

REPUBLIQUE DU CAMEROUN
Paix – Travail - Patrie



REPUBLIC OF CAMEROON
Peace – Work - Fatherland

NSC GBV

NATIONAL STRATEGY TO COMBAT GENDER
BASED VIOLENCE
2022-2026



United Nations



**His Excellency Paul BIYA,
President of the Republic of Cameroon**

*It would be desirable that the many manifestations of incivility in our society, such as violence against women, disappear ...
(H.E Paul BIYA, Message to the Nation, 31 December 2007).*



**Mr Joseph DION NGUTE,
Prime Minister, Head of Government**



**MRS ABENA ONDOA NEE OBAMA MARIE-THERESE,
Minister of Women's Empowerment and the Family**

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PREFACE

The promotion of gender in general, and the protection of the rights of women and girls in particular, are of concern to the Government of Cameroon. This is in line with the goals set by the United Nations and the African Union, which are unanimous on the need to put an end to gender-based violence (GBV).

Sexual and gender-based violence, such as rape, sexual assault, physical of all sorts, economic and psychological violence continue to be the main threats to the security of the population, particularly on women and girls. This violence constitutes a restriction to human rights, hindering therefore the country's development. It negates or undermines the progress achieved in terms of reducing gender disparities and annihilates the economic capacities of women making them more vulnerable. In addition, gender-based constitute a considerable cost for the victims and for the State. The emergency and security context facing our country since 2013 in some regions, and the health crisis caused by the COVID-19 pandemic contribute to aggravate the situation.

Through this new Strategy that covers the period 2022-2026, Cameroon intends to address the weaknesses observed in the implementation of previous editions, but also, to make progress with regard to the protection of women and girls in a context of persistent conflict and insecurity. Particular emphasis must be placed on prevention, holistic management and punishment of all forms of GBV.

For this to be achieved, the State, irrespective of all the efforts made so far, will rely as usual on the support of Technical and Financial Partners, Civil Society and the Private sector for the effective implementation of this strategy. I therefore call on all the stakeholders working in this field to take ownership of this valuable document and make the best use of it in order to achieve the general objective of significantly reducing the rate of GBV throughout the country.

I would like to express my sincere thanks to all those who have contributed in one way or the other to its elaboration, notably the agencies of the United Nations System for their technical and financial support.

***Mrs. ABENA ONDOA, née OBAMA Marie Thérèse
Minister of Women's Empowerment and the Family***

ABBREVIATIONS AND ACRONYMS

ACAFEJ	Cameroon Association of Women Lawyers
IGA	Income Generating Activities
ALVF	Association for the Fight against violence on Women
CAB/PM	Prime Minister’s Cabinet
CAWOPEM	Cameroon Women’s Peace Movement
CEDEF	Convention on the Elimination of all Forms of Discrimination Against Women
CIDIMUC	Council of Imams and Muslim Dignitaries of Cameroon
CHRC	Cameroon Human Rights Commission
CIPCRE	International Circle for the Promotion of Creation
UNCDHR	United Nations Centre for Human Rights and Democracy in Africa
RLAs	Regional and Local Authorities
DGSN	General Delegation for National Security
GESP	Growth and Employment Strategy Paper
DHS	Demographic and Health Survey
DHS-MICS	Multiple Cluster Indicators of the Demographic and Health Survey
DHSC-V	5th Cameroon Demographic and Health Survey
DSF	Defence and Security Forces
FMO	Forces of Law and Order
RBM	REsults-Based Management
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit (German Technical Cooperation)
IASC	Inter Agency Standing Committee
IDP	Internally Displaced Persons
NIS	National Institute of Statistics
STI	Sexually Transmissible Infection
MINAS	Ministry of Social Affairs
MINCOF	Ministry of Women’s Affairs
MINDDEVEL	Ministry of Decentralisation and Local Development
MINDEF	Ministry Delegate at the Presidency in charge of Defence
MINEDUB	Ministry of Basic Education
MINEFOP	Ministry of Employment and Vocational Training
MINJEC	Ministry of Youth and Civiv Education
MINJUSTICE	Ministry of Justice
MINEPAT	Ministry of the Economy, Planing anf Regional Development
MINPROFF	Ministry of Women’s Empowerment and the Family
MINSANTE	Ministry of Public Health
MINESEC	Ministry of Secondary Education
MINESUP	Ministry of Higher Education
MNTP	National Torture Prevention Mechanism in Cameroon

OCHA	United Nations Organisation for the Coordination Humanitarian Affairs
SDG	Sustainable Development Goals
IOM	International Organisation for Migration
WHO	World Health Organisation
UN-WOMEN	United Nations Entity for Gender Equality and the Empowerment of Women
CSO	Civil Society Organisation
NGO	Non Governmental Organisation
OAU	Organisation of African Union
UNDP	United Nations Development Programme
PPE	Personal Protective Equipment
TFP	Technical and Financial Partners
RENATA	Réseau National des Associations des Tantines
SED	State Secretariat for Defence in charge of the Gendarmerie
SND30	National Development Strategy by 2030
SNLVBG	National Strategy to combat Gender-Based Violence
AU	African Union
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNHCR	United Nations High-Commission for Refugees
UNICEF	United Nations s Children’s Fund
UNFPA	United Nations Population Fund
GBV	Gender-Based Violence
HIV	Human Immunodeficiency Virus

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INTRODUCTION

Gender-Based Violence (GBV) is one of the most widespread human rights violations in the world. In Cameroon, it generally affects all segments of the population (men, women, girls and boys). However, a direct and documentary observation of the practices in the country shows that the most affected by this phenomenon are women and girls.

Cameroon abides by the orientations of the International Community to lead a sustained fight against this phenomenon which considerably undermines development initiatives. In order to properly fulfil its national and international obligations regarding the fight against this scourge, and thus contribute to the implementation of the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW), the UN Security Council Resolution 1325 on Women, Peace and Security, the Beijing Platform for Action and other international conventions and agreements in this area, Cameroon has developed and implemented its second Strategy to combat GBV which covered the 2017-2020 period. Since this document had expired, after assessing its strengths and weaknesses, the Government through the Ministry of Women's Empowerment and the Family, undertook a revision of the document in order to develop a third-generation strategy based among others on the NDS30 whose pillars include the Promotion of human capital and welfare. The new Strategy also takes into account the orientations of the Sustainable Development Goals (SDGs) and of Agenda 2063 of the African Union.

The main objective of the National Strategy to combat Gender-Based Violence (SNL-VBG) 2022-2026 is to **contribute to the national response to the increased vulnerability of women and girls to sexual and gender-based violence in a context made fragile by humanitarian crises, socio-political crises and COVID 19**. In practical terms, the fundamental concern is to combat gender-based violence, which actually is the corollary of gender inequality. It is the most expressive form of the violation of the rights of women and girls whose main consequences are discrimination and poverty. Experience shows for instance that the various conflicts and crises facing Cameroon are an aggravating factor in this type of violence.

The National Strategy to combat Gender-Based Violence is addressed to the various actors involved in human rights promotion and protection, be it at national, sectorial as well as local level. These actors mainly include public and semi-public administrations, the Parliament, Regional and Local Authorities, Civil Society Organisations (CSOs), Technical and Financial Partners, the Private Sector, Universities and Research Institutes, communication professionals, the ordinary citizen (male and female), populations affected by the crises, gender equality advocates at all levels, the traditional mechanisms in charge of the prevention and management of violence in times of peace or in times of open conflict (security institutions, specialised intelligence institution, public control and management bodies, institutions in charge of justice and the rule of law, civilian emergency response units, non-state bodies in charge of security).

The approach adopted during the development of this Strategy was based on the orientations contained in the Methodological Guide to Strategic Planning in Cameroon (2011), drafted by MINEPAT. These orientations recommend that strategies be developed in the following phases: (i) preparatory work; (ii) situational analysis and diagnosis; (iii) formulation of strategic choices; (iv) development of the action plan and priority action plan; (v) development of the implementation and monitoring-evaluation mechanism.

The methodology was therefore essentially based on an inclusive and participatory approach, involving the main actors working on this issue and making sure that the participation of non-governmental organisations effectively takes into account the concerns of marginalised groups.

The process of formulating the National Strategy to combat Gender-Based Violence focused on two main steps: the evaluation of the 2017-2020 Strategy and data collection in view of the development of this one.

• **Evaluation of the 2017-2020 Strategy**

The revision of the SNLVBG was part of a participatory process which focused on efficiency. As concerns the methodology used, the evaluation was carried out in two main phases :

- an internal phase which consisted of meetings with the officials of the Central and Decentralised services of the Ministry of Women's Empowerment and the Family ;
- a joint phase conducted through a three-day workshop held in Ebolowa and which brought together the sectoral administrations, the Civil Society and Technical and Financial Partners.

The evaluation of the 2017-2020 National Strategy to combat Gender-Based Violence showed that there was poor appropriation of the document by the stakeholders. This situation did not however call into question the effectiveness of its implementation and its capacity to meet the expectations of the population. Nevertheless, suggestions were made by the participants in terms of improvements to be made, especially with regard to the constraints and other limitations observed in the national response. On a different note, the strategic axes of the new strategy were retained, as well as the implementation strategies aiming at better involving the actors working in the fight against GBV.

• **Data collection**

Data collection techniques included desk research, interviews with resource persons (central and decentralised level officials), focus groups with sectoral administrations during the evaluation workshop. The collection of a critical mass of information through this approach enabled the elaboration of a first draft, which was later submitted for technical validation during a workshop organised in Mbankomo.

In sum, the updating process of this strategy was based on the consideration of : (i) new trends in the phenomenon, (ii) new elements with regard to the peace and security context, (iii) the ongoing legislative reforms, marked by the adoption of Law No. 2016/007 of 12 July 2016 on the Penal Code and the accelerated domestication of international legal instruments for the protection of women's rights, (iv) the subsequent evolution of techniques and methods of approach in the area of the protection of women's human rights,

and (v) the new partnership dynamics in this domain.

The present document, which is the result of this exercise, is structured into two main parts:

➤ Part one focuses on the situational analysis of gender-based violence in Cameroon. It presents the typology of GBV, the scope of the phenomenon in Cameroon and analyses the current response while identifying the strengths and weaknesses that will guide the new strategy ;

➤ Part two which outlines the strategic framework and presents the proposed strategy on the one hand and, implementation, monitoring-evaluation and communication mechanism on the other. .



PART ONE :

**SITUATIONAL ANALYSIS OF
GENDER-BASED VIOLENCE IN
CAMEROON**

CHAPTER I : OVERVIEW OF GENDER-BASED VIOLENCE IN CAMEROON

According to the United Nations Guidelines on which this strategy relies, acts of Gender-based violence constitute a violation of universal human rights protected by international conventions and instruments. However, their interpretation varies from one country to another, as does the concrete application of laws and policies to combat this social scourge. This chapter will revisit the general typology of gender-based violence, present the characteristics and scope of the phenomenon in Cameroon, and analyse its main determining factors and various consequences and impacts.

I.1. GENERAL TYPOLOGY OF GBV

The concept of gender-based violence is not always easy to understand because it is complex and can be approached through a variety of lenses. Various disciplinary approaches can also be applied to it. Some descriptions of violence refer to biological factors, other to psychological or to socio-economic inequalities. Similarly, the causes of GBV have been studied from different perspectives which include, feminism, criminology, development, human rights, public health and sociology.

Cameroon adheres to the definition of Gender-Based Violence adopted by the United Nations according to which, violence is any act directed against a person because of his or her sex, and which causes or is likely to cause physical, psychological or emotional pain or suffering. It affects women, men, girls and boys.

Thus, gender-based or sex-based violence is violence that is directed specifically against a man or a woman because of their sex or that affects women or men in a disproportionate manner. There are two key elements to this definition: (i) being of a biological gender ; (ii) being rooted in unequal power relations that tolerate and perpetuate violence with the will of one group to dominate another.

Although men, women, boys and girls are all concerned by GBV, direct observation and literature on the practice show that women and girls are more affected by the phenomenon. Violence against women and girls which is one of the most systematic and widespread form of abuse, is a major obstacle to the reduction of gender inequalities and discrimination against women. The term 'gender-based violence' is used primarily to highlight the systematic inequality between men and women that exists in all societies of the world and is a founding and common trait in most forms of violence perpetrated on women and girls.

I.1.1. Classic forms of Gender-Based Violence

General speaking, there are six (06) main forms of violence, which are classified as follows :

- **Physical violence**

Physical violence is the most visible form of violence. It ranges from assault to attempted homicide and threats. It includes violent acts such as slapping, shoving, kicking, grabbing roughly, biting and scratching, throwing objects, beating with or without instruments, punching, beating up, strangling threatening to injure or kill, locking or tying up the victim. Forced abortion and forced sterilisation (Art. 39 of the Istanbul Convention), as well as female genital mutilation (Art. 38 of the Istanbul Convention), are particular forms of physical violence.

- **Sexual violence**

Sexual violence includes acts such as sexual harassment, complete or incomplete sexual intercourse with or without consent, and extends to rape. Sexual harassment includes such acts as overly insistent approaches, saucy compliments, unwanted touching or kissing, exhibition or showing of pornographic pictures or films. Acts such as unwanted touching of the genital area, coercion to perform sexual acts with a person or third party, rape or attempted rape constitute sexual violence.

- **Psychological violence**

Psychological violence is expressed in a verbal or non-verbal form that inflicts mental or emotional harm. It includes acts such as insults, denigration, humiliation, verbal attacks, jealousy, threats, control of one's activities, attempts to isolate relatives and friends and may go as far as deprivation of liberty. It also includes the destruction of objects or cruel acts on the victim's pets.

- **Social violence**

Social violence is made of restrictions on a person's social life, notably prohibiting or controlling contact within and outside the family. In short, it is forced isolation. It can be legal, cultural, spatial or other ...

- **Economic violence**

This form of violence includes acts such as prohibition of the right to work or forced labour, control of finances, restriction or disposal of one's financial resources as well as financial exploitation of a person, deprivation of essential means or goods, control or spoliation, sometimes even when the woman has a remunerated activity.

Social violence and economic violence are equally considered by researchers as the expression of psychological violence.

- **Harmful cultural practices**

Harmful cultural practices (HCP) are a set of discriminatory habits, customs, traditions and practices that have long been embedded in communities to the extent that some cultures and societies come to regard them as acceptable. Harmful Cultural Practices are human rights violation. They jeopardise the sexual and reproductive health and the rights of women and adolescents, especially young girls. HCPs vary from one country to the other. Usually, there are three main types of HPCs :

- **Female Genital Mutilation (FGM)** : FGM refers to procedures which consist in altering deliberately the female genitalia or to cause injury for reasons or even justifiable. It is classified into four major categories , and both the practices and motivations behind them vary from one country to another.

• **Child marriage** : child marriage refers to any type of marriage where one or both spouses are under the age of 18. This is contrary to the *Universal Declaration of Human Rights, which stipulates that: "Marriage shall be entered into only with the free and full consent of the intending spouses"*. Girls are more likely to be married as children and, as a result, forced to drop out of school and face other forms of violence.

• **Honour killings** : : honour killing occurs when women are executed in the name of family 'honour' ; for example, for having sex outside the marriage or for not agreeing to an arranged marriage without consent.

Apart from these three types, other harmful cultural practices prevail in Cameroon. This is the case of forced marriages, breast ironing, the 'Money Women' phenomenon where girl children are betrothed from the moment of their conception, degrading widowhood rites, levirate and sororate which, although forbidden by the law, are still practised in communities.

1.1.2. Classification of GBV according to situations of emergency

This classification is most often used in the humanitarian context. According to the Inter-Organisation Standing Committee, GBV can only be classified into six (06) types :

- Rape : vaginal/anal Penetration of a person without their consent using the penis or any other object, causing serious physical and moral harm ;
- Sexual assault : violent sexual act committed on a person without his/her consent, which causes serious physical and moral harm (rape, incest, paedophilia, sexual harassment, pimping, touching) ;
- Physical assault : violent act committed on a person without his/her consent and causing serious physical and moral harm ;
- Forced marriage/early marriage : it is when a matured person is given into marriage without his/her consent or when a person below the official marriage (18) is given into marriage ;
- Denial of resources, opportunities or services : the fact of preventing/prohibiting a person from receiving/benefiting from an inheritance, from carrying out an activity in their interest or that of others ;
- Psychological or emotional violence: an act directed against a person with the aim of devaluing, degrading or affecting their morale.

¹ L'Organisation mondiale de la Santé (OMS) a identifié quatre types de MGF :

Type I : Aussi appelé clitoridectomie : ablation partielle ou totale du clitoris et/ou du prépuce.

Type II : Aussi appelé excision : ablation partielle ou totale du clitoris et des petites lèvres, avec ou sans excision des grandes lèvres. La quantité de tissus enlevée varie fortement d'une communauté à l'autre.

Type III : Aussi appelé infibulation : rétrécissement de l'orifice vaginal par la création d'une fermeture, réalisée en coupant et en repositionnant les petites lèvres et/ou les grandes lèvres. L'infibulation peut être pratiquée avec ou sans ablation du clitoris.

Type IV : Toutes les autres interventions nocives pratiquées sur les organes génitaux féminins à des fins non thérapeutiques, telles que la ponction, le percement, l'incision, la scarification et la cautérisation.

I.1.3. New forms of violence

New forms of gender-based violence which do not necessarily fit into the above categories. They are highlighted to show their recent nature, given the various technological changes in the world. These include :

- **Femicide** : It is the murder or killing of a woman simply because she is a woman, but can equally refer to any assassination of women or girls. Femicide differs however from homicide, in that it is a crime perpetrated under specific circumstances. Actually, most cases of femicide are committed by partners of ex-partners and are the result of long-term abuse in the home, threats or intimidation, sexual violence or situations where women have less power or resources than their partners or ex-partners.
- **Trafficking in human beings** : this refers to the acquisition and exploitation of people, through various means such as force, fraud, coercion or deception. This heinous crime traps millions of women and girls in the world, many of whom end up being sexually exploited. Although human trafficking has existed for centuries, it is reappearing in new forms, particularly in man-woman relationships.
- **Online or digital violence, especially against women** : This refers to any act of violence committed, assisted or aggravated by the use of information and communication technologies (mobiles telephones, the Internet, social media, computer games, text messaging, emails, etc.) simply because they are women.
- **Hate speech** which is communication that denigrates people because they are members of a particular group. Hate speech can be expressed for instance through pictures, plays and songs, speech. Some definitions extend the concept of hate speech to include communications that foster a climate of prejudice and intolerance; these types of communication can subsequently fuel discrimination, hostility and violent attacks².

I.2. Characteristics and scope of GBV in Cameroon

It is clear that GBV is a serious international human rights violation and public health issue. Few studies have been conducted at the national level to measure the extent of the phenomenon, but with the available data produced by the National Institute of Statistics (NIS) it is possible to estimate the national prevalence of GBV. It is important to note that generally, it is the number of people who report acts of GBV that is known and not the number of people affected. It is very difficult to estimate the prevalence of gender-based violence because of its insidious nature and the silence of victims. Moreover, the cultural constraints and stigma associated with GBV do not facilitate discussion in some situations.

Given the ethical and security issues linked to the collection of data on this sensitive issue, the figures and facts reported are accepted estimates of the scope of the problem and the particular trends that emerge in normal and crisis situations.

² DW Hate Speech FAQ <https://p.dw.com/p/119ku>,

1.2.1. Scope of the phenomenon in Cameroon

1.2.1.1. GBV in normal situation

- **Physical violence**

Data analysis from the Fifth Demographic and Health Survey (DHSC-V) 2018, indicates that 39 % of women and 42 % of men aged 15-49 years reported having experienced physical violence since the age of 15 years caused by any person. Furthermore, 18 % of women and 14 % of men have experienced such violence in the last 12 months before the survey. It should be noted that the percentage of women aged 15-49 who have experienced physical violence from any person in the 12 months preceding the survey increased from the 2004 DHSC-III to the 2011 DHS-MICS, moving from 21 % to 27 % ; then it dropped to stand at 18 % in 2018³.

Educational level and marital and professional status generally influence the extent of violence. In effect,

- Women with no education and those with higher education have experienced proportionally less physical violence physique since the age of 15 years than others (29 % and 31 % respectively, versus 39 % or more for others). This percentage reaches 45 % among women with primary education. With the men, the percentage that has experienced physical violence since the age of 15 is highest among those with secondary education (46 % for the first cycle and 45 % for the second cycle).

- The percentage of women who have experienced physical violence in the last 12 months before the survey is significantly higher among those who were in a broken union (24 %) and among women in a union (21 %) than among single women (13 %). Among men, the differences are less significant.

- In the 12 months preceding the survey, a greater proportion of women with a job experienced physical violence compared to those without a job: 22 % when the work was not paid money and 19 % when the women was working and being paid in money, compared to 15 % when the woman was not working. Among men, the percentage who had experienced physical violence in the last 12 months was lowest among those who were working and were paid in money (12 %).

As regards the perpetrators of violence, the acts of violence are committed by the husband/partner (64%) and former partner (21 %), for women in a union or in a broken union. On the other hand, single women more frequently reported the mother/father's wife (30 %), the father/mother's husband (27 %) and the sister or brother (23 %) as the perpetrators of physical violence. Conversely, men in a union or in a broken union more frequently reported the mother /father's wife (29 %) and the current wife/partner (23 %) as the perpetrators. Among single men, the most frequently cited perpetrators of physical violence were: the mother/father's wife (27 %), the father / mother's husband (22 %) and the sister or brother (22 %)..

³ Cameroun, Cinquième Enquête Démographique et de Santé EDSC-V, 2018.

- **Sexual violence**

Globally, 13 % of women aged 15 to 49 reported having experienced sexual violence perpetrated by someone at one point in their lives and 5 % had experienced it recently, i.e. in the last 12 months of the Fifth Demographic and Health Survey of 2018. Among men, the percentages are lower (respectively 6 % and 3 %). The percentage of women aged 15 to 49 who have experienced sexual violence at some point in their lives has not changed from the 2004 DHS-III to the 2011 DHS-MICS (10 % in both cases) ; however, since 2011, there has been a decrease in this percentage (5 %). Among women aged 15 to 19 who have experienced sexual violence, 21.5% had their first such experience before the age of 15.

As concerns the perpetrators, among women as well as men in a union or in a broken union who reported sexual violence, the majority of perpetrators were current or former spouses/partners. The current husband/partner was cited as the perpetrators of sexual violence by 54 % of women in a union or broken union, the current wife/partner by 57 % of men in a union or broken union. In addition, 24 % of women and 36 % of men in a union or a broken union who have experienced sexual violence have cited the former spouse/partner as the perpetrator.

The perpetrators of sexual violence frequently cited by single women were: friends or acquaintances (33 %), a current or former boyfriend (31 %), or a stranger in 17 % of cases. Single men mostly reported friends or acquaintances (29 %), girlfriends (28 %) and family members (26 %) as perpetrators of sexual violence.

- **Emotional violence**

Emphasis was not laid on emotional violence in the Fifth Demographic and Health Survey of 2018. However, the 2014 MICS survey indicates that 47 % of women aged 15 to 49 who are currently in a union or in a broken union have experienced various forms of emotional violence from their husband/partner in the last 12 months (of which 23 % “on a regular basis” and 35 % “sometimes”. These abuses were directed against 42 % of women in the form of insults or belittling by their husband/partner, 37 % of women in the form of humiliation in front of third parties and 37 % of women in the form of nasty threats to them or their relatives.

In addition, almost half of the men (49 %) said they had used emotional violence against their wives in the form of insults or belittling in the last 12 months before the survey. About 30 % said they had used emotional violence against their wives in the form humiliation in front of other people or in the form of nasty threats to them or their relative.

- **Domestic violence**

With regard to domestic violence, at least 5 out of 10 women aged 15 to 49 (52.6%) and in a union re still subjected to violence by their partner (ECAM, 14). The most common forms of domestic violence are emotional violence and psychological violence (47.2%), physical violence (30.8%) and sexual violence (13.5%). Among women aged 15 to 49 who are currently pregnant or have been pregnant, 7 % reported having ex-

perienced physical violence during a pregnancy, regardless of the perpetrator⁴.

As concerns attitudes towards domestic violence, 36 % of women according to the Fifth Demographic and Health Survey believe that it is justified for the husband/partner to hit his wife in at least one of the following five standard situations: neglect of children – autonomy illustrated by going out without telling the husband – quarrelling with the husband – refusal to have sex with the husband – burning of food. The proportion of women with higher education levels who justify spouse/partner violence by one of the five standard reasons is 13 %. Men are slightly more likely to justify spousal violence than women. Globally, 39 % of men justify a husband beating his wife for any of the five reasons listed above.

With regard to the forms of domestic violence against women, 31 % of women have declared having experienced physical violence, 14 % sexual violence and 47% emotional violence. Overall, slightly more than half (53 %) of women have suffered physical, sexual or emotional violence in the last 12 months of the Fifth Demographic and Health Survey, 33 % for physical or sexual violence and 11 % for physical, sexual and emotional violence. Among men, 31 % reported having abused their wives physically, 8 % sexually and 40 % emotionally. Globally, 48 % of men reported having physically, sexually or emotionally abused their wives in the last 12 months of the survey, that is 32 % for physical or sexual violence and 6 % for physical, sexual and emotional.

It is in the Centre Region (not included Yaoundé) that the percentages of women (64 %) and men (66 %) who have declared that they have experienced domestic violence, in whatever form, are higher. On the contrary, the lowest percentages for women were found in the Adamawa Region (26 %) and the Far-North for men (10 %).

- **Genital Mutilation**

Female Genital Mutilation is a form of violence that exist in Cameroon. Data analysis of the proportion of women who have been excised show that practice of excision in Cameroon is a very rare, since only 1.4 % of women reported they have been excised. Excision is therefore a marginal practice, which is proper to some groups and specific areas in certain regions. However, there are variations between categories of women, with the highest proportions among women aged 20-24 years (3 %), among women with no education (5 %), among women of the Choa Arab/Peul/Hausa/Kanuri (13 %), in the Far-North (5 %), among Muslims (6 %), and among those from households in the second quintile (4 %). It is curious to note that the practice is rarer among women who most frequently declared knowledge of excision. In fact, among women in Yaoundé/Douala, those with a secondary level of education or higher, less than 1% of women are excised.

When excision is performed, in 85 % of cases, it consists of the removal of parts of the flesh. The operation consisting in cutting without removing the flesh was conducted in 4 % of cases (clitoridectomy) and in 5 % of cases (infibulation), the vagina was closed (data not provided). According to the custom, girls are circumcised either before they develop secondary sexual features, or during adolescence or at first par-

⁴Cinquième Enquête Démographique et de Santé EDSC-V, 2018.

turition and rarely a few days after birth⁵. It was also found that in almost half of the cases, it was performed at 5-9 years. However, about one-fifth of women were circumcised at 10-14 years of age and in twenty at the age of 15 or above. Conversely, one in five women were cut during childhood, that is, before the age of five.

In a great majority of cases (89 %), excision was performed by a traditional practitioner: either a female excision practitioner (77 %), or a traditional birth attendant (8 %). Excisions performed by health professionals remain marginal (4 %) (data not provided)⁶.

- **Harmful Cultural Practices**

Other forms of violence such as harmful cultural practices are common in the country and is a danger to women(s health and a violation of their rights. This is the case of early and forced marriages, breast ironing, the phenomenon of 'Money Women' where girl children are betrothed at conception, female genital mutilation, degrading widowhood rites, levirate and sororate which, although prohibited by law, are still prevalent in the communities.

Female Genital Mutilation is practised in the South-west and northern regions of the country with rates of 2% at national level and 20% in focal areas⁷.

- **Child marriage**

In terms of child marriage, among women aged 5 to 49, one in ten women (11 %) got married before the age of 15 and among women of 20 to 49 years, about one in eight women (13 %) got married before the age of 15 years and three in eight women (36 %) were married before the age of 18. One in five women between 15 and 19 years (20 %) is currently married. This very proportion is 13 % in urban areas and 28 % in rural areas; it decreases with the level of education. With regard to the age of child marriage, the MICS survey found that: 6.2% of women currently aged 5 to 19 were married before the age of 15 years. The marriage of girls at very early ages not only jeopardises the continuation of her education, but also increases early pregnancies. The girl often marries without any real choice to a much older man, sometimes in a polygamous union in which she has little negotiation power.

Girls of school age are also at risk of sexual violence. According to DHS-V, 20% of women currently aged 15 to 49 who have been involved in sexual relations have been forced to have their first intercourse. The proportion is even higher (30%) among women who had their first sexual intercourse before the age of 15. It decreases at 18% among women who had their first sexual intercourse between 15 and 19 years.

⁵Cf. Awasung and al. 1987 ; MINCOF-OMS, 2002.

⁶Republique of Cameroon, EDSC 2004.

⁶République of Cameroon, EDSC 2004.

Table 1: % of women and men aged 15 to 49 who have experienced violence

Features	% of women of 15 to 49 years who have experienced violence				% of women who have experienced violence	
	Physical violence		Sexual violence		Physical violence	
	Since the age of 15	In the last 12 months	At any time	In the last 12 months	Since the age of 15	In the last 12 months
Age Group.						
15-19	28,7	17,4	7,7	3,5	41,7	21,2
20-24	37,7	16,2	14,4	4,6	44,0	13,4
25-29	42,5	21,1	15,6	6,8	39,0	10,4
30-39	44,0	20,0	15,9	6,5	43,4	11,8
40-49	45,1	17,0	12,1	4,5	41,5	11,5
Level of education						
No	28,7	16,2	6,3	3,4	30,9	14,2
Primary	45,0	22,3	15,0	6,3	38,8	13,1
Secondary 1st cycle	42,6	20,4	15,3	6,7	46,0	17,2
Secondary 2nd cycle	39,4	16,2	14,6	4,6	45,0	12,6
Higher	30,6	8,2	12,0	1,8	41,8	10,0
Marital status						
Single	30,3	12,8	15,6	6,5	43,8	15,1
In a union	41,9	21,1	11,9	2,9	38,	12,2
In a broken union	55,1	23,9	10,0	4,6	47,6	16,0
Place of residence/Region						
Adamawa	29,0	14,7	6,4	2,9	30,3	12,0
Centre (not included Yaoundé)	54,9	35,0	21,4	12,4	59,1	17,6
Douala	36,6	12,8	17,4	5,0	44,4	9,6
East	42,2	19,5	12,9	5,7	54,5	15,6
Far-North	22,4	12,6	3,1	2,4	21,7	9,6
Littoral (not included Douala)	28,9	11,5	12,7	3,8	41,6	8,3
North	41,1	22,1	8,6	3,3	35,3	19,1
North-West	42,3	16,2	18,6	6,6	54,9	22,7
West	41,9	14,2	16,8	3,9	39,8	13,9
South	54,4	26,7	13,5	6,0	36,9	9,1
South-West	46,9	16,0	10,0	2,8	47,4	21,0
Yaounde	39,5	18,2	16,1	6,5	52,1	16,2
Employment						
Worked and paid in money	43,7	19,4	15,6	6,5	43,5	12,1
Worked and not paid in money	43,4	22,4	11,9	2,9	40,9	19,4
Did not work	30,1	14,9	10,0	4,6	36,2	18,3

Quintiles of economic wellbeing

Le plus bas	32,8	19,6	6,4	4,2	31,2	16,5
Second	43,9	22,4	14,5	7,2	38,2	9,7
Moyen	41,8	20,8	13,9	5,8	45,5	12,5
Quatrième	39,5	16,8	15,8	5,3	43,1	18,5
Le plus élevé	36,6	13,6	13,4	3,6	47,5	13,2
Ensemble	39,0	18,4	13,1	5,2	42,0	14,1

Source : Fifth Demographic and Health Survey DHS-V, 2018.

Concerning the trends in the regions, the results of the Fifth Demographic and Health Survey DHSC-V, 2018 indicate that the highest percentages of women and men who have experienced physical violence since the age of 15, that is above 50 %, are recorded, for in the Centre Region (not including Yaoundé) (55 %) and the South (54 %), and for men, in the survey regions of the Centre (not including Yaoundé) (59 %), the North-West (55 %), the East (55 %) and Yaoundé (52 %). With regard to violence that occurred in the last 12 months, the highest prevalence of physical violence for women is observed in the Centre (not including Yaoundé) (35 %), and for men, in the North-West (23 %).

As concerns sexual violence, the highest percentages of women who reported having been subjected to sexual violence at some point in their lives were recorded in the Centre (not including Yaoundé) (21 %) and the North-West (19 %), and a slightly lower proportion in Douala (17%) and the West Region (17%). Among men, the highest prevalence rates are found in the North-West (12 %), the West (11 %) and the Centre (not including Yaoundé) (11 %). Finally, it is in the Centre Region (not including Yaoundé) that the percentages of women (64 %) and men (66 %) who declared having been subjected to domestic violence , whatever its form are highest.

Although the Penal Code adopted in 2016 has strengthened national legislation with some provisions that specifically address the issue of gender-based and sexual violence, the phenomenon remains a reality in Cameroon.

Table 3. Domestic violence by Region.

Region/City	Percentage
Adamawa	26%
Centre	64%
Douala	44%
East	53%
Far-North	27%
Littoral	47%
North	44%
Nord-ouest	48%
West	55%
South	52%
South-West	41%
Yaoundé	44%

In addition to the extent of GBV which is still of concern, it is important to note that the trend of physical violence is fluctuating. The percentage of women aged 15 to 49 who have been subjected to physical violence by someone in the 12 months before the survey has increased from the Third Demographic and Health Survey DHSC-III from 2004 to the DHS-MICS of 2011, moving from 21 % to 27 %; then, it dropped to 18 % in the Fifth Demographic and Health Survey of 2018. Physical violence stands out as the most regular.

I.2.1.2. GBV in the context of armed conflict

Globally the causes of GBV exist irrespective of the context. The emergency context however exacerbates GBV because of the disorganised environment, which increases the vulnerability and precariousness of potential victims who are girls and women, and even that of men. Consequently, the motivations of the perpetrators can also migrate to the point of serving the interests of the belligerents in the conflict context. Thus, violence against women in a context of armed conflict can be an act of domination, humiliation, pressure and control exercised over them, especially as they are already in a state of distress and extreme vulnerability, due to the fact that the conflict in itself subjects them or has subjected them varied and multiple experiences. Violence could also be used to torture and humiliate an individual, a group or a community, or even an entire country, to achieve goals that are considered as related to war.

Cameroon is faced with complex humanitarian crises, notably in the North-West, South-West, Far-North and East Regions, including Adamawa. These crises have aggravated the vulnerability of women and girls to sexual and gender-based violence. Testimonies gathered from humanitarian actors reveal that, the context of conflict presents a particular typology of the most recurrent violence in crisis zones. The main types of GBV include sexual violence, economic violence and child and/forced marriages.

Sexual violence : : it is pervasive in crisis areas. There are many factors that contribute to its occurrence. These include the vulnerability of women and girls trying to survive in a hostile environment and the feminisation of poverty. The situation of sexual violence in emergency contexts is growing rapidly for many reasons, which may be cultural and which further aggravate the situation of girls and women.

Denial of resources, opportunities and services : these are the most obvious causes or factors, given the emergency context in which women, girls and men find themselves. The specific context of emergency places men and women at the same

level economically. If the possession of economic power by men is an instrument of male domination, it should be noted that the context of crisis renders them 'unmanly' i.e. reduces men's physical capacity to resist the afflictions of an economically crisis or disaster environment. In such conditions, men do not intend to lose the privileges they have always enjoyed, thus, the existence of scenes of violence such as the withholding of women's official documents, like the national identity card, which prevent them from moving around in search of means of subsistence.

Early and forced marriages : the number of such acts of violence is higher in crisis zones with some exceptions. This is most often due to factors such as :

- the fear for girls to be kidnapped by the terrorists, therefore, sending them in marriage is a form of protection ;
- the fear of early pregnancies which could tarnish the image of the family with the birth of children with fathers who do not recognise them or have resigned ;
- the woman's body is still a reason why parents send their daughters in marriage early. The faster a girl develops physiologically in terms of height and weight, the more ready she is for marriage.

It is almost a given fact that when girls are displaced from their usual homes, their social networks breakdown and they no longer have access to protection systems. .

In terms of factual data, Delphine Brun, GenCap Inter-Agency in Cameroon, notes in her document on the issues of violence that, the situation in Cameroon is in terms of the need for the protection of the population. To this end, she declares that: « *In all the regions facing the crisis, the protection risks are often different, depending on sex, age and diversity*⁸». In the case of the South-West and North-West Regions, for the period from January to June 2019, 55.3% of victims of rights violations were women against 44.7% of boys and men. 89% of survivor recorded in June for the South-West and North-West were girls and women. Brun reports that: «*many women have been widowed as a result of the crisis, they represent 31% of households in the South-West and 38% in the North-West, which is an increase of about 10% compared to 2017*⁹». Adolescent girls are a particularly vulnerable group because of their age and the gender discrimination they face. «*1.4% des of girls under 15 and 36% of girls aged 18 are married in Cameroon*¹⁰».

In the Far-North, adolescent girls face sexual harassment and violence alongside abduction and forced marriage perpetrated by armed groups. When they have survived sexual assault, they are faced with stigmatisation and sometimes forced to get married to their assaulter.

Regarding GBV specifically, the same document reports that in « *Cameroon 43.2% of women in a union are confronted with domestic violence. 39.8% and 14.5% of them are confronted with emotional and sexual violence respectively. At the national level, 20.1% of women are reported to have been coerced during their first sexual*

⁸Delphine Brun, *Les données sur l'égalité de genre au Cameroun*.

⁹Delphine Brun, *Ibidem*.

¹⁰Delphine Brun, *Ibidem*.

intercourse. In all, 56.4% of women in a relationship have experienced at least one of these forms of violences¹¹». The author notes that Gender-Based Violence has been on the rise since the beginning of the crisis. Among respondents in the South-West, 85% believe that women and girls face violence, be it rape, sexual abuse, domestic violence, denial of resources or of opportunity, psychological violence, physical violence or early marriage. Young women in the 15-35 age group are reportedly most at risk. In the Far-North Region, from February 2018 to June 2019, 97% of GBV cases were reported by women, of which about 12% are sexual violence where the intimate partner is the perpetrator in 84 % of cases.

Contrary to public opinion, sexual violence perpetrated by armed groups or by other men also affects boys and men. Thus, 11% are victims of GBV.

It is important to remember that the scope of GBV in Cameroon is still worrying. As Delphine Brun points out, the management of survivors still faces an organisational problem at the chain of actors : “The absence of a formal referral mechanism to guide survivors greatly limits their access to appropriate holistic services (...) access to forensic certificates remains limited because these are not free of charge” . In addition, beyond the absence or inadequacy of the existing services, cultural practices constitute one of the obstacles to the denunciation by survivors who wish to report the violence they have suffered. All of these factors make the review of the Strategy a central concern in order to propose appropriate actions in response to this situation.

I.3. Main causes of GBV in Cameroon

Gender-based violence is caused by gender inequality and the abuse of power. Though it affects men, women, girls and boys equally, the majority of gender-based violence is perpetrated by men/boys against women/girls. Gender-based violence is linked to power and is directed against women and girls because they have unequal power in their relationships with men and in general because they have a lower status in the world.

- **Socio-economic and cultural determinants**

The causes of gender-based violence in Cameroon are complex and stem mainly from education, prejudice against women and the privileges accorded to men in society.

Indeed, the determinants of gender-based violence are linked to ignorance which is due to poor literacy of women and men, particularly in rural areas, to the depravity of morals, to the poverty that affects many families, to the economic dependence of women and to customs. Actually, some societies encourage early marriage or union which can have many consequences for young girls, including early pregnancy, dropping out of school and exposure to obstetric fistula.

In addition, acceptance by the victims themselves of the abuse they are subjected to results in inequalities between men and women because of the difference existing

¹¹Delphine Brun, *Idem*.

between the education of girls and boys in the family. Girls are educated to obey and abide to the will of their spouse and brothers¹³. According to tradition, the woman is not entitled to land even though legal and regulatory provisions grant the same right to women and men. This cultural consideration of the role and place of women is reinforced by dominant religions such as Christianity and Islam. The analysis of information on violence also shows that women/girls living in the poorest households are twice more likely to be forced for their first sexual intercourse than those from richest households. Educated and employed women experience less violence than the less educated and unemployed¹⁴.

Due to the entrenched nature of cultural values, women do not dare take the option of separation or divorce or even to denounce cases of violence they suffer from their partners or their entourage. Regardless of the form of violence, very few survivors seek help or dare to talk about it. When they do report violence, women encounter several obstacles at the level of criminal and social services, communities and above all, a lack of qualified personnel capable of providing an appropriate response to the specific situation of gender-based violence. As a result, very few perpetrators are prosecuted which leads to a resurgence of acts with total impunity.

Finally, the lack of information on the alternatives or steps to take, as well as the weight of tradition, forces survivors to 'suffer in silence' and to bear the economic costs of the consequences of violence in order to seek treatment. Testimonies collected from the Association Camerounaise des Femmes Juristes (ACAFEJ) indicate that some prejudices have been compensated, especially for the payment of alimony in the case of divorce, the retrocession of some property rights. However, women often rise from these struggles very exhausted and abandoned by their entourage who judge their behaviour as contrary to traditional values, thereby leading to a feeling of guilt on their part and often a return to a situation of social domination. Discussions with the main civil society actors show that it is important to carry out multifaceted actions that involve men and community leaders in order to reduce the occurrence of violence in Cameroonian society.

According to the DHSC-V, certain controlling behaviours of the husband/partner or the wife/partner can be the signs of acts of violence against the spouse. To measure this level of control over spouses, the survey asked women and men who were in or had been in a union whether their husband/partner or wife/partner exhibited a number of behaviours that were listed in the questionnaire : (i) is jealous or angry if she/he talks to other men/women ; (ii) often accuses her/him of being unfaithful ; (iii) does not allow her/him to meet her/his friends ; (iv) tries to limit his/her contact with her/his family ; and (v) insists on knowing where he/she is at all times. The results show that overall, 26 % of women in a union or broken union reported that their husbands/partners exhibited at least three of the control behaviours listed. Among men, this percentage is higher (36 %).

¹³S'agissant des opinions concernant le fait qu'un mari batte sa femme/partenaire, la proportion de femmes de 15-49 ans qui estiment qu'il est justifié qu'un homme batte sa femme est de 28 %. Cette proportion est pratiquement la même (29 %) chez les hommes de la même tranche d'âges (Source EDSC-V, 2018)

¹⁴République du Cameroun, Cinquième Enquête Démographique et de Santé EDSC-V, 2018.

- **Aggravating factors**

Many situations aggravate gender-based violence, notably, alcohol abuse, poverty, inexistence of laws to punish the perpetrators, etc., but none of these situations is a root or direct cause of gender-based violence.

During crises, many factors increase the risk of GBV and the vulnerability of populations. These may include

:

- the disappearance of family and community support systems
- family breakdown
- the non-existence or fragility of institutions such as health or police services
- the widespread climate of human rights violation, lawlessness and impunity
- the dependence of displaced populations and their vulnerability to abuses and exploitation
- the insecurity, overpopulation, isolation and lack of services and facilities in communities and temporary shelters

1.4. Consequences for the victims

The consequences of GBV are numerous and have serious impact on the victims' lives. On a general note, the consequences of GBV can be psychological, physical and social.

1.4.1. Consequences for health

The direct consequences of violence are physical injuries caused by physical and sexual violence. These include bruises, contusions and sprains, open wounds and burns of the body as well as concussions, head injuries, fractures, internal injuries and miscarriages. Experiencing violence can also be accompanied with psychological problems such as feelings of threats and fear, sleep disturbances, difficulties in concentrating and learning, or increased use of medication and alcohol.

1.4.2. Consequences on social and professional life

Gender-based violence also has social and psychosocial consequences for the victims: separation and divorce, abandonment of the home, change of place of residence, of work place, school, etc. GBV can also affect the professional life of the victim, immediately or in the long run, for example in the form of a temporary or long-lasting inability to work, absences and illness, reduced productivity, etc.

There are many family and social repercussions :

- Dysfunctions in the family and community
- Depriving children of parental love
- Increased family expenditure and impoverishment of the family
- Rejection of the victim by his/her family and /or spouse or community
- Repudiation and sometimes isolation
- Isolation, family problems, feelings of rejection, alcohol or drug use
- Stigmatisation (cases of sexual assault).

1.4.3. Consequences for the individual

At individual, the consequences of GBV can be :

- Physical: these are illustrated by injuries and trauma, digestion/breathing problems, widespread pain in the body, sometimes generalised exhaustion, physical and cerebral damage and paralysis, deterioration of health in general.
- Psychological: this includes depression, anxiety, shame, reduced self-confidence, feeling of loss of identity, guilt, poor intellectual performance, risk of contracting STI and HIV and AIDS, risky behaviour, etc.

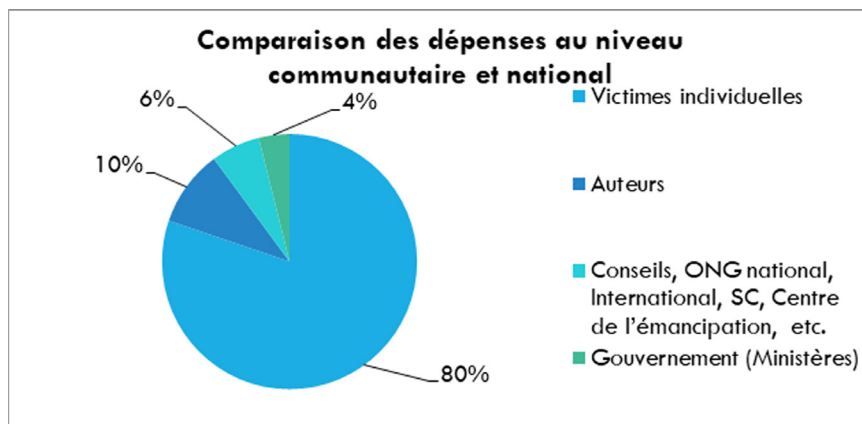
1.5. Socio-economic costs and impacts on the development of the country

1.5.1. Economic impact

GBV and its manifestation within the family cause not only great human suffering to the victims, but also high costs that society as a whole must bear. From an economic point of view, the costs to be taken into account are, on the one hand, the direct costs of violence (e.g. the cost of police interventions) and, on the other hand, the indirect costs of violence (e.g. loss of income due to an inability to work).

In order to estimate the impact of domestic violence on the development of Cameroon, a study was commissioned in 2013 by UN Women and UNECA on the socio-economic costs of domestic violence in Cameroon. The results of this study show that 5,066,370,352 CFA francs are spent each year as a result of domestic violence in Cameroon. This represents an annual cost per victim of domestic violence of 1,006,430 CFA Francs (approximately USD 2,013) and a daily average of 2,760 CFA Francs (approximately USD 5.5). The cost of domestic violence per victim far exceeds the GDP per capita in Cameroon, which amounted to USD 1,170 (about 585,000 FCFA) in 2012 and a daily average of about USD 3.2 (1,600 FCFA). As a result, the cost of domestic violence per victim is 1.7 times the value of Cameroon's GDP per capita. The report

indicates that this cost is higher in Yaoundé (15%), Douala (13%), the West (11.5%), the North-West (9.1%), the North (9%) both at the individual (survivor) and community and regional levels.



Source : UNECA et ONU femmes, 2013

Comparaison des dépenses aux niveaux communautaire et national

Détails des postes	Dépenses associées (FCFA)	% des dépenses
Details of posts	Associated expenditure (FCFA)	of expenditure
Individual victims	4.062.812.480	80,2
Perpetrators	492.278.500	9,7
Councils, National and International NGOs, Civil Society, Empowerment Centre, etc.	285.545.800	6,2
Government (Ministries)	199.358.572	3,9
TOTAL	5.066.370.352	100%

Source: UNECA and UN Women, 2013

Like in most countries, it is noted that in Cameroon, the cost of domestic violence is borne more than 80% by the survivors. The perpetrators contribute only about 10%. The government and NGOs provide 10% of the support. This shows that in addition to suffering violence, women still have to face the burden of care. The graph above shows that more than 50% of the expenses made by survivors relate to police and court costs. Just over a quarter is spent on health expenses. Expenditure on lost work days, that is a direct loss to the Cameroonian economy, is estimated at 17%. In total, not only does the woman suffer violence, but she also bears the costs of reparation for the damage suffered. The high cost to the police and the courts in relation to the limited means of the survivors could also justify the low level of interest in judicial and legal redress for the harm suffered by the survivors..

1.5.2. Impact of GBV on the country's development

- **Legal implications**

Gender-Based Violence is a violation of the fundamental and universal human rights. Human rights are based on respect for the dignity of and worth of each individual. They are universal and apply to all without discrimination. Human rights are inalienable and cannot be taken away from anyone, except in very specific circumstances.

- **Health impact**

In addition of being an infringement of women's fundamental rights and an obstacle to the exercise of their freedoms, violence against women has been considered by WHO as a real public health problem.

- **Social impact**

Violence against women, whether domestic, social or state violence, limits their development and their opportunities to participate fully in the social and economic life of their communities.

CHAPTER II :

ANALYSIS OF THE NATIONAL RESPONSE TO THE PHENOMENON OF GENDER-BASED VIOLENCE

Cameroon's response considers the fact that GBV is a global phenomenon. As such, measures taken to combat GBV include provisions and conventions at the international, regional and national levels. These normative and institutional measures are not comprehensive. The most important thing was to point out to stakeholders that there are means of combating them to which they can refer when a need for intervention arises. These measures will equally be analysed in relation to the current GBV situation in order to understand the need to develop a strategic framework consistent with the immensity of the task.

II.1. The Normative Framework

The Normative Framework outlines the main international, regional and national instruments for the protection of women and girls that apply to Cameroon.

The fight against GBV must refer to the following strategic guidelines: Declarations, Conventions, Covenants and Resolutions that constitute protection instruments for women and girls.

AT THE INTERNATIONAL LEVEL

- **Declarations**

- The Universal Declaration of Human Rights of 10 December 1948;
- the Declaration on the Protection of Women and Children in Emergency and Armed Conflict adopted in December 1974;
- Declaration on the Elimination of Violence against Women of 20 December 1993.

- **Conventions**

- The Night Work of Women Convention, 1948 (revised);
- The Equal Remuneration Convention No. 100, adopted on 29 June 1951 and entered into force on 23 May 1995;
- Convention on the Political Rights of Women, adopted on 7 July 1954;
- Convention No. 111, concerning Discrimination in Respect of Employment and Occupation, adopted on 25 June 1958 and entered into force on 15 June 1960;
- Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages adopted on 7 November 1962;

- Convention on the Elimination of All Forms of Racial Discrimination of 21 December 1965, ratified on 24 June 1971;

- Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment adopted on 10 December 1984, ratified on 19 December 1986 and supplemented by two optional protocols, one on the sale of children, child prostitution and child pornography and the other on the involvement of children in armed conflict;

- The United Nations Convention on the Rights of the Child adopted on 20 November 1989 and ratified on 11 January 1993;

- The UN Convention on Transnational Organized Crime and its Additional Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children of 15 November 2000, which entered into force on 29 September 2003;

- 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 respectively.

- **Covenants**

- the International Covenant on Civil and Political Rights and its First Protocol, adopted on 16 December 1966, ratified on 27 June 1984;

- the International Covenant on Economic, Social and Cultural Rights, adopted on 16 December 1966, ratified on 27 June 1984;

- **Resolutions**

- The 2000 UN Security Council Resolution 1325 on Women, Peace and Security and its related Resolutions;

- Resolution No. A/C3/67/21/Rev of 2013 of the United Nations General Assembly on stepping up the fight against Female Genital Mutilation

AT THE REGIONAL LEVEL

These are mainly agendas, policies, strategies, charters, protocols and treaties.

- **-Agenda, Policies and Strategies**

- The United Nations Agenda 2030;

- The African Union Agenda 2063

- The African Union Gender Policy;

- The African Union Strategy for Gender Equality and Women's Empowerment (2018-2028);

- The Commonwealth and la Francophonie Gender Policy.

- **Charters**

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

- The African Charter on the Rights and Welfare of the Child, adopted in July 1990 by the OAU Member States which became the AU, and the African Youth Charter adopted in July 2006 and entered into force on 8 August 2009, ratified by Cameroon on 11 January 2011.

- **Protocols**

- 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.

- **Treaties**

Only one treaty is taken into account. It is the Treaty of 17 October 1993 on the Harmonisation of Business Law in Africa and the OHADA Uniform Act on General Commercial Law.

AT THE NATIONAL LEVEL

At the national level, there are:

- the Preamble of the Constitution;
- National legislative and regulatory texts, notably the Law of 29 December 2006 on judicial organisation.
- the National Development Strategy 2020-2030
- the National Gender Policy 2011-2020;
- the review of the Penal, Electoral and General Codes of Regional and Local Authorities;
- the Action Plan of the UN Resolutions 1325 and related resolutions on women, peace and security at national levels

In addition, one can list:

- Law No. 68/LF/03 of 11 June 1968 on the Civil Code applicable in Cameroon;
- Ordinance 74/1 of 6 June 1974 to establish rules governing land tenure;
- Decree No .76/165 of 27 April 1976 to establish the conditions for obtaining land certificates and Decree No. 2005/481 of 16 December 2005 to amend and supplement certain provisions of the previous Decree, which allow women and men to have access to land ownership;
- Circular No. 10-7-562/MINEDUC of 10 January 1980 on the readmission of stu-

dents suspended due to pregnancy.

- Ordinance of 29 June 1981 on the organisation of civil status and various provisions related to the status of natural persons

- Law No. 90/053 of 19 December 1990 relating to freedom of association, which guarantees freedom of association in general, and for women, the freedom to create and join any association of their choice like men;

- the Law on Pharmacists of 1990 authorising the sale of contraceptives, which was adopted with the intention of protecting women against STIs and unwanted pregnancies thereby allowing them to freely decide on the timing, number and birth spacing of their children;

- the Law of 19 December 1990 on the conditions of entry, stay and exit from the Cameroonian territory which, among other things, abolishes marital authorisation for travel concerning women;

- Law No. 90/056 of 19 December 1990 relating to political parties;

- Law No. 91/20 of 16 December 1991 to lay down conditions for the election of Members of Parliament at the National Assembly;

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

- Law No. 92/002 of 14 August 1992 on the conditions for the election of municipal councillors;

- Law No. 92/010 of 17 September 1992 to lay down conditions governing the vacancy of and election to the presidency of the republic;

- Decree No. 94/199 of 7 October 1994 to lay down the General Rules and Regulations of the Public Service

- Law No. 98/004 of 14 April 1998 to lay down the orientation of education in Cameroon, which stipulates that the State shall ensure equal opportunities of access to education without sex discrimination, as well as the physical and moral integrity of pupils and represses corporal abuse and all other forms of violence and discrimination;

- The 2005 Code of Criminal Procedure, which sets out, among other things, the principle of equality between women and men as regards the recognition of their rights in the context of proceedings against them if they commit an offence;

- Law No. 2009/004 of 14 April 2009 to organise legal aid;

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

- Law No. 2011/011 of 6 May 2011 to amend and supplement certain provisions of ordinance No. 81/002 of 29 June 1981 to organise civil status,

- Law No. 2011/024 of 14 December 2011, relating to the fight against trafficking in persons and slavery in Cameroon;

- Order No. 012/CAB/PM of 31 January 2013 relating to the creation, organisation and functioning of the Coordination and Monitoring Committee on strategies to combat trafficking in human organs and ritual crimes;

- Order No. 087/PM of 27 August 2014 relating to the creation of the Inter-sector Committee for the fight against child labour;

- Electoral laws that address electoral capability and eligibility conditions, which are the same for women and men;

- Laws on the creation of political parties and their financing, which offer women and men the same opportunities.

- Law No. 2019/024 of 24 December 2019 on the code of regional local authorities;

- the revised Penal Code adopted on 12 July 2016, 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.);

- Law No. 2019/014 of 19 July 2019 relating to the establishment, organisation and functioning of the Cameroon Human Rights Commission.

This strategy falls within the context of increasing the possibilities of action that can have an impact on GBV. The following instruments have been developed in this regard:

- The Penal Code;
- The consideration of GBV in the labour code
- The electoral code.

- **The Penal Code**

Law No. 2016/007 of 12 July 2016 relating to the Penal Code of Cameroon considers the need to protect women and children and the fight against GBV. It also includes the provisions of some international conventions relating to Gender-Based Violence. In this sense, articles 277-1 (genital mutilation), 296 (rape), 302 (conditional threats), 356 (early marriages) contribute significantly to the fight against GBV.

- **The consideration of GBV in the Labour Code**

The Labour Code of 14 August 1992 states the principle of equality between men and women and has provisions on women and child labour.

- **The Electoral Code**

The Electoral Code and various laws on political parties focus on electoral capability and eligibility conditions that are the same for men and women. The Electoral Code of 19 April 2012 innovates by introducing for the first time the issue of gender. The

gender aspect is now taken into account in all voting lists in the senatorial, legislative, municipal and regional elections. As one might expect, the electoral environment, before and after, generally offers a favourable or flourishing climate for GBV. The current strategy needs to take this reality into consideration by proposing an appropriate approach to combat violence against women in an electoral context. On the other hand, facilitating women's participation by providing an environment that encourages women to enrol in electoral registers and to apply as candidates.

II.2. Institutional framework to combat GBV

This section presents institutions that are involved in the fight against GBV. They include the public sector, technical and financial partners and civil society organisations.

II.2.1. Public institutions

- **The Ministry of Women's Empowerment and the Family (MINPROFF)**

In accordance with Decree No. 2011/408 of 09 December 2011 to organise the Government, the Ministry of Women's Empowerment and the Family is responsible for the preparation and implementation of measures related to the respect of women's rights and the protection of the family. Decree No. 2012/638 of 21 December 2012 to organise the aforementioned Ministry, creates within it a Department of Women's Social Empowerment, which is charged among others with, the implementation and monitoring of programmes for the protection and promotion of women's rights and gender in the political, economic, social and cultural fields; but also, with taking measures aimed at eliminating discrimination that is detrimental to women's fulfilment.

As the leading institution in the fight against GBV, MINPROFF has entered into partnership with United Nations agencies such as UNFPA and UN-WOMEN. These partnerships have led to the creation of survivor care units such as Call Centres and Safe Spaces in Women and Family Empowerment Centres, as well as gender desks in police stations. The mission of these structures is to welcome and support women and girl survivors of violence (welcoming, listening, counselling, and accommodation).

MINPROFF's decentralised services provide care for survivors in the field.

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

Although the management of GBV survivors is not one of its main missions, its role in providing assistance to indigent people or social cases can also include indirect victims, such as children in need.

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

Through its missions, one of which is the enforcement of laws in courts, this ministry plays an important role by punishing perpetrators of GBV, thus effectively contributing to the fight against GBV.

¹⁵Cf. Art 151-3 ; 171-3 ; 218-3 ; 246-1.

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

The health facilities that provide care to 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)**

Charged with civic and moral education of young people, this ministry is concerned by the issue of GBV.

- **The Ministry of Decentralisation and Local Development (MINDDEVEL)**

MINDDEVEL together with BUNEC plays a leading role in actions relating to the issuing of civil status certificates, with particular emphasis on birth certificates. Within the framework of decentralisation, this ministry also implements actions in connection with the Local Authorities' Charter for Gender Equality in Africa.

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

These administrations are also involved in awareness-raising activities, notably with regards to GBV in schools and universities.

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

MINEFOP is responsible for the promotion of women's self-employment and support in the development and management of income-generating activities (IGA).

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

The need for judicial investigations for victims of violence against citizens, which requires the intervention of the Gendarmerie, makes the Secretariat of State for Defence in charge of the Gendarmerie one of the most important actors in the fight against GBV.

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

Apart from its primary mission of ensuring the safety of people and goods, the DGSN has Gender Desks in its decentralised services, notably central and public security police stations, which receive complaints and reports from victims of violence. Mobile intervention units are also sent towards identified victims and offenders.

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

Established in 2019, by Law N.º 2019/014 of 19 July 2019 on the establishment, organisation and functioning of the Cameroon Human Rights Commission. It is an independent institution for consultation, observation, evaluation, dialogue, conciliation and cooperation in the promotion and protection of Human Rights. It also acts as Cameroon's National Mechanism for the Prevention of Torture (MNTP). The Commission's mission is therefore the promotion and protection of Human Rights, as well as the prevention of torture in all places where there is deprivation of liberty. As such, it is responsible for processing petitions relating to Human Rights violations including GBV.

It also promotes Human Rights with a focus on the rights of vulnerable groups (women, children, people with disabilities, etc.).

➤ **Regional and Local Authorities (RLAs)**

Given the magnitude of GBV and its resurgence, it is important to take action at several levels. In addition to the repressive approach, a paradigm shift towards prevention is needed. Such an approach requires a proximity action which, to be effective, needs human and financial resources. It is in this sense that decentralisation provides an ideal framework due to its main asset, which is the transfer of resources. This must be based on uniting the actions of various actors. Public authorities should train staff in charge of GBV cases in public institutions in order to facilitate the response to cases and encourage denunciation. Civil society organisations could strengthen their interactions and share strategies in order to avoid wastage of resources by unifying their intervention frameworks.*

II.2.2. Development partners

Several development partners support the Government's efforts to combat gender-based violence. These include UN agencies such as UNDP, UN-WOMEN, UNFPA, UNICEF, UNESCO, UNHCR, WHO, IOM, and foreign representations such as the Canadian, German and French Cooperation, and embassies. Multifaceted support are obtained in this framework. It involves both financial and technical support.

II.2.3. Civil Society Organisations

Government efforts are complemented by the contribution of international NGOs and Civil Society Organisations that work in general for the protection of Human Rights, especially those of the most vulnerable. They include Plan International Cameroon, CIPCRE, ACAFEJ, ALVF, RENATA, CIDIMUC, CAWOPEM, ACAPFEP, Marguerita Holistic Health Center etc.

II.3. Analysis of the national response to GBV

➤ **Main results**

The activities of multi-sectoral actors have produced significant results. Some of these results are mentioned in the Cameroon report on the 25th anniversary of the Beijing Declaration and Platform for Action, published in 2019 with the following summary of significant achievements :

- the implementation of legislative and regulatory provisions against GBV;
- increased awareness on the GBV issue;

- the issuance of birth certificates ;
- the legalisation of unions within the framework of collective marriage celebrations;
- the integration of the GBV issue in the judicial system;
- the empowerment of women at all levels of public and private administrations and in leadership positions, including defence and security forces (DSF);
- the inclusion of GBV variables in the collection of statistical data;
- the consideration of the issue in strategic documents;
- the intensification of the fight against GBV by setting up reception centres, Gender Desks in police stations, counselling centres, women's cohesion spaces, safe spaces, training for the DSF/FMO, journalists, magistrates and mayors for their optimal involvement in the fight against this scourge;
- adoption of a new Penal Code taking into account the CEDAW, with provisions to punish perpetrators of violence against women and strengthening the legal framework for the protection of women's rights;
- promotion of gender-sensitive budgeting through the prescription of the President of the Republic's circular to take into account gender in the preparation of the State budget and the development of a national strategy on the issue;
- improvement of women's presence in decision-making positions in public and political life and in elective positions;
- capacity building of judicial actors on legal instruments.

➤ **Elements of holistic approach to the management of GBV**

The provision of GBV services to victims/survivors is done according to the guiding principles of GBV management (confidentiality, non-discrimination, safety, and respect for the victim). A human rights-based and survivor-centred approach should contribute to building resilience and empowering the survivor. This assistance should not create dependency or a risk of stigmatisation for the beneficiary. A coordinated management should facilitate the access of victims/survivors to the relevant services mentioned below:

- **Medical care** : an immediate medical response which consists of treatment of injuries, administration of medication to prevent and treat infections, and measures to avoid unwanted pregnancies should be provided to referred cases. Treatment should be provided within 72 hours, including post-exposure prophylaxis (PEP) against HIV or emergency contraception: victims should receive treatment even if they arrive more than 72 hours after their assault. Clinical treatment of rape victims includes follow-up care and treatment services, the collection of forensic evidence and the issuance of a medical report :

- **Psychosocial care** : includes among other things, mental health care, emotional support and practical counselling, which are provided in an individual setting (by trained social workers). It also includes counselling and case management, assess-

ment of service needs and provision of information, and referral of victims/survivors to other support services adapted to their needs.

- **Legal care:** This refers to legal assistance services including free legal counseling, legal representation by a lawyer or a legal aid provider of the victim's choice, and other advocacy and support in order to remedy the harm suffered in accordance with applicable laws.

- **Economic support:** this includes the provision of clothing, shelter, schooling assistance (to prevent school drop-out or encourage reschooling) and livelihood support (e.g. income-generating activities, vocational training and paid work for adults, or vocational skills and savings programmes for older adolescents). When the victim/survivor is a child, the caregiver should be able to benefit from livelihood support in order to meet these needs and those of the child.

However, the current situation for the management of GBV has shortcomings that need to be addressed in order to significantly reduce these phenomenon.

II.4. Problems and challenges related to the fight against GBV

The general causes of GBV exist irrespective of the context. However, the emergency situation contributes to their escalation. The disorganised environment leads to the precariousness and vulnerability of potential victims, which are girls, women and sometimes men. Consequently, violence against women in a context of conflict can be an act of domination, humiliation, pressure and control exerted on women in a state of extreme stress and vulnerability. It could also be used to torture and humiliate an individual, a group or a community or even an entire country in order to achieve what are considered as war aims.

Given the magnitude of GBV, the successive strategies are based on the legal and institutional framework mentioned above. However, instead of progressively decreasing, GBV tends to stagnate or even increase over time. This raises questions about the said framework. While the review of the previous strategy revealed qualitative, infrastructural and human resource shortcomings, the implementation of the current strategy will face an environment that has not changed significantly. The main difficulties or shortcomings identified relate to institutional aspects, research/data collection, holistic management and coordination.

➤ At the institutional level

There is :

- poor involvement of some authorities in repressive actions against the perpetrators of GBV;

- persistent security challenges in the Far-North, North-West and South-West regions; the increase of refugees in the East and Adamawa regions

- the impunity of GBV perpetrators and the weak implementation of regulations related to GBV

- the resurgence of the COVID 19 pandemic.

➤ **At the research/data collection level**

- the need to harmonise and complete data collection tools used by various actors involved in the implementation of the strategy to combat GBV;

- lack of information on procedures and means of remedy;

➤ **Concerning the holistic management**

- insufficient human resources, facilities and proximity of SDF and judicial authorities;

- local handling of cases through so-called «friendly» settlements;

- poverty and socio-cultural constraints;

- lack of enthusiasm from GBV working group in some areas of intervention;

- lack of specific care for girls and women;

- relatively long periods of trials;

- non-systematisation of the holistic management of GBV cases;

- limited access to emergency care;

- lack of specialisation in crisis intervention.

➤ **At the coordination level**

- Difficulties in the coordination, monitoring and evaluation of combat initiatives;

- absence of periodic evaluation of the implementation of referral, counter-referral and response mechanisms/systems;

- ignorance of and distrust in the justice system;

- mobility of people in charge of managing GBV.

In light of the above, the analysis of the national response to GBV in relation to the current situation of the phenomenon reveals a number of challenges, mainly related to :

- absence of a specific law on GBV;

- absence of a code for individuals and the family;

- persistence of harmful cultural practices;

- rigorous application of the law;

- absence or inadequacy of holistic care services for victims/survivors of GBV

- insufficient synergy between GBV stakeholders

- low mobilisation of resources.

The new strategy can be tailored by drawing inspiration from this new general orientation framework provided by the NDS30.

➤ **On the sub-regional and internal security environment**

Security and humanitarian crises, particularly in the North-West, South-West, Far-North, East, North and Adamawa regions, have aggravated the existing gender inequalities within communities, increasing the vulnerability of high-risk groups including women and girls, and intensifying GBV. These crises lead to the influx of internally displaced population and refugees in these regions, the deterioration of the economic environment of the affected populations, the reduction of their already scarce resources and the weakening of the State's capacity to respond effectively..

➤ **With regard to new health environment**

The outbreak of the COVID-19 pandemic has contributed to the rapid increase of GBV because of economic and social distress, coupled with movement restrictions and social isolation. In this respect, the development of this strategy raises the issue of the Cameroonian government's response towards this situation, which could last for long, or towards pandemics other than the COVID-19. It is therefore necessary to implement a response system for emergency situations in order to fight against GBV during crisis periods.

Though the COVID-19 pandemic affects men as well as women, the socio-economic consequences are more severe for women and girls, to the extent of jeopardising progress made over the last decade. The outbreak of the COVID-19 pandemic has led to a rise in GBV. According to UNFPA, some studies reveal that in Mali and Cameroon, where restrictive measures were applied to curb the spread of the virus, there was an increase in cases of GBV during periods of lockdown while the Corona virus pandemic was ongoing. 62% of the women interviewed in Cameroon felt that the COVID-19 pandemic had a negative impact on the fight against gender-based violence.



PART TWO :

**STRATEGIC FRAMEWORK TO
COMBAT GBV IN CAMEROON
FOR THE PERIOD 2022-2026**

CHAPTER III : PROPOSED STRATEGY

The goal of this strategy is to contribute to reducing the prevalence rate of GBV by half by 2026 through continuous organization of awareness-raising campaigns, so as to reach out to a large fringe of the population and to set up appropriate support mechanisms for survivors. It is also important to mention the integration of the fight against GBV in sector public policies, and the creation of the necessary conditions for taking ownership of the fight at the individual, social and community levels.

The guidelines of the GBV strategic plan include: the Vision, Guiding Principles, the Objectives and Strategic areas, Outcomes and Results Framework, partnership and resource mobilisation.

III.1. Vision of the strategy

The Vision of the National Strategy to Combat Gender-Based Violence is as follows:

«An emerging Cameroon, democratic and united in its diversity, in which men and women enjoy the same rights, the same chances and the same opportunities to participate in the achievement of its development objectives and benefit equally from the benefits of its growth».

This vision is echoed in section 337 of the NDS30 as follows: «... (4) Intensify measures to combat GBV, put in place principles to ensure a better representation of women and youth in public and political life; and continue to strengthen the institutional framework for the promotion and protection of women's rights”.

III.2. Guiding principles

The guiding principles of the previous Strategy are being continued, namely :

- alignment with national, international and regional legal instruments related to human rights and the fight against GBV;
- holistic and multisector approach of interventions;
- involvement of civil society organisations as intervention stakeholders, which is a guarantee of the sustainability of GBV initiatives;
- effective consistency of the NSFGBV with other national and sector planning frameworks and instruments;

- partnership with the United Nations system and the African Union for the search of expertise, capacity building and mobilisation of financial means set up within the framework of the special fund for the fight against GBV.

- partnership with the private sector (large companies, trade unions and employers and professionals' organisations, corporate foundations) to support actions against GBV in all sectors;

- respect for the main principles of protection, particularly the human rights-based approach and the principle of «leaving no one behind».

III.3. OBJECTIVES

III.3.1. General objective

L'objectif global de la Stratégie est de contribuer à la réduction au moins de moitié, du taux de VBG d'ici 2026, dans un contexte fragilisé par la COVID 19, les crises socio-politiques et humanitaires.

III.3.2. Specific objectives

Les objectifs spécifiques de la stratégie sont :

- renforcer le mécanisme de prévention et de prise en charge holistique des survivantes et la répression des auteurs de VBG ;

- renforcer les mécanismes de collecte de données relatives aux VBG et promouvoir la recherche continue en la matière ;

- renforcer la collaboration entre les différents intervenants.

III.4. STRATEGIC AXES

The strategic plan to combat Gender-Based Violence for the period 2022-2026 is based on three strategic axes.

Axis 1. Strengthening the prevention and risk mitigation system in all sectors and the improvement of knowledge;

Axis 2. Strengthening the holistic management of survivors and the repression of perpetrators of GBV;

Axis 3. Partnership, coordination and resource mobilisation.

Humanitarian assistance has been integrated into the strategic axes for the establishment of a system combining concerns, approaches, protocols and procedures for the protection of all human beings in all contexts.

Axis 1. Strengthening the prevention and risk mitigation system in all sectors and the improvement of knowledge

General objective : Set up a permanent action framework for the prevention of GBV

- Strategic objective No.1: Strengthen the culture of equality, peace and non-violence within families, communities, schools and within the defence and security forces;
- Strategic objective No.2: Strengthen the integration of the fight against GBV in sector development strategies, local development plans and protocols in times of peace and crisis;
- Strategic objective No. 3: Intensify the popularisation of the principles of human rights, social justice, civic and collective responsibility;
- Strategic objective No.4: Develop the positive masculinity approach;
- Strategic objective No.5: Improve and capitalise on research regarding GBV.

Effect : the competent services are more effective in addressing issues relating to the fight against GBV.

Expected results :

- capacities of stakeholders are strengthened;
- fight against GBV is integrated into sector intervention strategies;
- sensitisation of the population on GBV is intensified;
- positive masculinity is developed;
- research on GBV is conducted, and the results are available, capitalised and disseminated.

Axis 2 : Strengthening the holistic management of survivors and repression of perpetrators of GBV

Objectif général : To professionalise interventions for a holistic and adequate management of victims of gender-based violence.

- Strategic objective No.1: Strengthen the institutional mechanism;
- Strategic objective No.2: Encourage psychosocial support for victims and perpetrators of GBV;
- Strategic objective No.3: Promote the economic empowerment of survivors within families and communities.

Effect : The offer of management and repression services is improved.

Expected results :

- Holistic management services for survivors are made available in quantity and quality;
- Survivors return to a normal life in society;
- Perpetrators of GBV are punished commensurate with their offences and/or receive psychosocial support.

Axis 3 : Partnership, Coordination and mobilisation of resources**General objective :** Strengthen synergy between stakeholders in the fight against GBV

- Strategic objective No.1: Mobilise the different stakeholders to effectively participate in the fight against GBV
- Strategic objective No.2: Mobilise the necessary resources for the fight against GBV

Effect : Stakeholders act in a concerted manner within the framework of a platform**Expected results :**

- different stakeholders are mobilised and are involved in the fight;
- necessary resources for the fight are mobilised and allocated in an equitable manner;
- stakeholders act within the framework of a partnership platform.

OPERATIONAL PLAN OF THE NATIONAL STRATEGY TO COMBAT GBV

Strategic Axis 1: Strengthening the prevention and risk mitigation system in all sectors and the improvement of knowledge

General objective: Set up a permanent action framework for the prevention of GBV

- Strategic objective No.1: Strengthen the culture of equality, peace and non-violence within families, communities, schools and Defence and Security Forces (DSF)
- Strategic objective No. 2: Strengthen the integration of the fight against GBV in sector development strategies, local development plans and protocols in times of peace and crisis;
- Strategic objective No.3: Intensify the popularisation of the principles of human rights, social justice, civic and collective responsibility;
- Strategic objective No.4: Develop the positive masculinity approach;
- Strategic objective No.5: Improve and capitalise on research regarding GBV.

Effect The competent services are more effective in addressing issues relating to the fight against GBV.

Expected results :

- capacities of stakeholders are strengthened;
- fight against GBV is integrated into sector intervention strategies;
- sensitisation of the population on GBV is intensified;
- positive masculinity is developed;
- research on GBV is conducted, and the results are available, capitalised and disseminated.

Actions	Indicators	Period					Implementation partners	Budget (in thousands)	Source of funding	Source of verification
		2022	2023	2024	2025	2026				
Training on GBV themes	Number of sessions organised; Number of people trained disaggregated by sex according to GBV thematic issues.	X	X	X	X	X	Sector partners (public, RLAs; NGOs and CSOs), TFPs, Cameroon Human Rights Commission (CHRC), Media	360 000	State ; TFP ; RLAs	Training reports
Sensitisation	Number of sessions organised Number of persons involved Number of adopted sector and ministerial strategies that integrate the fight against GBV; Number of awareness-raising campaigns organised Number of awareness-raising documents distributed	X	X	X	X	X	Sector partners (public, RLAs; NGOs and CSOs), TFPs, Cameroon Human Rights Commission (CHRC), Media	9 35 000	State ; TFP ; RLAs, NGOs, CSOs	Session, campaign, programme, celebration reports

Support for stakeholders	Number of prevention projects funded; Number of associations/ clubs/communities supported; Overall amount of funding obtained	X	X	X	X	X	MINPROFF, RLA, Sector Ministries and TFPs CHRC ,CSOs NGOs	700 000	State ; TFP ; RLA, NGOs,C-SOs	Available reports
Setting up a nationwide prevention and early warning and security/civil protection system	Number of units set up ; Number of prevention mechanisms and tools developed and operational; Number of activities carried out; Number of localities covered; Number of beneficiaries. disaggregated by sex	X	X	X	X	X	MINPROFF, RLA, Sector Ministries and TFPs CHRC	900 000	State ; TFP ; RLA, NGOs, CSOs	Activity reports available
Development of positive masculinity	Number of young boys trained in the promotion of the fight against GBV; Number of gender champions (men) who have positively distinguished themselves in the fight against GBV	X	X	X	X	X	MINPROFF, RLA, sector Ministries and TFPs CHRC	50.000	The State ; TFPs ; RLA, NGOs, CSOs	Reports on training sessions available Statistics available
TOTAL 1							CHRC	2 621 000		

Axis 2: Strengthening the holistic management of survivors and repression of perpetrators of GBV

General objective: To professionalise interventions for a holistic and adequate management of survivors of GBV

- Strategic objective No.1: Strengthen the institutional mechanism;
- Strategic objective No.2: Encourage psychosocial support for victims and perpetrators of GBV;
- Strategic objective No.3: Promote the economic empowerment of survivors within families and communities.

Effect: The offer of management and repression services is improved

Expected results:

- Holistic management services for survivors are made available in quantity and quality;
- Survivors return to a normal life in society;
- Perpetrators of GBV are punished commensurate with their offences and/or receive psychosocial support.

Actions	Indicators	Period					Implementation partners	Budget (in thousands)	Source of funding	Source of verification
		2022	2023	2024	2025	2026				
Improvement of the service provided	Number and types of structures created and made operational; Number of staff recruited and trained; Number of beneficiaries (male/female) of the services offered	X	X	X	X	X	MINPROFF, TFPs and partners, RLAs, CRHC	200 000	The State, TFPs	Reports
Strengthening of institutional mechanism	Number of documents elaborated Reports of training sessions; Number of operational units set up; locations; Number and mapping of operational units Number of persons supported	X	X	X	X	X	MINPROFF, RLAs, sector Ministries and TFPs, CHRC	95 000	State, TFP; RLAs	Reports of training sessions

Harmonisation and popularisation of intervention protocols and procedures	Number of training manuals, procedure manuals elaborated Reports of training sessions; Number of stakeholders trained.	X	X	X	X	X	MINPROFF, RLAs, Sector Ministries and TFPs, CHRC	60 000	State, T-FP, RLAs, CSOs	Reports of training sessions
Strengthening of sanctions and reparation mechanisms	Number of laws amended or adopted; Number of actors in the repression chain trained; Number of court decisions rendered; Number of perpetrators sanctioned; Number of victims who received reparation; Number of administrative sanctions; Share of budget allocated to repression.	X	X	X	X	X	MINPROFF, RLAs, Sector Ministries and TFPs, CHRC	95.000	State	Reports of training sessions
TOTAL 2								450 000		

Axis 3: Partnership, coordination and mobilisation of resources

General objective: Strengthen synergy between stakeholders in the fight against GBV

- Strategic objective No.1: Mobilise the different stakeholders to effectively participate in the fight against GBV
- Strategic objective No.2: Mobilise the necessary resources for the fight against GBV

Effect: Stakeholders act in a concerted manner within the framework of a partnership platform

Expected results:

1. different stakeholders are mobilised and involved in the fight;
2. necessary resources for the fight are mobilised and allocated in an equitable manner;
3. stakeholders act within the framework of a partnership platform.

Actions	Indicators	Period					Implementation partners	Budget (in thousands)	Source of funding	Source of verification
		2022	2023	2024	2025	2026				
Mobilisation of stakeholders	Number of elaborated or updated mappings of actors and actors' networks; Number of platforms and networks set up; Number of projects funded; list of stakeholders benefiting from funding; Level of involvement and terms of reference of stakeholders; Number of experts made available Number of partnership agreements signed between actors	X	X	X	X	X	MINPROFF, TFPs and partners, RLAs, CHRC	130 000	State, TFPs	Monitoring and evaluation reports, coordination meeting reports

Mobilisation of resources	A special fund to combat GBV is set up Number of projects funded; Number of partners who contributed to the mobilisation of resources Average proportion of the budget allocated by each sector Total amount of funding allocated by TFPs to the fight against GBV	X	X	X	X	X	MINPROFF, DLAs, Sector Ministries and TFPs, CHRC	95 000	State, TFPs, DLAs	Repoprts of training sessions
Monitoring- evaluation	Number of mechanisms put in place Number of consultation meetings, control and follow-up missions organised Number of stakeholders involved Number and types of tools elaborated	X	X	X	X		MINPROFF, DLAs, Sector Ministries and TFPs, CHRC	50 000	State, TFPs, DLAs, CSOs	Control and monitoring mission report
TOTAL 3								275 000		
TOTAL 1+2+3								3 346 000 000		

III.5. PARTNERSHIP STRATEGY AND MOBILISATION OF RESOURCES

expertise, capacity building and the mobilisation of financial means set up within the framework of the special fund for the fight against GBV.

- Partnership with the private sector (large companies, trade unions and employers and professionals' organisations, business foundations) to support actions against GBV in all sectors.

For the purpose of efficiency and effectiveness, the Strategy suggests that, these options should be examined and an agreement reached between the Government and the Technical and Financial Partners, including the United Nations system, civil society and the private sector. A roadmap drawn up by common agreement between these parties will serve as the basis for this agreement. The specificity of this document will be to define the responsibilities of all the stakeholders and to identify potential sources of financing for the activities decided upon on the one hand, and to set up a mechanism for monitoring and evaluating the different sequences of the implementation of the Strategy on the other hand.

The vision for the implementation of the 2022-2026 National Strategy to Combat GBV is similar to the previous one in terms of maximizing the chances of success. Indeed, it takes into account a certain number of success conditions with regard to the government, Technical and Financial Partners and socio-cultural obstacles. They include:

- Promoting the convergence of sector interventions for a better synergy of actions;
- Producing an annual progress report for the parties involved in the implementation of the Strategy;
- Involving civil society and the public and private media in order to guarantee better visibility of the projects and with a view to communication and advocacy for the change of negative social perceptions;
- Advocating to donors in order to focus their funding more on sustainability than on the current situation;
- Developing disaggregated monitoring and evaluation indicators that take into account local contexts and realities;
- Working to ensure that the actions selected in the national strategy to fight GBV take into account the socio-cultural realities of their execution sites in order to guarantee their success.

However, considering the observations made following the evaluation of the previous Strategy, it is clear that the mechanism suggested at the time is not or has not been quite operational, particularly with regard to the proposed coordination and implementation mechanism. This contributes to sustaining the idea of a consensual development of a four-party Roadmap, which would guarantee the commitment of all parties, while setting out the modalities for monitoring and evaluation.

CHAPTER IV : COORDINATION, IMPLEMENTATION, MONITORING-EVALUATION AND COMMUNICATION

IV.1. Coordination and implementation mechanism

The institutional mechanism for coordinating and steering the Strategy will be composed of two structures: the Technical Committee and the Technical Secretariat..

IV.1.1. The Steering Committee

IA Steering Committee will be created with the mission to support the Ministry of Women's Empowerment and Gender Promotion in the implementation of the National Strategy to Fight against Gender Based Violence.

More specifically, it shall be charged with :

- ensuring effective communication between the different actors involved in the implementation of the strategy by holding semester meetings;
- assisting in the search and mobilisation of internal and external financial resources and in the constitution of data banks on the different challenges of the strategy;
- participating in the monitoring and evaluation of the National Strategy to Combat GBV;
- participating in the monitoring and evaluation of the National Strategy to combat GBV;
- Chaired by the Minister in charge of the Promotion of Gender Equality, in collaboration with the Ministry in charge of planning, development and international technical cooperation, the Steering Committee shall be made up of representatives of various ministries with at least the rank of Director of the central administration, social partners (workers and employers) and civil society organizations. It shall meet twice a year.

The Steering Committee shall work on the basis of a multi-sector action plan elaborated through a participatory approach. Priority actions will be identified from this multi-sector plan to serve as sequential or annual work plans.

The gender focal points of the various sector ministries and the CSOs shall be part of the representatives of their respective organisations within this committee. This Technical Committee shall be relayed to the field by regional, divisional and sub divisional committees made up of representatives of the decentralised services of the sector ministries, decentralised local authorities and civil society, just like the Technical Committee.

IV.1.2. The Technical Secretariat

Placed under the supervision of the Department of Women's Social Empowerment of the Ministry of Women's Empowerment and the Family, its main tasks shall be to :

- ensure the coordination of interventions within the framework of the implementation of the National Strategy to fight against GBV
- maintain dialogue with the stakeholders involved in the implementation of the national strategy to fight against GBV;
- prepare files to support the mobilization of resources for the funding of GBV initiatives;
- participate in the programming exercises of the government and technical and financial partners;
- produce follow-up reports on the implementation of the National Strategy to fight GBV and an annual report on gender equality and equity in Cameroon;
- ensure the creation of a database on the situation of women and men and ensure its regular update;
- introduce to the Steering Committee, proposals for legislative and regulatory measures relating to gender equality and equity;
- carry out, in relation with partners, the mid-term evaluation of the implementation of the National Strategy to fight against GBV and its annual evaluation;
- prepare the meetings of the Steering committee
- Manage the secretariat of the Steering committee.

The Technical Secretariat shall establish collaboration protocols with the different stakeholders in order to ensure coordination of the interventions.

At the regional level, general coordination will be the prerogatives of by the Governors, while the Regional Delegates in charge of women's empowerment and gender promotion will ensure technical coordination through the regional platforms to fight against GBV.

These platforms will ensure the implementation and monitoring of the strategy and will operate on the basis of the multisector action plan mentioned above and under the general coordination of the regional governors.

The reports of the regional platforms shall be submitted to the Technical Secretariat, which will submit its report to quarterly to the Technical Committee

IV.2. Monitoring-evaluation

The government shall set up a monitoring and evaluation system for the actions included in the strategic areas identified above, at national, regional and local levels, with a view to ensuring their harmonious implementation, detecting any malfunctions at an early stage and, if necessary, make adjustments.

The general evaluation will consist in measuring the results on the basis of the general and specific objectives of each area and the contribution of each sector.

Small-scale sample surveys will be conducted regularly as one of the most appropriate means for this evaluation.

Monitoring and evaluation actions will be carried out at regular intervals to be determined by the Technical Committee. The principles of Results-Based Management (RBM) and the human rights-based approach to programming in general and GBV in particular will guide monitoring and evaluation.

To support the operationalisation of the bodies thus defined, monitoring/evaluation mechanisms are proposed and outlined as follows :

- an information system related to gender issues at the national level;
- monitoring/evaluation reports on the implementation of the national strategy to fight against GBV produced by the stakeholders;
- an annual assessment report to be submitted to the Prime Minister;
- thematic arguments on gender issues in all areas of political, economic, social and cultural life in order to support advocacy for the creation of an institutional environment conducive to the promotion of gender and its integration in the development process;
- periodic reviews, monitoring, control and audits.

IV.3. Communication

The successful implementation of the National Strategy to Combat GBV requires the recognition of the fundamental role that communication must play. This communication must be based on :

- the elaboration of awareness-raising documents in the local language;
- the establishment of frameworks for collaboration with community and community radio stations as well as digital communication platforms;
- the use of existing communication media at the level of the Ministry (radio programme «Femme Famille et Société» and the newspaper «Femme et Famille Magazine»),
- working in close collaboration with media professionals and journalists;

CONCLUSION

The fight against GBV is a necessity throughout the world for obvious reasons. It is important to integrate the fact that violence, whatever its motives, is a violation of human rights. Moreover, given the enormous social and economic consequences, the fight against this phenomenon is part of the global fight against poverty. Since GBV is not specific to one continent, its practice raises the issue of the feminisation of poverty, which is the consequence of women's great vulnerability. The promotion of women and girls' rights, in general, is challenged by GBV, which persists because of harmful social and cultural beliefs. The political orientations of the international community, which are taken into account by different countries, justify the permanent fight against GBV. Consequently, the dynamic nature of the socio-economic and political environment requires the revision of action strategies.

The assessment of the magnitude of GBV in Cameroon is hampered by the unavailability of updated and disaggregated data from official sources. In this case, two sources of information were used: the Fifth Demographic and Health Survey 2018 (DHSC-V) produced by the National Institute of Statistics (NIS) and data produced by stakeholders in the field. It is in this light that Cameroon, with the support of its technical and financial partners, decided to revise its National Strategy to Fight against GBV, which was adopted in 2017 and had expired in 2020. This revision integrates the need to take into account, among other things, the new security and health context of the country, and the new orientations laid down by the strategy documents at national, regional and international levels, in order to find an appropriate system of intervention. Ultimately, the goal is to provide new guidelines for a common protocol and processes that will allow for holistic management, effective coordination and evaluation to ensure the effectiveness of GBV response initiatives. The specificity of this new policy framework in the fight against GBV will be the roadmap that will accompany it to ensure the effectiveness and efficiency of all actors.

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STRUCTURES CONSULTED

- MINPROFF : Central and Decentralised Services
- MINAS
- MINJEC
- MINESEC
- MINESUP
- MINJUSTICE
- MINSANTE
- MINDDEVEL
- MINEDUB
- MINDEF
- SED
- DGSN
- CNDH
- UNFPA
- UN-WOMEN
- UNDP
- UNESCO
- HCR
- CNDHDA
- CARE
- CUSO
- PLAN INTERNATIONAL CAMEROON
- NATIONAL CSOs (ACAFEJ, ALVF, ACAFEM, CIDIMUC, WAA, Margarita Holistic Center, Gender Club, ABECAM, GTOG....)



ANNEXES

ANNEX 1: GLOSSARY/LEXICON OF GBV

In order to create synergy between the actors involved in the fight against GBV, it is important that everyone understands the concepts used in this field. To this end, the following concepts have been defined within the framework of this strategy:

Gender: what differentiates men and women in their social relationships. It is reflected in the distribution of functions and roles specific to men and women. This is often at the root of the discrimination and inequality that mostly affects women. Gender is opposed to sex, which refers to the universal biological differences between males and females.

Violence: any act causing or likely to cause any harmful/prejudicial act perpetrated against the will of another, which results in physical, sexual, or psychological harm or suffering to any person, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether in public or in private life.

Gender-based violence: a generic term for violence based on socially prescribed differences between men and women/girls and boys. It refers to any act directed against a man or a woman as a result of unequal social relations governing the community and disadvantaging a group.

Sexual violence: any sexual act or attempt to obtain a sexual act, comment or advance of a sexual nature, or act intended for trafficking or otherwise directed against a person's sexuality using coercion committed by a person regardless of his or her relationship to the victim, in any context.

Conflict-related sexual violence: acts or types of sexual violation such as rape, sexual slavery, prostitution, forced pregnancy and sterilisation or any other form of sexual violence of comparable gravity, perpetrated against women, men or children. These acts or types of violation occur in times of conflict or post-conflict or in other serious situations (political unrest). They are also directly or indirectly related to the conflict or political unrest as such, i.e., temporally, geographically or causally related (listed in accordance with Security Council resolution 1960 (2011)).

Rape/attempted rape: an act of non-consensual sexual intercourse. This can range from the intrusion of a sexual organ into any part of the body and/or the intrusion of a genital or anal opening with an object or body part.

Victim: a person who has suffered violence or abuse. «Victim» is a term often used in the legal and medical fields.

Survivor: victim of gender-based violence who has the courage to speak out and benefit from the holistic support available. The term is generally more common in the psychosocial support sectors, since it is more flexible (IASC, 2005). In this Strategy, the term «survivor» will be used to include women, men, girls and boys so that they are taken into account in planning activities based on a rigorous gender analysis.

ANNEX 2: Summary presentation of GBV in Cameroon

TYPES OF VIOLENCE	CAUSES	MANIFESTATIONS	VICTIMS	PERPETRATORS	SETTINGS OF PRACTICE	CONSEQUENCES
Physical violence	Socio-cultural norms Lack of awareness of rights lack of awareness of existing remedies Low level of education different perceptions of love, intimacy and married life Asymmetric communication. Ignorance Lack of information, education Consumption of narcotics and alcohol, misinterpretation of Bible and Koranic verses	Assault Injuries Battering Assaults of all kinds Haematomas Various traumas.	Women; Young girl; Wife. Man Young boy	Spouse Companion Cohabiting partner Service colleague Parents Brothers and brother-in-law Teachers Classmates Religious leaders other people.	Home Workplace Street Prison environment School and university milieu Religious milieu Family environment traditional chiefdoms	Pain Fracture Hospitalisation Death Miscarriage Deterioration of health Physical and cerebral paralysis wounds
Psychological violence	Partner introversion Socio-cultural norms Level of education Different perceptions of love, intimacy and married life Asymmetric communication, Abusive repudiation, abusive	. Insults Deprivation Silence Threats Indifference. Blackmail Isolation Hate speech	Female Male Young girls and boys; Wife Daughter-in-law Elderly person	Spouse Companions Concubines In-laws Service colleagues Disappointed admirers Religious leader Other people Professional supervisor	family environment; Work environment; Prison environment; School and university milieu Religious milieu Street. Political Sports	mediocre intellectual performance psycho-affective disorders (addiction, self-depreciation, life-depreciation, sleep disorder, anxiety, personality disorder, sadness, resignation, suicide...) development of aversion to the opposite sex Tendency to violence and crime. Suicidal behaviour
Economic violence	Education level Poverty Socio-cultural norms Differences in perception of love, married life; ignorance ; lack of information, education, lack of information and training, misinterpretation of Koranic verses Deprivation of property	Income deprivation, of work, Exploitation, Unequal wages .	Femmes ; jeunes filles ; épouses.	conjoint ; employeur ; concubin ; leaders religieux ; parents et autres personnes.	milieu familial, milieu professionnel ; milieu religieux ; milieu carcéral. Milieu sportif Milieu politique	Loss of employment ; Social costs of violence (high cost of dealing with cases of violence); Loss of productivity Social exclusion.

Sexual violence	Poverty ; level of education ; perception of women ; pathology ; communication; ignorance; lack of information, education	Rape Sexual harassment Incest Zoophilia Sodomy Paedophilia Molestation Indecent assault Statutory rape Pimping Threats.	Women Youth Child Adolescent Wives.	spouse ; employer ; abusers ; domestic worker ; Teachers Parents Brother Cousin Delinquent Pupils and students Other person.	family environment ; school and university milieu; Prison environment Professional environment Abandoned places Street...	Early/unwanted pregnancy STI/STD/HIV Pain Trauma Wound/injury Social rejection Loss of self-esteem Death etc
Widowhood rites	Socio-cultural norms/practices ; Ignorance Isolation.	Bullying ; ill-treatment ; Deprivation of inheritance Levirate and sororate Discrimination Stigmatisation Abandonment and neglect Confinement, murder Abuse of any kind	Widows.	in-laws ; widow ; Community.	family environment ; public places.	Wounds/injuries Loss of self-esteem Inferiority complex Self-closure Behavioural and personality disorder
Child/ early/forced marriages	Socio-cultural norms/practices Poverty Ignorance Lack of information, education.	Obligation to marry Early sexuality Early pregnancy «Money woman”	Girl child Adolescent Women.	Family Parent Guardian; Traditional leaders. Religious leaders	Nationwide Family Community	Early/unwanted pregnancy STI/STD/HIV Pain Trauma Wound/injuries Social rejection Loss of self-esteem Obstetric fistula School failure Social burden Death, etc.
FGM	Socio-cultural norms, practices and beliefs Lack of information, education Ignorance, poverty Misinterpretation of Koranic and biblical verses,	Excision, infibulation total or partial removal Cauterization Incision; scarification Piercing; Introduction of substances.	Girl child Adolescent Women.	Male excision practitioner Female excision practitioner Parent Family traditional leaders. Religious leaders	Family environments; Areas of high prevalence (Far North, South-West, North large cities).	Early/unwanted pregnancy STI/STD/HIV Pain Trauma Wound/injuries Social rejection Loss of self-esteem Obstetric fistula School failure Social burden, Death, etc.
Breast ironing	Socio-cultural norms, practices and Beliefs Ignorance Lack of information, education	flattening of the breasts with objects such as spatulas, heating stones, etc.	Adolescent girl Young girl.	Woman ; Mother ; Aunt	Family environment Community	Pain Trauma Social rejection Loss of self-esteem School failure

Cultural	Socio-cultural norms, practices and Beliefs; Ignorance Lack of information, education religious extremism. Blackmail Isolation	Language Religion Tribalism Racism.	Spouse Young girl Women Everyone	Spouse Individual Religious group.	Professional environment Family environment School environment Religious milieu.	Racism Tribalism Tribal conflicts Acculturation School failure Marginalisation Relationship difficulties; Dropping out of school; Loss of trust in others, etc. .
Institutional and political	Socio-cultural norms, practices and beliefs; Ignorance Lack of information, education; Lack of budgeting, awareness- raising, information and training Lack of gender-sensitive budgeting Poor integration of GBV in policies and programmes	Deprivation of rights and freedoms; Discrimination; low representation of women in decision-making spheres (non-compliance with quotas)	Everybody	Public authorities Decision-makers Traditional leaders.	Political environment; Administrative and professional environment; family environment; school environment; Religious environment; Weak consideration of GBV in policies and programmes.	Social rejection Impunity Social disorder Anarchy Gender inequality GBV Violence against women and children Phenomenon of street children; Irresponsibility etc

ANNEX 3 : GBV that is likely to occur in development and emergency situations respectively

CONTEXT OF DEVELOPMENT	
PHASE	Types of violence
Before birth	<ul style="list-style-type: none"> - Selective abortion - Physical violence suffered by the mother during pregnancy, with the emotional and physical impact on the mother and child-birth - Forced pregnancy (especially in cases of genocide)
Early childhood (Add the age group)	<ul style="list-style-type: none"> - Selective infanticide - Genital mutilation/excision - Psychological violence - Physical violence - Discrimination in access to food, healthcare and education. - Rape - Incest
Childhood	<ul style="list-style-type: none"> - Forced/early/child marriage - Genital mutilation/excision - Sexual abuse within the family or by strangers - Discrimination in access to food and healthcare - Forced prostitution - Rape - Sex trafficking - Discrimination in access to violence.
Adolescence	<ul style="list-style-type: none"> - Forced marriage - Genital mutilation/excision - Violence during dating - Exchange of sexual favours for services or food - Sexual abuse by family members, acquaintances or strangers - Rape - Sexual harassment - Discrimination in access to food, healthcare and education - Forced prostitution - Sex trafficking - Denial of access to health service - Digital violence
Age of procreation	<ul style="list-style-type: none"> - Abuse perpetrated by the spouse - Marital rape - Dowry-related violence and murder - Sexual abuse in the workplace - Sexual harassment - Rape - Violence against women with disabilities, - Levirate to sororate

Elderly women	<ul style="list-style-type: none"> - Abuse on widows - ill treatment of elderly persons - Levirate and sororate - Femicide
EMERGENCY CONTEXT	
During a crisis, before being displaced	<ul style="list-style-type: none"> - Abuse of power by persons in authority, etc. - Destruction of official documents - Demand for sexual favours in exchange for services - Sexual assault, coercion by fighters - Rape - Group rape
During escape	<ul style="list-style-type: none"> - Sexual assault, coercion by bandits, border guards, pirates - Kidnapping in the context of sex trafficking - Kidnapping - Rape
In the refugee camp	<ul style="list-style-type: none"> - Assault, exploitation, sexual abuse by persons in authority, etc. - Sexual abuse of children - Marital violence - Sexual assault on the way to fetch wood, water, etc. - Sexual favours obtained in the context of survival - Re-emergence of harmful traditional practices - Rape
During repatriation	<ul style="list-style-type: none"> - Sexual abuse, separation of children - Sexual abuse by a person in authority, etc. - Sexual assault - Rape

