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CAMEROONIAN REFUGEES SITUATION SGBV REPORT

JANUARY – JUNE 2020

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ACRONYM | **DEFINITION**

CBI	- Cash Based Intervention
CBO	- Community Based Organization
CCCM	- Camp Coordination Camp Management
CPC	- Child Protection Committee
DV	- Domestic Violence
FHH	- Female Headed Household
FJDP	- Foundation For Justice, Development and Peace
GBVMIS	- Gender Based Violence Information Management System
GCR	- Global Compact for Refugee
GRD	- Gender Reporting Desk
ICM	- Information Case Management
IEC	- Information Education and Communication
IPV	- Intimate Partner Violence
JRS	- Jesuit Refugee Service
LGA	- Local Government Area
LNGO	- Local Non-Governmental Organization
MoWA	- Ministry of Women Affairs
NCFRMI	- Nigeria Commission for Refugee Migration Internally Displaced
NGO	- Non-Governmental Organization
NRCS	- Nigeria Red Cross Society
PAG	- Protection Action Group
POC	- Persons of Concern
PWSN	- Persons with Specific Needs
SEMA	- State Emergency Management Authority
SGBV	- Sexual and Gender Based Violence

Operational Context

Sexual and Gender Based Violence continue to remain a key protection concern in the Cameroonian operation which holds **58,415** refugees as at end of June with children making up to **52%** while adult men and women accounted for **45%** and elderly **3%** of the total population. Out of the total population it should be noted that host communities registered the highest population of **54%** while refugees in the settlements were **46%**. Since 2019, UNHCR, government line ministries and its protection implementing partners have increased efforts to address issues of SGBV across the three states of Cross River, Benue and Taraba. The mid-year report indicates the increased efforts of access to service provision among survivors of SGBV and the capacity of documentation with an experience attempt in addressing the gaps in knowledge and understanding of how SGBV activities are being implemented among persons of concerns. As a result, UNHCR and its protection partners JRS, Caritas and FJDP have strengthened their capacity in prevention and response to SGBV through a coordinative approach with the Ministry of Women Affairs, Social Welfare Department, Nigeria Police Force (NPF) and the State Emergency Management Authority (SEMA).



SGBV psychosocial support, health, safety and security, legal and socio-economic assistance continue to be main social protection services among survivors of SGBV.



83% of the reported SGBV incidents are against women and girls living in the refugee settlements that hosts **46%** of the refugees and 56% in the border host community.



52% of minors, **45%** of adult men and women and **3%** of elderly are at risk of SGBV



Only **10%** of the registered population of persons of concern have received awareness on SGBV prevention and response.



45% of the population at risk need socio-economic empowerment through livelihoods support, business and other vocational skills training.



45% of women and girls of reproductive age need dignity kit and other hygiene and domestic items like cooking fuel.

SGBV - Key Achievements

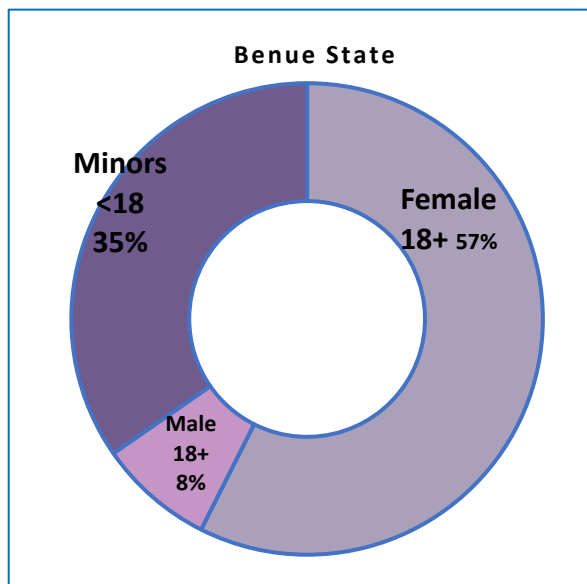
Strategic Objective: Risks of SGBV reduced and Quality of Response Improved

UNHCR continues to implement its global strategy of prevention, risk mitigation and response by ensuring that a multi-sectoral approach through a coordinative effort is addressing all forms of violence in the community.

Performance indicator: # of reported SGBV incidents for which survivors receive psychosocial counselling

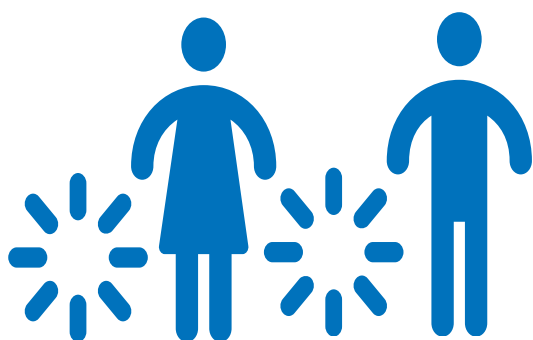
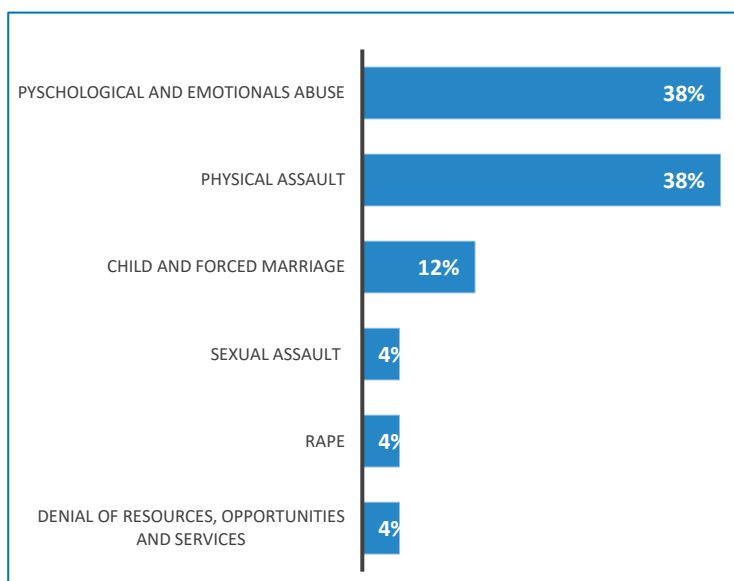
During the reporting period, January - June, **255 (43 Male, 212 Female)** cases were identified through partners, self-referral, community leaders, home visits, CBO through SGBV information, and case management process and referred for documentation. Furthermore, SGBV survivors were referred to government facilities and other service providers for health, security, legal and psychosocial support.

Breakdown of SGBV cases per state



Benue state had the highest number of reported incidents for adult female and children below the age of 18 years (3 -17) representing **57%** and **35%** respectively as it is depicted in the pie chart. Male survivors on the other hand recorded **8%** out of the overall incidents referred and documented in the GBVMIS. Over **90%** of the incidents were referred by Community support structures of women support groups and community volunteers working within the settlement areas and surrounding host communities of Bwakekya, Abande, Etukase, Ugugu in Benue state. Other referrals were from SEMA and women development officer.

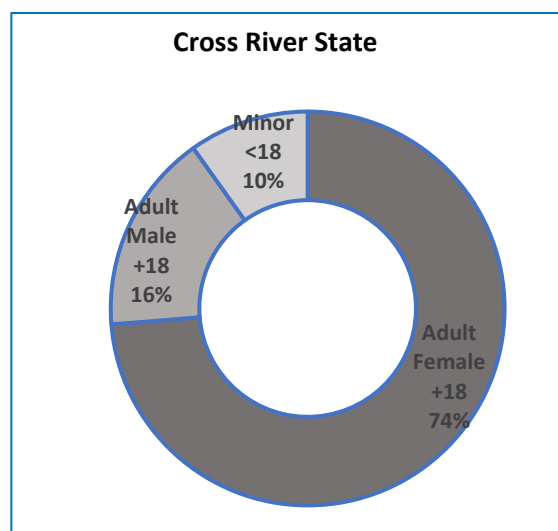
In Benue state, cases of psychological emotional abuse and physical assault were reported at **38%**, child and forced marriage at **12%**, sexual assault, rape and denial of resources at 4%. Psychological and emotional abuse and physical assault were mainly as a result of misunderstanding and distress caused by IPV in most cases former or current partner or partners who have stayed with survivors for over six months and provided household basic needs to the survivors. Other contributing factors included poor communication and lack of or limited proper conflict management skills among couples which in most cases resulted to infidelity hence leading to fights and threats in the survivor's or perpetrators home.



peer pressure, idleness as a result of lockdown and closure of schools.

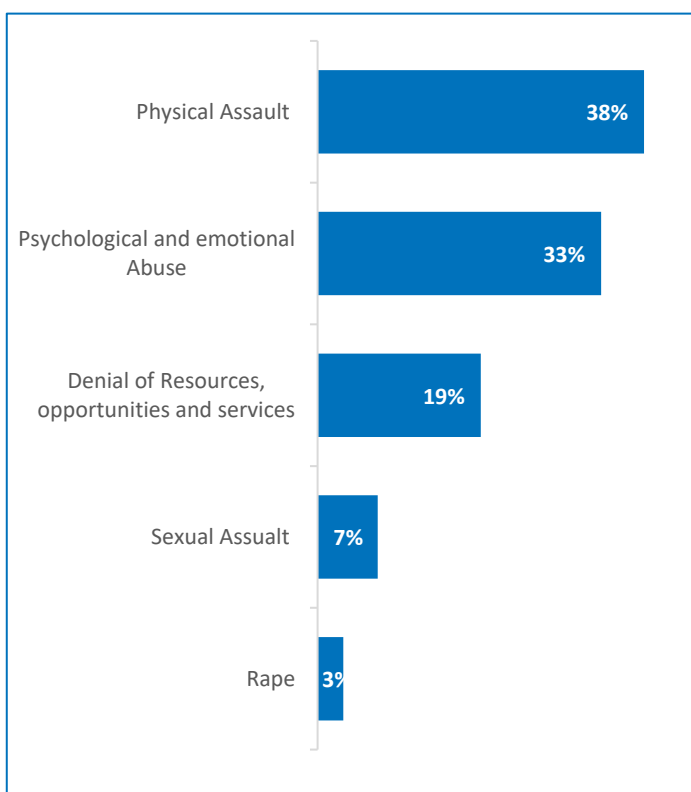
Unlike other related patriarchal and gender inequalities that are root causes of child and forced marriage in most communities, hardship during COVID -19 pandemic leading to lack of socio-economic support and poor community support system mainly contributed to increased incidents of child and forced marriage among adolescent between **14 – 17** years. Poor parental care and responsibilities played a major role exposing many young adolescent girls and boys with minimal guidance leading to increased risk in SGBV. With increased cases of teen related pregnancies being contributed by

Reported incidents of sexual assault and rape mainly occurred in the evening and during night hours when survivors are unaware of the ambush by the unknown perpetrators. With only **4%** being reported, the underreporting is mainly contributed by social stigma, general fear of retaliation from perpetrator and family members, shame and self-pity and culture of seeing rape as a normal thing and ways community have been socialized. With majority of rape cases happening in perpetrators home and during evening or night hours, this delays the response as most of the survivors will only prefer to wait until daytime to report such incidents among the trusted individuals. Other related challenges in reporting is lack of network and communication gadgets to make calls for quick actions.



In Cross River state, **74%** of the cases reported were for female, **16%** male and **10%** children between **0-17** years. With majority of the incidents being reported in Adagom, Adagom III and Ukende settlements while very few cases reported from urban municipalities of Calabar, and surrounding communities of Boki, Obnliku, Ikom and Utanga.

From the cases reported **89%** were from the settlements and **11%** from the border host communities. Among those reported, **51%** were from



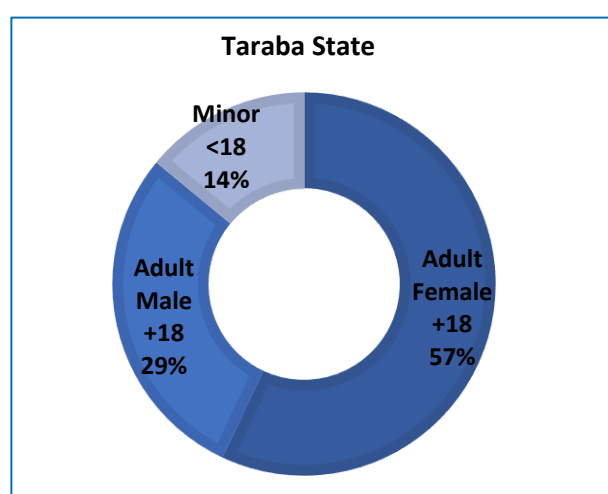
Adagom, **23%** from Adagom III and **15%** from Ukende settlements. Cases reported from the border host community included **4%** Boki, **2%** Obnliku, **1%** Ikom, **1%** Utanga and **1%** from urban setting of Calabar municipality. From the analysis, Adagom I recorded a higher percentage of incidents due to high population of refugee hosted in the location and ease access to service provision and increased level of awareness on SGBV prevention. Under reporting of cases, limited movement and lack of adequate service provision during lockdown mainly contributed to low reporting in urban setting of Calabar and host communities.

From the reported incidents, it should be noted that the physical assault, psychological and emotional abuse were the most reported incidents at **38%** and **33%** respectively. These were cases mainly reported by women with most perpetrators being intimate partners, family and close relatives, neighbors and friends.

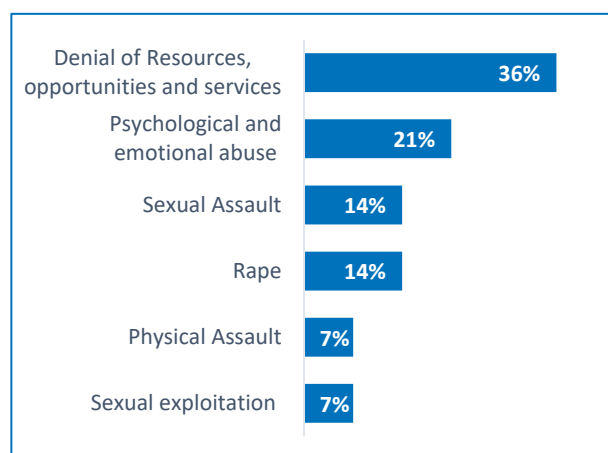
The incidents of psychological and emotional abuse were mainly caused by verbal abuse, lack of responsibility at home and cheating. Escalating conflicts over the cheating between spouses and lack of respect led to incidences of physical assault at home. Denial of resources, opportunities and services were mainly caused by unpaid family bills which include provision of basic needs, denied rights for financial responsibility and decision-making and lack of responsibility in taking care of basic family needs. **7%** of the sexual assault and **3%** of the rape cases indicated lowest percentage with majority of the cases related to minors and women in the community.

SGBV incidents are mainly perpetrated by men, rape and sexual assault cases occurred mainly at night or evening with few cases occurring during the day when child survivors are left alone or under care of neighbors and relatives. The low reporting does not indicate lack of incidents in the community, but mainly due to fear of being stigmatized and discriminated by community members and fear of retaliation. Other related challenges are; sudden disappearance of perpetrators and the pre-existing gender inequalities and power imbalances that leave majority of the survivors vulnerable due to influential community elders who alternatively demand SGBV cases to be solved at home with fines subjected to the perpetrators without due legal process.

With only **11%** of the reported cases from the host community, majority of the cases are underreported due to limited service provision in the border host community, long distance to and from service location point, challenges with human resource, delayed response due to lack of network and communication gadgets. Other related concerns are mainly associated with insecurities and remoteness.



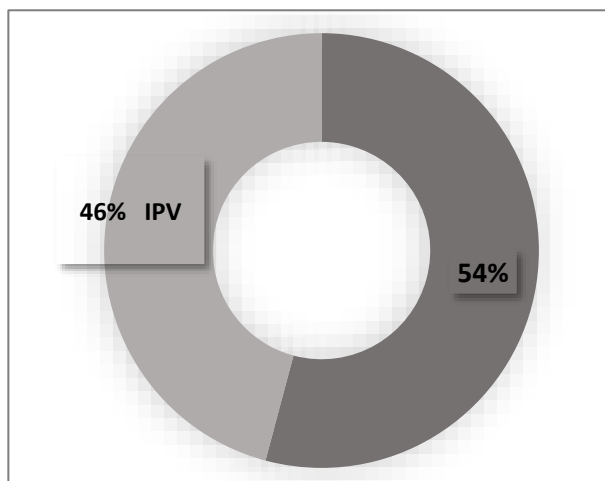
SGBV services in Taraba state are provided by the UNHCR implementing partner JRS in coordination with LEMA and MoWA with service provision delivered to the integrated communities in the border locations with Cameroon. With high number of women and children registered during two cycle of influx, increased level of vulnerability with contributing factors being lack of community support system exposes more women and girls into further harm and violence. During the reporting period **57%** of cases were women, **29%** men and **14%** minors (**0-17**). Reported cases were mainly from the communities of Takum, Yerimaru, Warkaka, Lip, Inkiri and Antere.



36% of the cases were of Denial of resources, opportunities and services mainly contributed by lack of provision of family basic needs and gender inequalities that confined women from accessing basic services like health and livelihoods support. With loss of jobs during the COVID-19 pandemic, burdened socio-economic constraints and lack of community support system contributed to quarrels in the home among intimate partners which mainly resulted to psychological and emotional abuse. Other causes to psychological abuse was the lack of provision of family bills to which one partner opt to leave home whenever they have access to finance while the other partner is left burdened with childcare and other household responsibilities without resources.

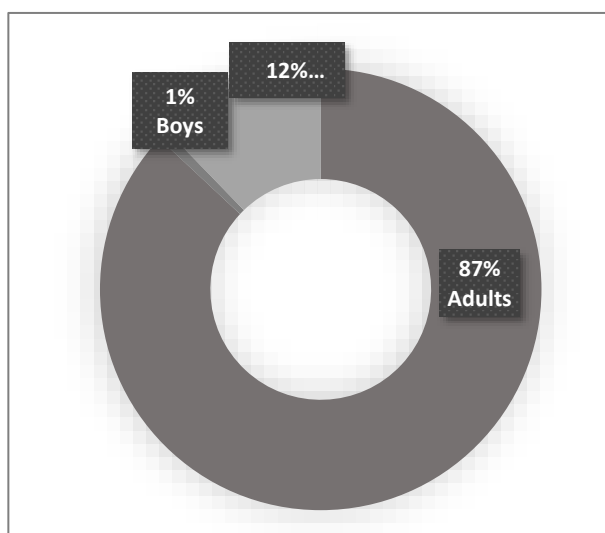
7% of the rape cases perpetrated against women headed households who lacked security in their homes and while fetching for firewood. Other **7%** of causes related to sexual exploitation mainly occurred among young women exposed to negative coping mechanisms as a result of insufficient basic needs and inaccessible service provision during the pandemic.

Intimate Partner Violence (IPV)



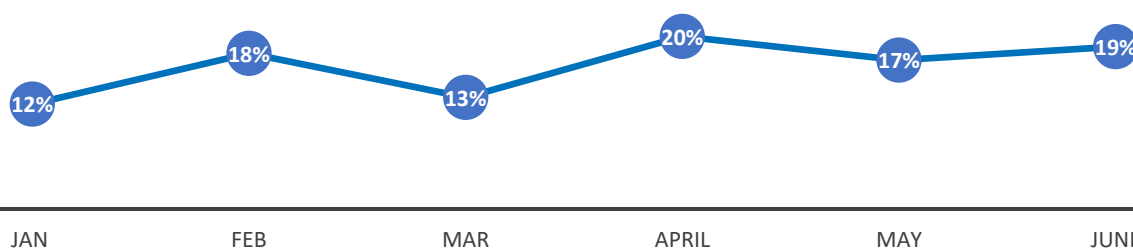
Out of **255 (43 Male, 212 Female)** SGBV cases reported IPV cases were at **46%** mainly related to the immense lockdown and coupled with psychological stress, burdened economic situation, crowded homes and lack of community support system. For instance, poor communication and lack of conflict management skills resulted into physical assault, other contributing factors were mainly distress due to cheating of one partner and poor management of finances in the homes that drove couples into fighting contributing to psychological torture. The existing everyday challenges and lack of community support system in many homes also escalated into violence with couples fighting over the little available resources in the homes.

Child Survivors



From January to June, **13%** of the violence committed were directed towards children age **0-17**, main perpetrators being adult men. Girls suffered violence the most indicating **12%** of the reported incidents. Referred cases of child abuse were of sexual assault, defilement, child marriage and physical assault. The psychological distress among minors were mainly associated with teen pregnancies resulting from poor parental guidance, and lack of care givers coupled with peer pressure. Cases of child marriage accounted for **4%** of the reported incidents directed towards young girls. As mentioned earlier, the cultural norms and socio-economic constraints especially during lockdown period largely led to incidents of child and forced marriage. Other contributing factors involved lack of support system among child headed households which leaves many girls more vulnerable. Boys on the other hand only accounted for **1%** with reported incidents of physical abuse.

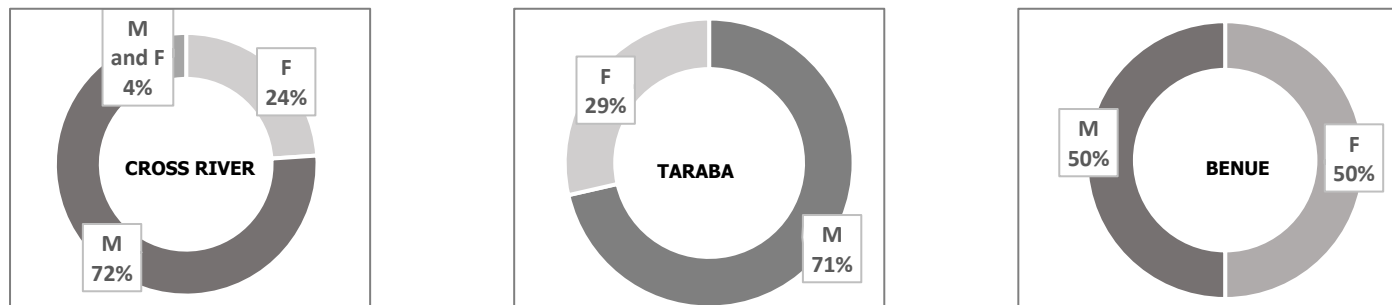
SGBV Trend January to June



From the trend, high number of incidents were reported in the months of April, and June. This is due to COVID -19 pandemic and related restrictions placed in Nigeria since March. However, the reported figure might not represent the actual situation because of case workers, partners and UNHCR working remotely during the month of March that led to majority of cases going underreported. However, increased level of

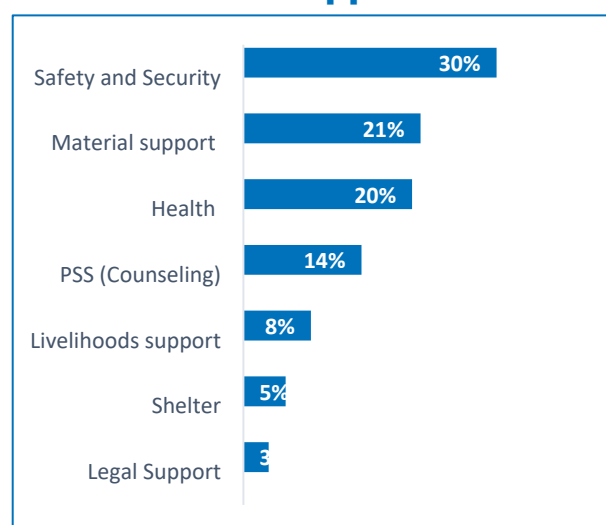
engagement with support groups, monitors and community volunteers increased the level of awareness, follow up and referral leading contributing to the increase in reporting of cases in the following months as indicated in the trend.

Alleged perpetrators



- In Cross River State, majority of the perpetrators were men representing **72%** and **24%** female with male and female perpetrators accounting for **4%**. With increased cases of physical assault, rape and sexual assault being perpetrated by men; on the other hand, cases of denial of resources and psychological and emotional abuse were mainly perpetrated by female with a few cases perpetrated by both male and female.
- In Taraba state, perpetrators of violence in the community were mainly male at **71%** from the host community. With main forms of violence perpetrated inform of rape, sexual assault, physical assault and exploitation. Female on the other hand also accounted for **29%** of perpetrators mainly accused of psychological and emotional abuse and denial of resources.
- In Benue state, male and female accounted for **50%** each as perpetrators of different forms of violence in the community. However, cases related to child and forced marriage, rape, sexual assault, physical assault and denial of resources and services mainly perpetrated by male; female perpetrators also played a role in the abuse of power through psychological and emotional abuse, physical assault and denial of resources.

Multi-sectoral support services



Through a strengthened coordination and referral pathway, service delivery to different interventions was supported through safety and security, material support, health, counseling, livelihoods, shelter and legal intervention. **30%** of the cases including physical assault, IPV and denial of resources were mainly referred for security intervention. **21%** received material support such as dignity kits and sleeping materials. **20%** of the health care support was provided to survivors of sexual and physical assault. **14%** of the survivors received counseling support services. However, the existing challenges related to human resources and expertise limits the capacity of the number of survivors in need of counseling support interventions. Referrals and linkages to livelihoods support was received

with at least **8%** of the referrals benefiting from the services of poultry, tailoring and agricultural farming from Iykojen, Adagom and Ukende settlements. In the long-term, the socio-economic intervention creates

independency that enables survivors to be more self-sufficient and self-reliant. The empowerment process, paves way for freedom to make informed choices and decisions that affects them in life.

Furthermore, the empowerment process acts as psychosocial support and creates opportunities for the survivors to speak up and break the silence among those trapped in abusive situation and opportunity to be financially stable which ease their economic burden. **5%** of the cases were referred for shelter support with only **3%** of the reported incidents benefiting from available legal interventions.

Performance indicator: # of reported SGBV incidents which survivors received legal assistance

3% of SGBV reported cases received legal support services from January – June with support from protection partners in coordination with the National Police Service and Women Development and Social Welfare department in Ogoja Local Government.

However, legal interventions and access to justice continue to face challenges related to community's attitude, survivors withdrawing cases, fear of reporting, threats from perpetrators, family members disrupting the legal process, family relationship with perpetrator and the perceptions that the perpetrators will change with time. This led to some of the cases being dropped through the legal intervention process with only **1** pending conviction in court during this reporting period.

UNHCR and protection partners continue to coordinate with the government line Ministries and the law enforcement department in strengthening the legal system. This will enhance accountability and apprehending the perpetrators as well as continued awareness and referral of cases for legal advice and action by the Ministry of Women Affairs and Social Development and Social Welfare Department with support from partner's Legal Officer.

To strengthen the police system and ensure access to justice is optimum, protection partners, JRS, CARITAS and FJDP with support of UNHCR, have established **4** Gender Reporting Desks in **Takum, Gembu, Ussa** and **Kurmi**; **1** in **Ogoja** and **1** in **Kwande** Local Government Authorities locations. Ongoing sensitization on SGBV response through reporting at the GRD to support and strengthen SGBV response and ensure community members are empowered on where and how to report cases of SGBV at the police stations which will also support in strengthening access to justice.

During this reporting period, **23** government officials were trained among them **6** were from the police force which accounted for **7%** of the Law enforcers trained from Kwande and Ogoja LGA have been trained on PSEA, SGBV prevention and response.

Performance indicator: # of awareness raising campaigns on SGBV prevention and response conducted



FGD Session with Men, Ukende Settlement. © UNHCR/Irene Inyang

85 awareness sessions were conducted on SGBV prevention and response; awareness on IPV, SEA and referral mechanisms in the integrated community of Ogoja, Kwande, Takum and Gembu LGA whereby **5,660 (2,438 Male and 3,222 Female) refugees participated.**

18 FGDs have been conducted with **274 (91M,183F) refugees** through participatory session and information sharing on SGBV, PSEA, survival sex and Child protection. The FGDs conducted played an informative role in acknowledging the level of vulnerability faced by women, men, boys and girls in the community and action

community members take in preventing and responding to all forms of violence. Sharing existing challenges and their specific needs for further action and support.

Through production of IEC materials UNHCR and partners have supported prevention of SGBV in the community. Banners, stickers and leaflets were produced during this reporting period to promote awareness on SGBV and SEA.

However, awareness raising campaigns in hard to reach areas remains to be a major challenge especially to persons of concerns living in border host communities and in remote locations where service provision is scarce.

It should be noted that the awareness sessions conducted has to some extent, reduced protection risks related to SGBV evident from increased number of cases being reported, information sharing, feedback and complains mechanism put in place compared to the year 2019. This is also coupled with peaceful co-existence in the community; continued engagement of community structures and CBO engagement in fighting all forms of violence in the community.

Performance indicator: # of community-based committees/group working on SGBV prevention and response

The Ministry of Women Affairs and Social Development, SEMA, UNHCR and implementing partners through a strengthened Community Based Protection, during this reporting period engaged **20 Community structures** among them SGBV support groups, Child Protection Committee, community volunteers, Protection Action Group (PAGs), Youth Action groups, Women support groups, community volunteers, protection and border monitors comprising of **764 (338M, 426F)** individuals through awareness on SGBV prevention and response, child protection and referral mechanisms.

Other related awareness conducted by the support group committees on social protection include participation in forums on importance of education among girls and boys. The strategy to engage community structures continues with GCR approach on enhancing peaceful co-existence among the refugees and host community members.

From January to June, at least **188(102, 86F)** community structures have been trained on SGBV prevention and response with an aim of strengthening the CBP to ensure sustainability in addressing SGBV in the

community. Efforts to reach out to the entire groups was however been put on hold due to the ongoing pandemic of COVID-19.

Prevention of Sexual Exploitation and Abuse (PSEA)



PSEA Training for Security Personnel in Ogoja. © UNHCR/Ruth Kirui

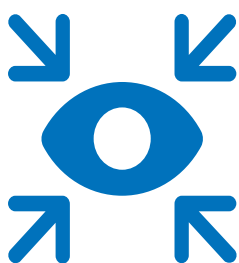
The Cameroonian refugee situation continue to experience greater risks to exploitation of persons of concerns. The existing challenges of socio-economic constraints, presence of government officials, security personnel, NGO, LNGO, CBO and other contributing factors of the ongoing pandemic and living in the integrated community and underreporting among the affected population continue to put majority of the vulnerable groups risk of being exploited either monetarily or sexually.

UNHCR continues to advocate for Zero tolerance to SEA. Through capacity building, **133 (84M,49 F)** have been trained on PSEA, its consequences and prevention measures between January and June. Among those trained, at least **17%** were government officials, **51%** implementing partners, **11%** UNHCR's general supporting staff and **21%** of security personnel manding UNHCR premises.

Increased efforts are ongoing in ensuring partners are well informed on UNHCR's mandate in protecting persons of concern with key emphasis on the secretary general's bulletin on zero tolerance to SEA in the work environment.

Multi-Sectoral Coordinated Activities

Three face to face CP-SGBV monthly coordination meeting was held twice whereby **47 (21M: 21F) SEMA, OLGA staff, UNHCR and partners, attended.** The meeting is facilitated by UNHCR and chaired by Ministry of Women Affairs and co-chaired by SEMA as a strategy to gradually making sure the SGBV programme is integrated into government available services. UNHCR and protection partners JRS, CARITAS and FJDP continue to take lead in in implementation. Other stakeholders include, **NCFRMI, Rhema Care, NRCS, FHI360, SCI, CUSO international and Mediatrix.**



In coordination with the Ministry of Women Affairs, SEMA, NCFRMI, Rhema Care and CARITAS.

The dignity kits assessment was conducted with women and girls of reproductive age whereby six FGDs in Adagom, Adagom III and Ukende settlements. The assessment aimed at informing the basic hygiene practice and constraints women and girls face when accessing basic needs including dignity kits materials. The discussion was also a platform to understand the quality, preference; and risks women and girls face related to other basic needs of WASH, safety and security among other needs. In participation were Women aged 19 - 49 and girls aged 11-18 years.

UNHCR continues to coordinate with partners in other location through continued assessment that will help inform and improve programming in provision of dignity kit materials.

[Dignity Kits Needs Assessment Report](#)



Continuing gaps and challenges:

- Interventions for Cameroonian situation factored to combat SGBV have been overwhelming as available resources across all sectors overstretched. The three states of Cross River, Benue and Taraba that currently host refugees are faced with increased need of socio-economic support, Core relief items, shelter needs, health, legal support, education and documentation among others which have been a major contributing factor to the increased incidences of SGBV and SEA among persons of concerns.
- SGBV prevention and response activities have not been fully multi-layered to tackle the deep root causes of SGBV in the Cameroon situation. Constraints in human, financial and material resources remain to compromise the immediate and long-term interventions to address issues of cultural norms, inequalities, socio-economic constraints, mental health and psychosocial support which should not only be limited to crisis management but focus on sustainability.
- The advocacy and continued conversation on healing process among survivors of SGBV involves interrogation on mental health and psychosocial support. The situation among Cameroon refugees is in dire need of key expertise in MHPSS that is a continued gap.
- Only **10%** of the community have received awareness on SGBV prevention and response as at the end of June. The continued needs calls for all stakeholders (UNHCR, implementing partners and government partners; NCFRMI, SEMA, Women Ministry and Social Welfare departments) to effectively ensure coordination and resource mobilization for continued awareness in the community.
- The increased presence of upcoming CBOs, LNGOs, law enforcement groups, community structures, humanitarian workers and government partners, calls for continued capacity building on PSEA, Code of Conduct and SGBV.
- The emergency needs during covid-19, increased demand in having most of the resources channeled into health and WASH response affecting the SGBV implementation process where outreach activities were highly affected. Increasing the capacity of community support structures and partner staff calls for more resources in order to reach out to larger population in the community.
- **83%** of the incidents reported were female. The notion and behavioral aspect that violence is a woman's issue and that they are bearers of SGBV in the society needs to be put to end. Increased support and intervention through education and livelihoods for empowerment will help go a long way in preventing SGBV and achieving social development. This can only be attained through continued engagement with the CBOs, LNGOs, INGOs and government counterparts and line ministries.

COMBATING SGBV DURING - COVID-19

In line with the WHO guidelines the Ministry of Women Affairs and Social Development, SEMA, NCFRMI, UNHCR and protection partners have continued to put measures and best practices in place during the pandemic. These best practices include;

- Remote and face to face Case management process ongoing with UNHCR and protection partners.
- Updated SGBV referral pathway shared with partners at the multi-sectoral level.
- SGBV/PSEA Hotline numbers, e-referral form, WhatsApp groups, emails for communication and information sharing with community leaders, support groups and CBO group.
- Capacity building of partners and government officials on CP-SGBV and PSEA prevention and response.
- Strengthened coordination with Refugee led CBO through awareness raising and sensitization on child protection and SGBV prevention and response, COVID awareness and distribution of face masks and hand sanitizers.
- Coordination with Protection partners on needs assessment and SGBV assessment among men, women, boys and girls in the community to gather information on community's coping mechanism during the pandemic.
- Prioritizing the needs of women and girls of reproductive age (11-49yrs) to ensure they have safe access to life saving support of dignity kits.
- Dissemination of information on SGBV, MHPSS and information related to COVID-19 to CBO and protection partners for continued awareness and sensitization in the community.

"We know COVID-19 is here with us, we the refugees are the most at risk because of how populated we are. Our livelihoods have been affected and many of the businesspeople have taken advantage of the situation to exploit us by increasing prices of food and other commodities in the market. Transport have bene increased and we cannot move even if we want to. The only thing we can do is to ensure our community members are well empowered of the situation and help prevent all these forms of violence from happening" ...Voice of Community Leader, Adagom 1 Settlement, Cross River State.

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JANUARY – JUNE 2020



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