stakeholders in the FGM sector		- MINPROFF - CSOs - <i>Others administrations</i> - <i>Technical and financial partners</i>	x	x	x	x	x
		Development of a collaboration platform between stakeholders	A platform is developed Number of stakeholders involved	- MINPROFF - CSOs - <i>Others administrations</i> - <i>Technical and financial partners</i>	x	x	x	x	x
		Development of a collaboration charter between the actors	Collaboration charter developed Number of signatory actors of the charter	- MINPROFF - CSOs - <i>Others administrations</i> - <i>Technical and financial partners</i>	x	x	x	x	x
		Specialisation of stakeholders according to the subject matter	The actors are specialized according to the themes	- MINPROFF - CSOs - <i>Others administrations</i> - <i>Technical and financial partners</i>	x	x	x	x	x
		Session to disseminate the action plan among the stakeholders	The actors are specialized according to the themes	- MINPROFF - CSOs - <i>Others administrations</i> - <i>Technical and financial partners</i>	x	x	x	x	x
total :									

AXIS IV: COORDINATION, MONITORING AND EVALUATION

General Objective: Improve the monitoring/evaluation mechanism and promote a better coordination of actions and monitoring/evaluation

Expected result: the monitoring/evaluation mechanism is improved and coordination of actions strengthened

Strategy: consultation, communication, reporting

Specific objectives	Actions	Activities	Indicators	Stakeholders	Period				
					2022	2022	2023	2024	2025
Improve the monitoring/evaluation mechanism	Setting up of monitoring bodies	Creation of a monitoring / evaluation committee	A committee is created	MINPROFF - Others administrations - Technical and financial partners	x	x	x	x	x
		Organisation of committee meetings	Number of committee meetings Meeting reports Number and types of participants	- MINPROFF - CSOs - Others administrations - Technical and financial partners	x	x	x	x	x
		Formulation and production of monitoring/evaluation reports	Number and periodicity of the production of reports	- MINPROFF - MINEPAT - Others administrations - Technical and financial partners	x	x	x	x	x
		Development of the terms of reference of local committees to combat FGM	Number of terms of reference drafted	- MINPROFF - CSOs - Others administrations - Technical and financial partners	x	x	x	x	x
		Organisation of an annual meeting with the stakeholders	Number of meetings organised	- MINPROFF - Others administrations - Technical and financial partners	x	x	x	x	x
	Strengthening the existing monitoring/evaluation mechanisms	Overview of the existing monitoring/evaluation mechanisms	A document on the situation is produced Number of mechanisms identified Number and types of actors involved Strengths and weaknesses identified	- MINPROFF - MINEPAT - Others administrations - Technical and financial partners	x	x	x	x	x
		Strengthening the institutional capacity of the mechanisms	Number of sessions organised Number of mechanisms concerned Number of topics addressed	- MINPROFF - MINEPAT - Others administrations - Technical and financial partners	x	x	x	x	x

	Strengthening the existing monitoring/evaluation mechanisms	Strengthening the capacity of members that are acting in the mechanisms	Number of training sessions Number and types of actors Number of topics	- MINPROFF - MINCOM - OSC <i>-Others administrations</i> <i>-Technical and financial partners</i>	x	x	x	x	x
		Organisation of evaluation sessions of the mechanisms	Number of training sessions Number and types of actors Number and nature of formulated recommendations	- MINPROFF - CSOs <i>- Others administrations</i> <i>-Technical and financial partners</i>	x	x	x	x	x
		Setting up of new consultation frameworks	Number of consultation frameworks set up Number of the strengthened consultation frameworks	- MINPROFF - CSOs <i>- Others administrations</i> <i>-Technical and financial partners</i>	x	x	x	x	x
Promote a better coordination of actions	Setting up and consultation frameworks	Monitoring the implementation and management of activities of the plan	Number of monitoring missions	- MINPROFF - CSOs <i>- Others administrations</i> <i>-Technical and financial partners</i>	x	x	x	x	x
		Supervision of all activities ;		- MINPROFF <i>- Others administrations</i> <i>-Technical and financial partners</i>	x	x	x	x	x
		Elaboration of a collaboration protocol;	Number of collaboration protocols	- MINPROFF - CSOs <i>- Others administrations</i> <i>-Technical and financial partners</i>	x	x	x	x	x
		Organisation of mid-yearly and annual monitoring in restricted and enlarged committee meetings;	Number of meetings organised	- MINPROFF - CSOs <i>- Others administrations</i> <i>-Technical and financial partners</i>	x	x	x	x	x
		Mapping of actors working in the FGM sector		- MINPROFF - CSOs <i>- Others administrations</i> <i>-Technical and financial partners</i>	x	x	x	x	x
		Development of implementation indicators of the plan	Number of indicators developed	- MINPROFF - CSOs <i>- Others administrations</i> <i>-Technical and financial partners</i>	x	x	x	x	x
Total :									

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