

## CHILD PROTECTION ANNUAL REPORT



**2022**

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## List of Acronyms

**AOR:** Area of Responsibility

**CP:** Child Protection

**CPA:** Child Protection Assessment

**GBV:** Gender Based Violence

**IEDs:** Improvised Explosive Devices

**IDP:** Internally Displaced Persons

**KI:** Key Informant

**KII:** Key Informant Interview

**MEAL:** Monitoring, Evaluation, Accountability and Learning

**MOSA:** Ministry of Social Affairs

**NSAGs:** Non-State Armed Groups

**NWSW:** Northwest and Southwest

**PM:** Protection Monitoring

**PWD:** People living with Disability

**SHR:** Sexual and Reproductive Health

**SSF:** State Security Forces

**STI:** Sexually Transmissible Infection

**SV:** Sexual Violence

**UNOCHA:** United Nations Office for the Coordination of Humanitarian Affairs

## EXECUTIVE SUMMARY

In 2022, children and adolescents in Cameroon continued to face human right violations in the Southwest region. The ongoing crisis has heavy impacts on children, firstly because of their inherent vulnerability but also because they are exposed to unthinkable forms of violence, exploitation, abuse and neglect, affecting their survival, growth and development.

This report focuses on major issues faced by children in 2022 in communities where DRC implemented child protection activities. To identify child protection needs and risks, understand the availability and quality of child protection services, and generate data that will inform programming and humanitarian response, DRC conducted a child protection assessment. Findings from this report also includedata collected by DRC through its monthly protection monitoring activities in 2022.

Through 30 Focus Group Discussions (FGD) and 51 key Informant interviews (KII), DRC identified major child protection concerns such as child maltreatment, sexual violence, children associated with armed forces and armed groups (CAAFAG), many Unaccompanied and Separated Children (UASC) without or limited support, and inaccessibility to education. This report also looks children's behavioural changes due to the ongoing crisis and child protection services available in these communities. Recommendations are made at the end of the report to prevent and respond to child protection issues faced by children, families and strengthen child protection community-based protection mechanism. Data from this report is complimented by PM data for 2022 and other assessment reports done within the context of the ongoing crisis.

## 1. Introduction and Overview of Crisis

The security context in the North-West and South-West regions (NWSW) remains volatile, marked by continuous violence, abductions, kidnappings, killings, unlawful arrests, and destruction of property. This is aggravating humanitarian needs, as affected people continue to flee their homes, seeking safety in the bushes and neighbouring communities. Civilians continue to be caught in crossfire due to frequent clashes between NSAGs and SSF as well as clashes between different NSAG factions competing for power and control over localities. More than 7,930 people are displaced to nearby bushes and villages in the Manyu, Fako, and Meme divisions in the South-West and in the Donga-Mantung, Mezam, Menchum, Bui, and Ngo-Ketunjia divisions in the North-West. As of December 2022, more than 2 million people are affected by the crisis in the NWSW, with 628, 000 IDPs, 87,000 of Cameroonian refugees in Nigeria and 120,000 returnees<sup>1</sup>.

Education continues to be politicized as education related incidents were reported 37 times in 2022<sup>2</sup>. According to PM data collected in 2022, 19,5% of children in DRC's communities of intervention do not have access to education. The absence of structures or safe learning environments in most communities has a huge impact on children's development and overall protection. Heightened

<sup>1</sup> OCHA Sitrep, December 2022

<sup>2</sup> UNICEF situation report, February 2023

insecurities in communities with reduced access to protection services are major risk factors for children and adolescents. In addition, partners have observed a surge in abductions, kidnappings for ransom, and taking adolescent boys' and girls' hostage, thereby exposing them to various risks including emotional, physical and sexual abuse. Adolescent girls are particularly vulnerable to sexual abuse, possible pregnancy and the resulting psychosocial and physical consequences.

Humanitarian activities continue to be hampered by roadblocks, theft of humanitarian supplies, bureaucratic impediments, and risk of IEDs in public spaces and roads used by humanitarians. Poverty, hunger and insecurity are driving violence against adolescent girls and younger children disproportionately, especially among female-headed households and IDP households. Persons living with disability are at an even greater risk of being abused: it has been reported that women and girls living with disabilities are repeatedly subjected to sexual violence across the NWSW Regions.<sup>3</sup>

PM data analysed for 2022 reveal that 52,3% of KI informants interviewed reported having children in the community who have separated from their primary guardians and find themselves unaccompanied and without support. According to them as well, the main child protection issues experienced in their communities for all children are child labour (24,3%), neglect (18,3%) and domestic violence (14,8%)

These protection situations are enabled by the breakdown in community/social structures, a social acceptance of violence which has been exacerbated by the crisis. To highlight and evaluate the major child protection risk/trends reported in 2022 (UN Sitrep, internal PM reports and individual cases identified/supported), the Child Protection Team conducted an evaluation at the level of the communities. This annual report shades light on the major child protection risk prevalent in 2022, trends, risks, and availability of community structures for child protection. The recommendations inform strategies and suggestions for comprehensive child protection response and identifies gaps for needs assessment, better access to services and advocacy.

## **1.1 General Objectives**

The overall objective of this report is to generate evidence and learning on how the ongoing crisis has affected children's access to protection, education, learning and wellbeing in the Southwest Region with a focus on DRC's areas of implementation.

## **1.2 Specific Objectives**

- To highlights main child protection needs and risks still faced by children and youth in the Southwest in 2023.
- To understand the availability of services and quality of services in conflict affected communities.

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<sup>3</sup> Plan International, Listen to Us-Adolescent girls in Northwest Southwest Cameroon on Conflict and Covid-19, 2012

- To generate data that will inform programming and humanitarian response to children and adolescents affected by the ongoing crisis in the NWSW.

### 1.3 Expected results

- Main protection risks faced by children in SW are identified and contextualized to inform further programming
- Availability and quality of services for children survivors of human rights' violations are known and gaps identified
- Data, evidence and testimonies are available to support advocacy efforts towards other L.NGOs and the government of Cameroon to improve the protective environment for children
- Recommendations are made to the various stakeholders involved in child protection in SW Cameroon.

## 2. Methodology

### 2.1 Secondary data

the assessment utilized external studies, data and internal assessment reports (protection monitoring reports, positive parenting assessments, rapid gender analysis...etc.) to complete the primary data generated during the assessment. The data collection tools were KIIs and FGD guides contextualized from the global CPA toolkit<sup>4</sup>.

### 2.2 Sampling and selection of sites for data collection

DRC used the purposive sampling technique in order to target the most affected populations in hard-to-reach communities. The table below shows the distribution of sites by division. From the 10 locations that were targeted, all the communities had children (adolescent inclusive), IDP population, returnees, and host communities. DRC prioritized high risk areas which are considered most volatile and thrived to balance between rural and peri-urban communities for better representation. The team reached 51 persons for the KIIs and conducted 3 FGDs per community (3-Adult community members, Adolescent boys and adolescent girls)

### 2.3 Key Informant Interviews

Facilitators, members of CP Task force and CBPC members (out of which some are also quarter heads, traditional council chairpersons) formed the sample for the KII. The key informant interviews were conducted to understand the perspective of people working directly with children, who also have mastery of the context and issues the assessment focuses on.

<b>Subdivision</b>	<b>Sex</b>	<b>Migration status</b>			<b>Total</b>
		<b>Host community</b>	<b>IDP</b>	<b>Returnee</b>	
Buea	Female	1	3	1	5
	Male	0	1	0	1

<sup>4</sup> 2014 version by the Alliance for Child Protection

Kumba 3	Female	1	1	1	3
	Male	3	1	1	5
Mbonge	Female	2	0	0	2
	Male	1	0	0	1
Muyuka	Female	11	5	0	16
	Male	8	3	0	11
Tiko	Female	0	1	1	2
	Male	1	0	0	1
West Coast	Female	1	2	0	3
	Male	1	0	0	1
<b>Total</b>		<b>30</b>	<b>17</b>	<b>4</b>	<b>51</b>

## 2.4 Focused Group Discussions

Focused group discussions with children and selected community members (parents and caregivers, especially those participating in DRCs positive parenting sessions who have an understanding of how the crisis impacts the wellbeing of children) was used to complement the data generated from the KII. The FGD sessions gave room for in-depth experience sharing and enabled DRC to capture the views of children who are the subject matter of the assessment.

Sub-divisions	Community	Parents/Caregivers		Total Parents/caregivers	Adolescents		Total Adolescents	Total
		Males	Females		Girls	Boys		
Buea	Tole	6	4	10	16	7	23	33
	Wotutu	5	6	11	15	8	23	34
Edenau	Sange	4	8	12	12	7	19	31
Tiko	Mondoni	5	7	12	15	10	25	37
Mbonge	Banga	2	6	8	12	8	20	28
Muyuka	Ekona	5	12	17	15	9	24	41
	Ikata	2	8	10	12	7	19	29
	Owe	3	9	12	16	8	24	36
	Lilale	1	7	8	13	6	19	27
Kumba 3	Diffa	2	8	10	15	7	22	32
	Barombikang	2	8	10	12	10	22	32
<b>Total</b>		<b>37</b>	<b>83</b>	<b>120</b>	<b>153</b>	<b>87</b>	<b>240</b>	<b>360</b>

## 2.5 Data Management and Analysis

Data from the KII was uploaded directly into the kobo collect tool which was designed for the assessment. The cleaning and analysis were done by DRCs MEAL Team. The data was collected by the 5 members of the Child Protection Team in the Southwest. Prior to the assessment, the team had a

working session to understand the objectives of the assessment and master the use of the tools. Data collected from the FGD sessions were transcribe and analyzed in themes (thematic analysis) while the KII was analyzed based on the frequency rate of KI responses. Possible bias from the KI data was mitigated by direct observations, FGDs and secondary data reviewed during the assessment.

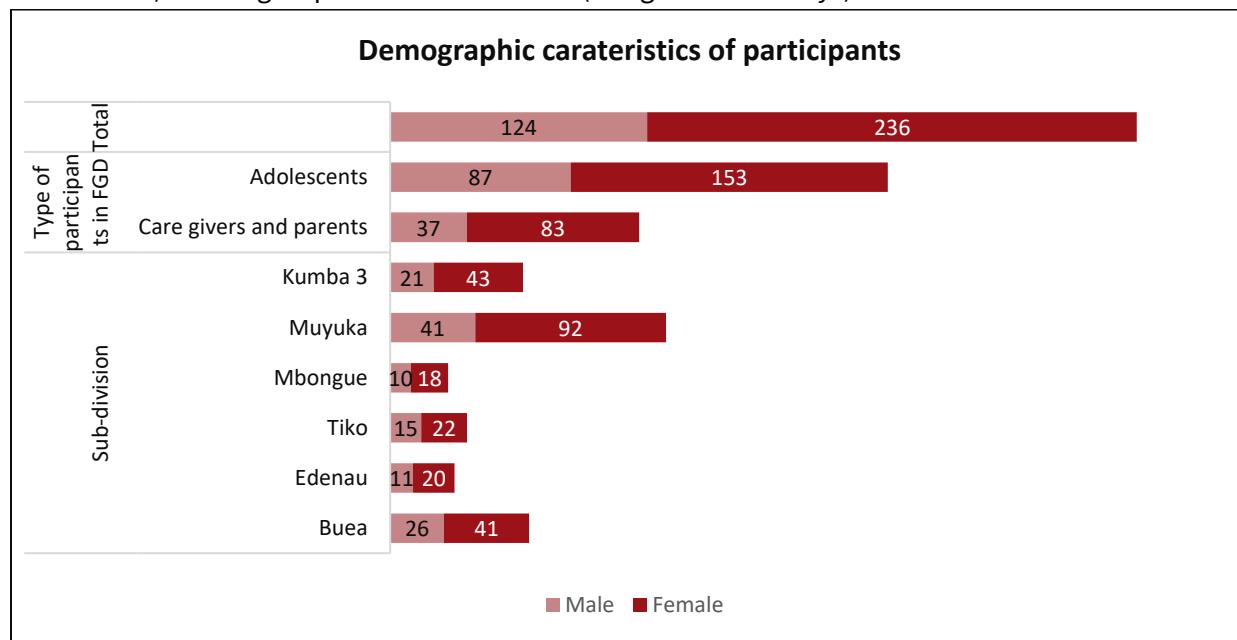
## 2.6 Ethical considerations and safeguarding

In each community, DRC staff explained the objectives of the research, procedure for conducting the FGDs or KIIs and obtained consent from the participants. The participants were also divided by gender and age to enable them express and share their opinions freely during the FGD sessions. Adolescents who could not share their personal experiences (on sensitive topics like sexual violence, sex for survival and association with armed groups) during the group sessions were encouraged to have individual sessions with the staff where PSS was administered following their needs and admission into case management or referral to specialized services suggested.

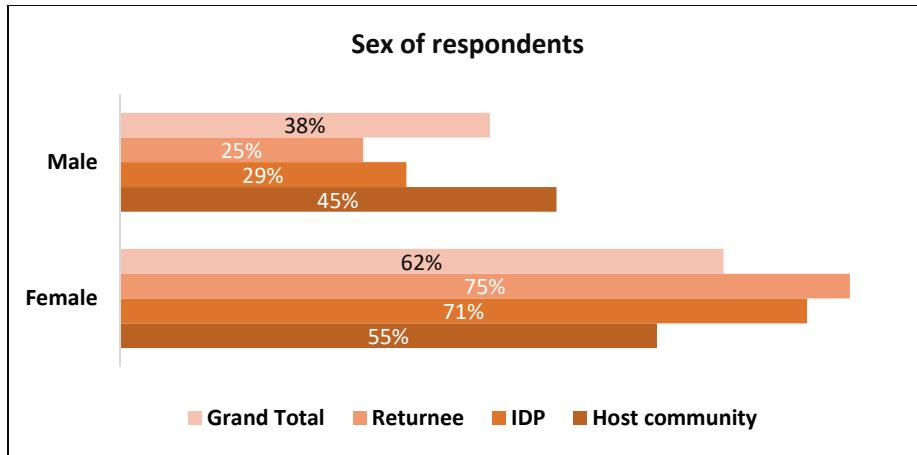
## 3. Presentation of Findings

### 3.1 Demographic characteristics

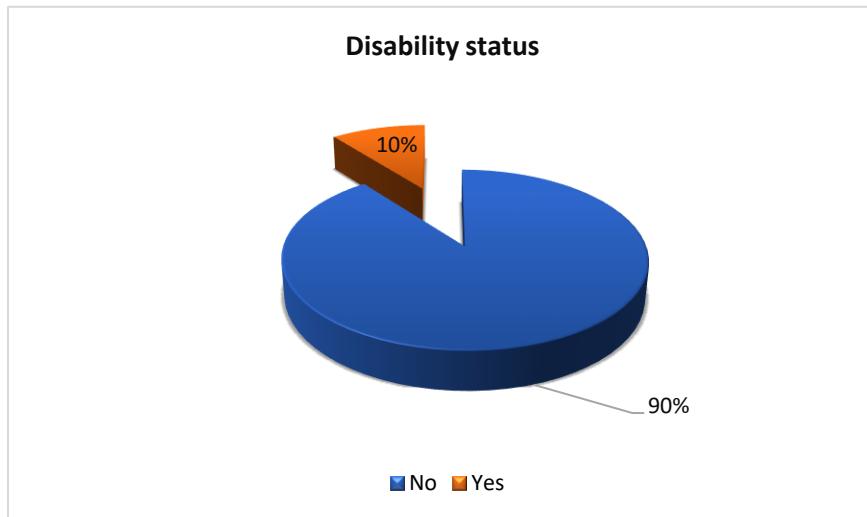
A total of 30 focus group (3 per community) discussions were held across the 5 sub-divisions represented (10 communities) in this assessment. 10 groups of 120 parents and caregivers (83 women and 37 men) and 20 groups of 240 adolescents (153 girls and 87 boys).



For the KII, 51 persons were interviewed. As represented in the table below, men made up 38% (amongst which were, 29% were IDPs, 25% were returnees and 45% from the host community) of the total population while women constituted 62% (75% were returnees, 71 were IDPs and 55% were from the host communities) of the population interviewed.



10% of the interviewed population were PWDs (for the purpose of inclusion and representation and especially to understand the specific needs for this group at heightened risk and often excluded) as represented in the chart below. Intentional efforts were made to ensure that the point of view of persons living with disabilities is collected and considered.

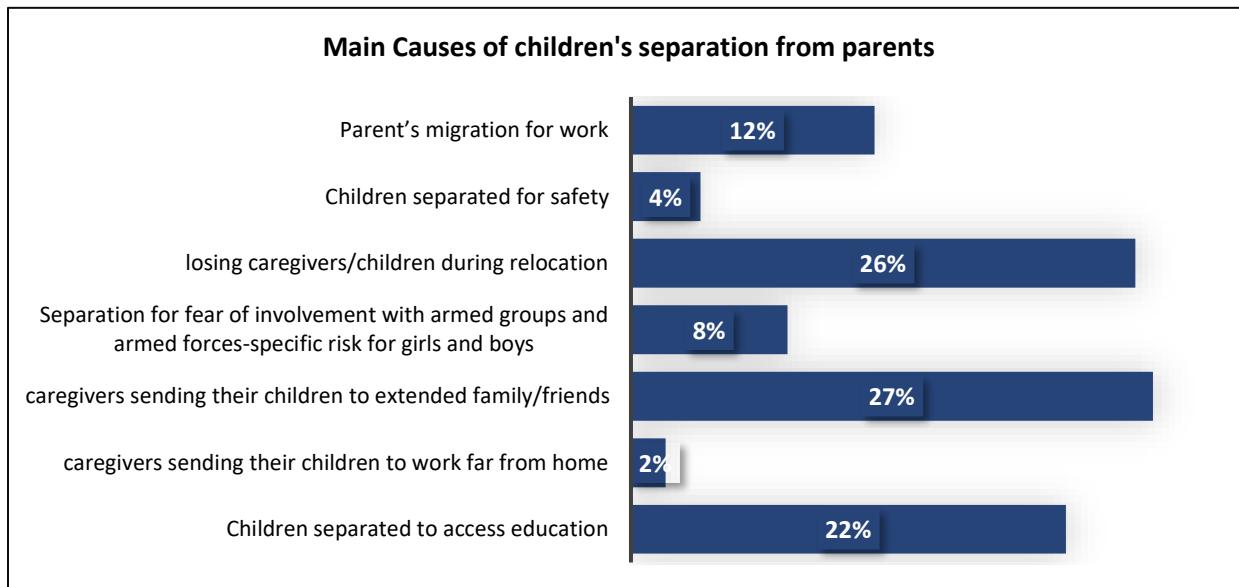


### 3.2 Unaccompanied and Separated Children

With the ongoing conflict many children have been separated from their parents or other caregivers. Following the closure of schools and heightened insecurity in the Northwest and Southwest region, there have been an increase in forced displacement with current statistics at 628,000 IDPs<sup>5</sup>, a majority of which are children and adolescents. In the context of this crisis, children are separated from the primary caregivers either as a direct result of the conflict or as a result of its consequences which range from school closure, risk of association with armed groups, risk of arbitrary arrest especially for adolescent boys. DRCs PM report also reported that children in the communities who were separated

<sup>5</sup> OCHA, situation report, February 2023

from their guardians/primary caregivers were without support.. According to an assessment conducted by DRC in Kupe Manengumba (KM) Division in November 2022, 58% of all respondents in the assessed communities reported that there are unaccompanied minors in their community<sup>6</sup> (corresponding to 112 unaccompanied minors reported across all the communities assessed in KM). It is observed that, more stable communities like Buea, Tiko, Limbe, Tombel Central served as a host communities for most of these unaccompanied children due to the presence of functional community schools and relative calmness



Findings of this assessment show that the main reason children are separated from their primary caregivers is because they send them live with extended relatives to protect them (27%) This is closely followed by the loss of caregivers or children during relocation while fleeing conflict zones (26%).

22% of the respondents also reported that children were separated from their primary caregiver to access education while 8% reported that some children were separated for fear of being recruited or used by armed groups. These forms of family separation prevalent in the NWSW regions can be characterized as deliberate/voluntary separation since caregivers make conscious decisions to move their children to safe zones. These deliberate decisions are often taken by parents to increase the child's chances of survival and access to services. When parents are not directly involved in the decision to move, it was reported that, children especially adolescents move to more stable towns in the Littoral and West Regions for economic reasons as a coping mechanism.

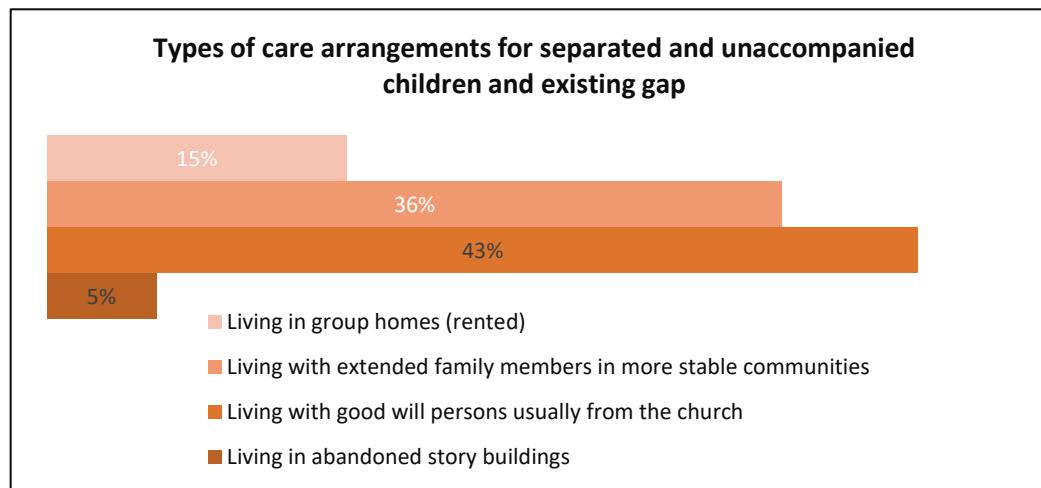
Having lost the support and care of their primary caregivers, unaccompanied and separated children are at heightened risk of abuse, neglect and maltreatment, exploitation, violence (including sexual and gender-based violence), psychological harm and other mental health concerns, assuming adult responsibilities (caring for younger siblings and parents living with disabilities), sex for survival and

<sup>6</sup> DRC, Rapid Needs Assessment, Kupe Manenguba

teenage pregnancy for adolescent girls, involvement in child labor and recruitment into armed groups for survival which tends to have long term effects on their development and identity.

UASC live in different types of care arrangements in host communities. KI revealed that according to them, 43% of unaccompanied children didn't really live all alone but with good will community members who do not know their parents/families and are not responsible by law or custom to take care of them but are still trying to support them as they can. They are usually church members who do it as an act of faith. 15% of respondents also reported unaccompanied children live in group homes (this is common amongst those who moved to stable towns to access education and/or to work) and 5% reported to be living in abandoned story buildings, mostly in urban and peri-urban areas. Children living in abandoned buildings are amongst the most vulnerable with limited access to services, care and protection.

36% of KI indicated that separated children live with extended family members in more stable communities.



### 3.3 Challenges associated with care arrangements within the communities

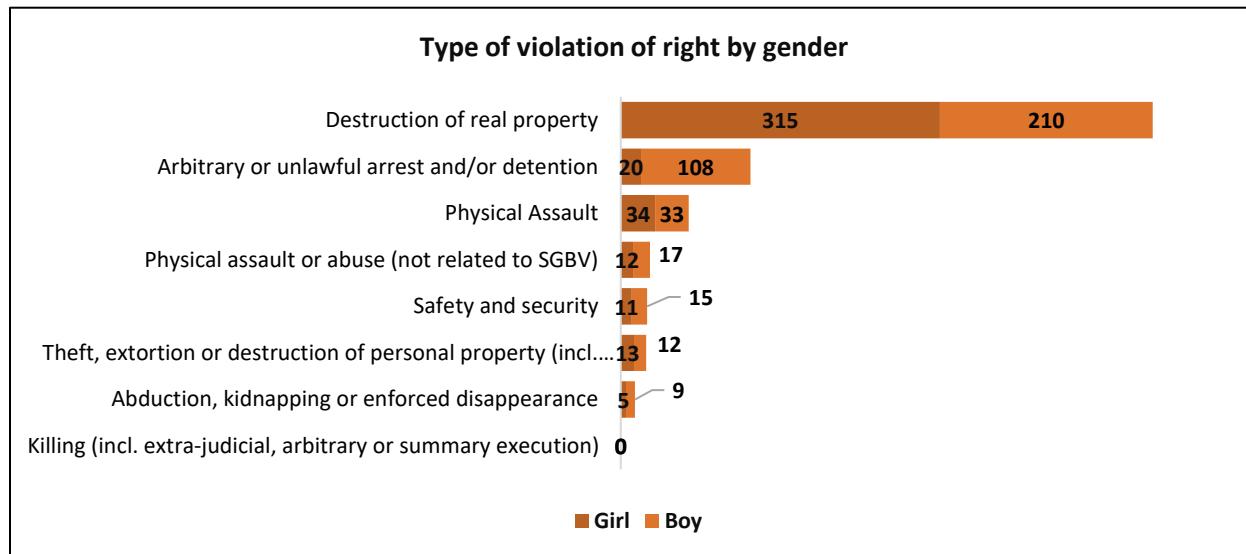
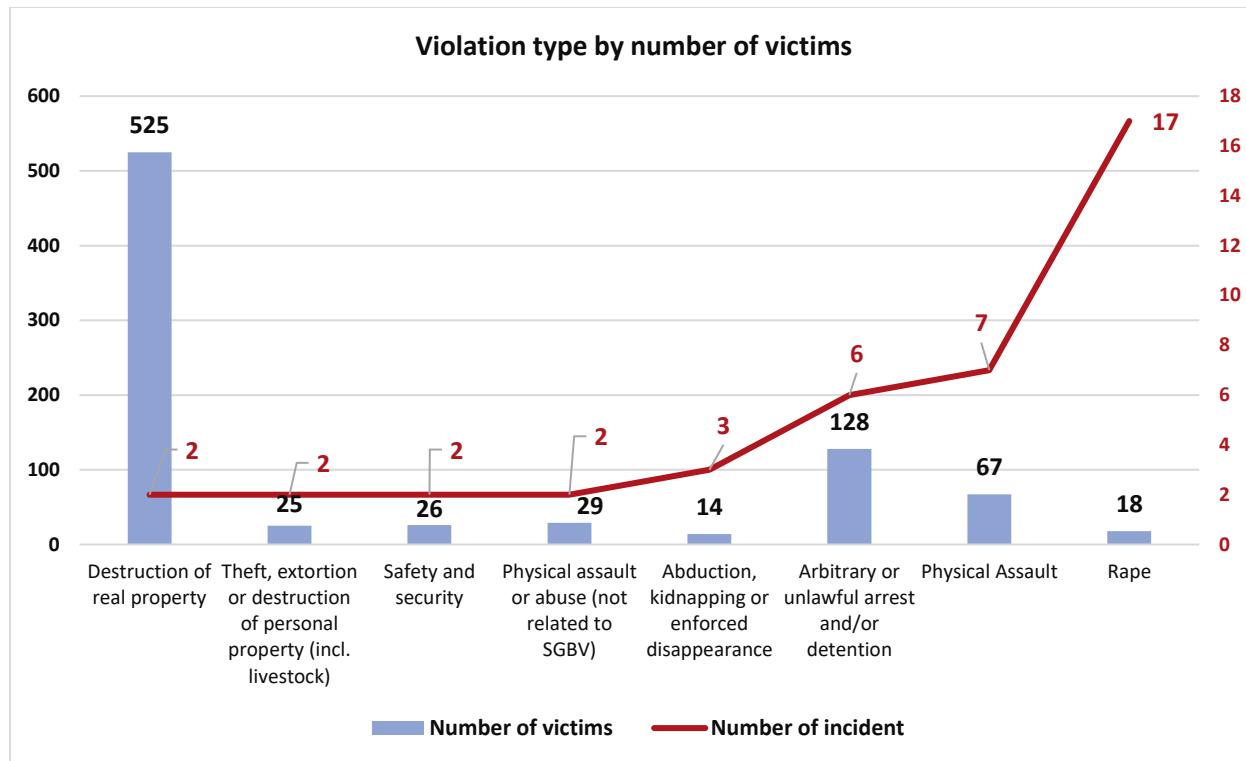
Data from FGD sessions conducted with parents and caregivers highlighted the different challenges associated with the different care arrangements available to USACs. Community members hosting separated children reported an increase in their daily cost of living following the increase pressure on family resources (food, water, and sanitation facilities, sleeping arrangements, etc.) which intends affects the general standard of living and wellbeing of the host families. Caregivers also expressed challenges in handling separated children living with disabilities, given that these children not only have been exposed to violence leading to deteriorated psychological wellbeing, but their development has also been greatly distorted due to neglect, lack of proper care and access to specialized services, thereby affecting their personalities and behaviours. There is therefore a need to prioritize caregivers of separated children in positive parenting sessions, to reduce the additional risks these children with specific needs have (neglect, maltreatment, access to quality services, differentiated treatment). Indeed, observations from the field highlight the frequent difference of treatment between biological

children and foster children especially in terms of access to utilities/freedom of movements and speech within the households.

Unaccompanied children living in group homes to share cost, have little or no adult supervision which increases their vulnerability to delinquent behaviours like gang robbery, sex for survival for adolescent girls, drug/alcohol use and abuse, engagement in worst forms of child labour...etc. This observation is complemented by the findings reported in the Needs Assessment Report conducted by DRC in Kupe Manenguba. Unaccompanied children living in uncompleted buildings are exposed to worst forms of child labour (working in construction sites, sex for survival amongst adolescent girls, working in plantations, riding commercial motorcycles, poor living conditions and they lack access to all basic needs. Due to these harsh living conditions, these children often suffer from stress and other forms of mental challenges which may trigger deviant behaviours and use of other negative coping mechanism.

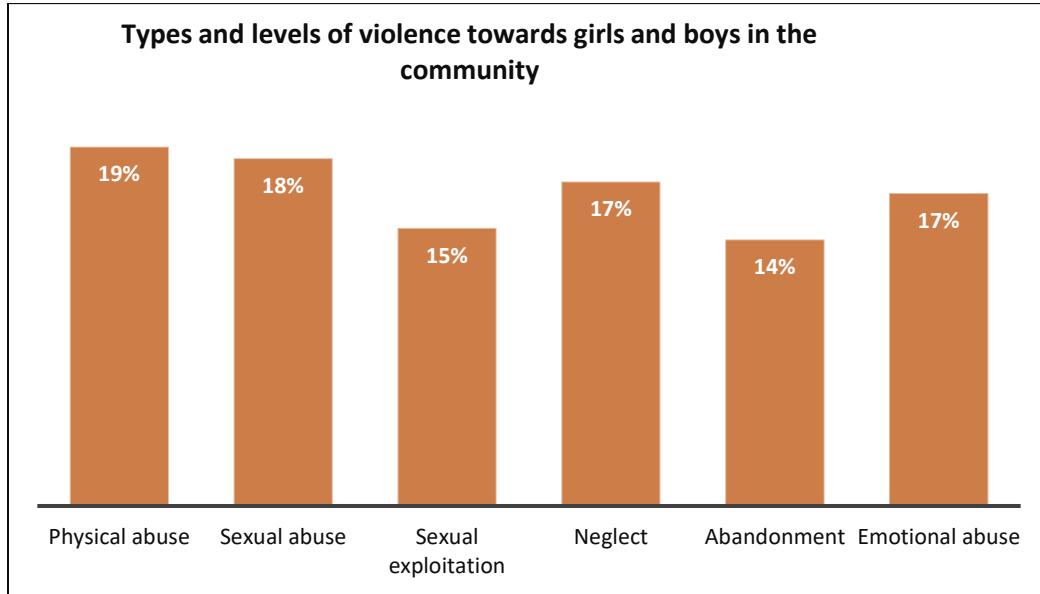
### **3.4 Violence Against Children**

Children in the Southwest and Northwest Regions of Cameroon continue to be exposed to violence as they constantly experience crossfires due to frequent clashes between NSAGs and SSF as well as clashes between different NSAG factions competing for power and control over communities. These acts of violence trigger a vicious cycle that includes the loss of lives, health and psychological consequences and fracturing of children's sense of normalcy. Children have been killed and wounded by IEDs (Improvised Explosive Devices), according to UNICEF's 2022 annual report in 81 IED-related incidents recorded in 2022. DRC's PM report for 2022 highlighted the following forms of violence/exploitations experienced by children in the Southwest Child labour (16%), negligence/child neglect (15%), Domestic violence (15%), physical attacks (10%), mental health and psychosocial distress (9%) and sexual violence reported at 7%. Child neglect was consistent across the quarters at 15%, posing a major concern given the cumulative negative impact on children's physical, mental, emotional, and psychosocial health which can extend into adulthood, child neglect was reported to be most prevalent amongst UASCs, with the forms of neglect ranging from physical neglect, medical neglect, emotional, educational, supervisory, and discriminatory neglect with the drivers being poverty, low levels of emotional resilience amongst caregivers and breakdown in community structures leading to little or no social cohesion and social control. The PM reports for 2022 also indicated consistent numbers for Domestic Violence (16%, 15%), this reports confirms the stories shared by children during IPA intakes which reveals that, children who suffers/or are exposed to the effects of domestic violence are often from families where women experience violence especially intimate partner violence this is because parents who experience intimate partner violence are most likely to physically punish their children and such children are more likely to perpetrate violence even in the later stage of their development.



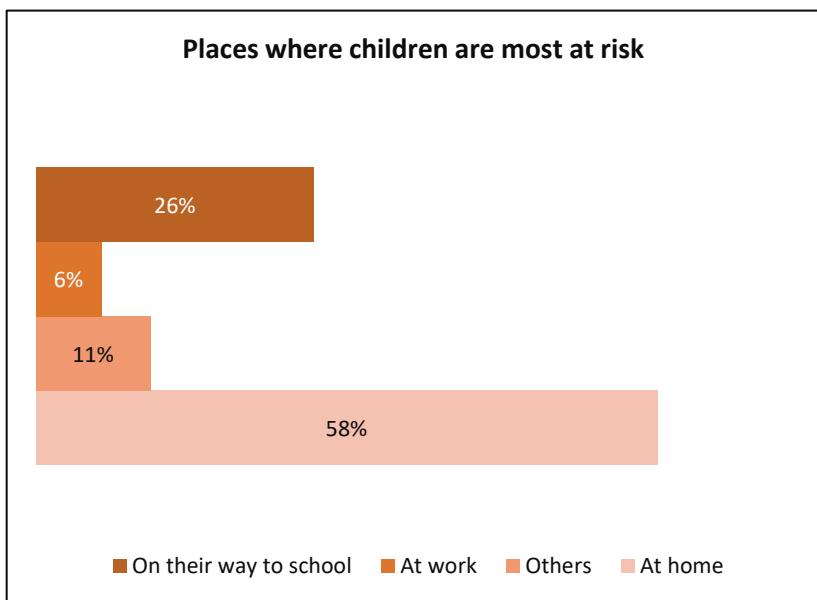
From the needs assessment report, children in the Southwest are exposed to different types of violence, with physical violence (88% of cases reported are UASCs especially girls) including the risk of being recruited by armed groups being the most prevalent for boys (19%). Sexual abuse stood at (18%), while neglect and emotional abuse recorded almost the same prevalence rate (17%). Other risk of considerable threshold includes sexual exploitation which stood at 15% while child abandonment

(common amongst children under 10 and children living with disabilities left behind/separated from their parents) at 14%.



These forms of violence are further exacerbated by the breakdown in family/community structures and prevailing social norms that condones violence against children. Families and other traditional structures (traditional council, delegations of social affairs) responsible for the protection of children have been greatly affected by the ongoing crisis thereby weakening the protective environment around children. Given the pivotal roles that these structures play in social cohesion and protection, DRC and other partners can conduct a mapping exercise to identify and assess existing structures and help to create new ones (as Child protection committees) in areas without formal/traditional structures in each community strengthen their capacities and support them with resources to develop and implement action plans aimed at preventing and responding to child protection concerns and issues in their communities.

### 3.5 Where children are most at risk



KI indicated that, children were most at risk at home (58%), this is the case with physical abuse, neglect, abandonment, sexual exploitation and emotional abuse. Highly vulnerable families often resort to harmful practices such as child marriage (giving out adolescent girls to prominent community members in marriage for economic reasons), child labour, and sexual exploitation as a coping mechanism. Data from positive parenting sessions with parents and caregivers indicates an intersection between domestic violence (especially intimate partner violence) and violence against

children. Moreover, it was reported that, parents who use or experience violence are more likely to be violent towards their children. This goes a long way to justify the home as being the place where children are most at risk, the intersection between VAC and VAW is still very underreported. Children being harmed on their way to school was recorded at 26%, this is justifiable given the fact that, education continues to be politicized in the context of the crisis. According to the Annual report shared by UNICEF, 37 education related incidents were recorded in 2022, which ranged from kidnaping, threats, intimidation and vandalization of schools especially in high-risk areas in Meme, Manyu, Fako. Work related violence such as wounds and injuries, motorbike accidents for adolescent boys engaged in commercial bike riding etc. stood at 11%, this is mostly common amongst adolescent boys and girls engaged in child labor.

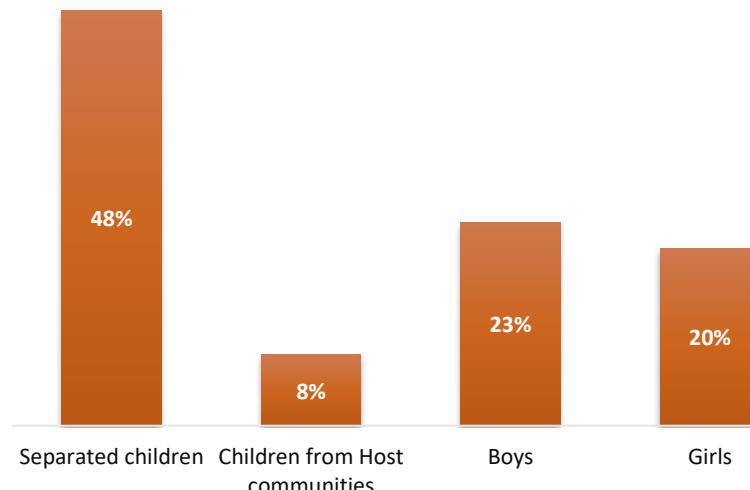
To mitigate the vulnerability and/or prevalence of violence against children, there is a need to increase intervention strategies that involves men in the prevention of violence especially in homes. As such strengthening the capacities of Community Based Structures like traditional councils and creating new ones in areas where they no longer exist to tackle social norms/patriarchal norms that sustains violence against children (the use of violence as a mean of correction), raise awareness and report incidents of child violations could be good entry points to do so. Other mitigation measures include the strengthening of capacities of partners and setting up a functional system to monitor and respond to acts of grave violations by the CP AoR as it should also thrive to ensure that adequate actions are taken to address violence against children.

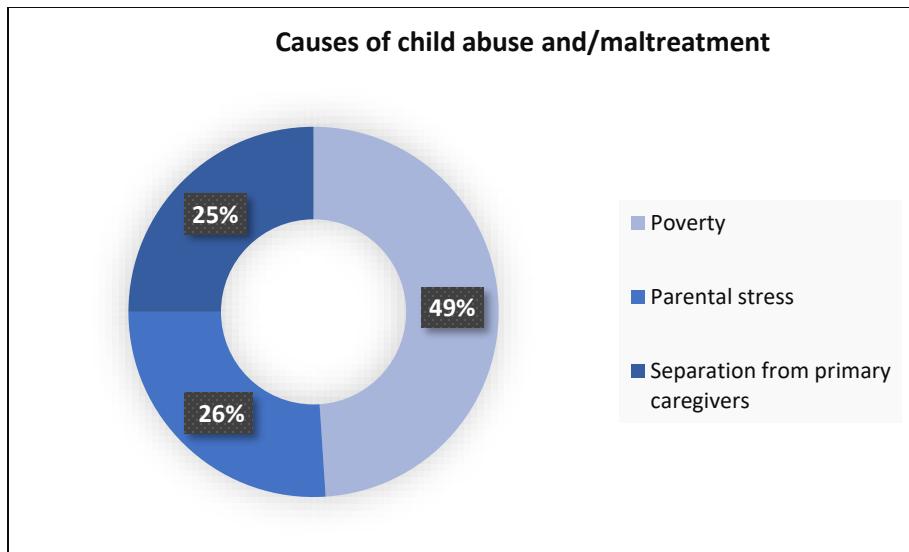
### 3.6 Child maltreatment

In light of this assessment, child maltreatment refers to any form of neglect, exploitation, physical, emotional and/or sexual abuse committed against a child. It was reported that, UASCs were most vulnerable to child maltreatment (48%) in comparison with children from the host communities living with their parents or caregivers (8%). Amongst the children most affected by child maltreatment, boys (23%) were more vulnerable than girls (20%)

Data from the KII with parents and caregivers indicated that risk factors for child maltreatment for both UASCs and children from the host communities included poverty (49%) triggered by loss of livelihoods as a result of the crisis. 26% of the respondents indicated that child abuse and maltreatment is caused by parental stress. Some of the deep root causes of parental stress are also linked to poverty. Separation from primary caregivers was mentioned by 25% of the respondents as a fuelling factor of maltreatment and abuse. Other contributing factors observed and seen in communities include the social acceptance of physical punishment (poor parenting practices) as a way of correcting children, the practice of poor coping mechanism amongst parents like drug/alcohol use and abuse or early marriage, the breakdown of community structures and constant exposure to violence.

**Children who are most vulnerable to child maltreatment**





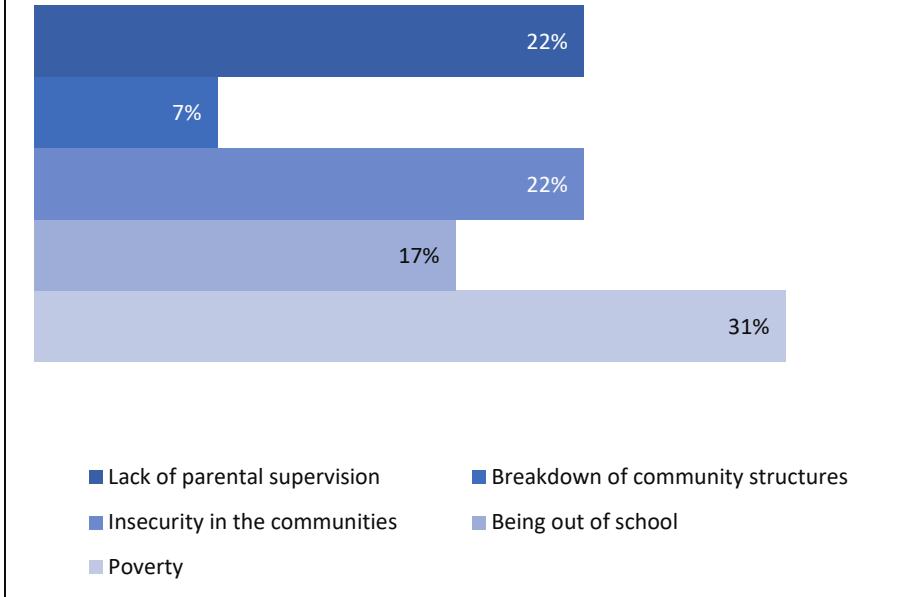
Stories shared by UASCs during the FGD or during one-on-one meetings during case management suggest that UASCs and other children exposed to child maltreatment (including survivors) tend to exhibit disturbing behaviours triggered by stress and other mental disorders and are more vulnerable to survival sex, child work and extreme forms of child labour for survival. As a means of comfort, some adolescents engage in negative coping mechanisms (finding solace in gangs, drug use and abuse) to survive these experiences.

### **3.7 Children at risk of conflict-related sexual violence**

Women, girls, and boys are most often the most vulnerable to sexual violence. Given that sexual violence existed prior to the crisis, it has however been exacerbated by the crisis. In the last quarter of 2022, out of 869 GBV incidents reported by UNOCHA<sup>7</sup>, women represented 97% of the survivors while children constituted 22% of the total cases reported, with a majority being unaccompanied and separated. In addition to that, 31% of the respondents identified poverty as one of the risk factors for sexual violence against girls and boys, 22% reported lack of parental supervision. Other risks factors of considerable threshold as indicated on the diagram below includes breakdown in community structures (17%) and lack of access to education. Data from the gender analysis report produced by DRC in 2022 also highlighted power inequalities, disruption in protective environments and social networks (divisional delegations of social affairs), and heightened insecurities were amongst the factors that made children more vulnerable to sexual abuse and exploitation.

<sup>7</sup> <https://reports.unocha.org/en/country/cameroon/card/4raF93GyIR/>

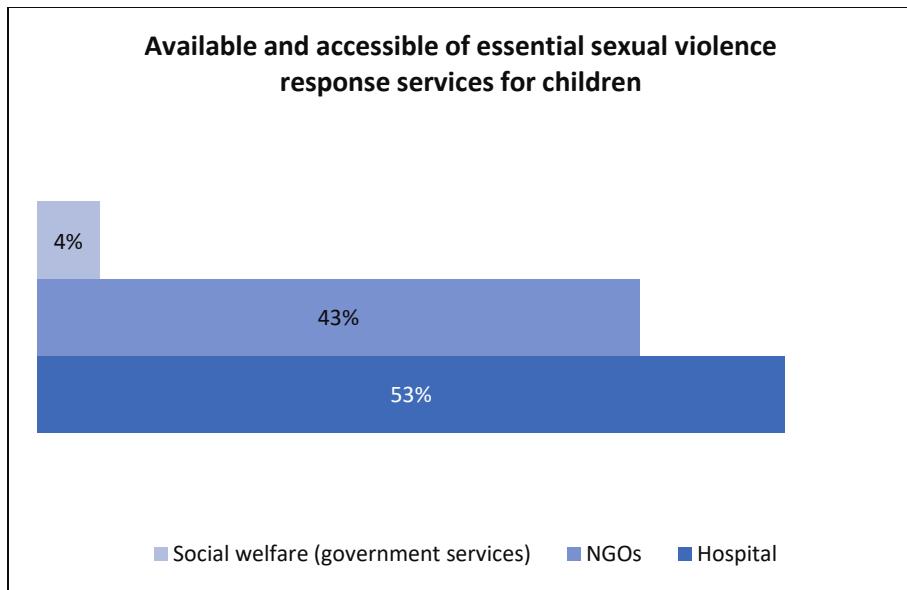
**Specific risks of sexual violence for girls and boys**



It was observed that sexual abuse against children was also associated with negative coping mechanisms as perpetrators abused survivors to cope with negative emotions. Summarily, the incidence of sexual abuse in the SW is fundamentally rooted in unequal power dynamics and harmful gender/social norms. it is also used as a tool/weapon of war by armed forces and armed groups to spread fear and establish their authorities in conflicted affected communities. It was also observed in the course of this study that NSAGs recruited adolescent girls and young women for sexual purposes, a practice that is widely tolerated and accepted.

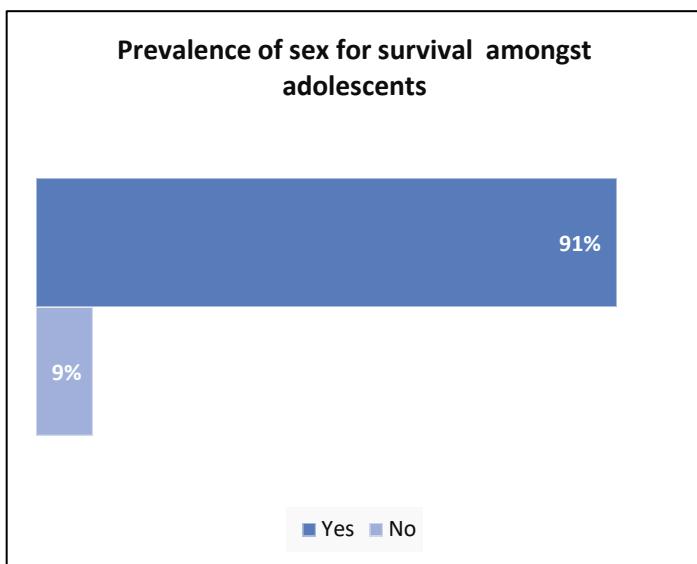
### **3.8 Available and accessible services for children survivors of sexual violence**

According to the assessment, 53% of the respondents highlighted that the hospital was the most used and accessible services for sexual violence response. There was however a need to strengthen the capacities of community health workers in basic clinical management of sexual violence especially for children. 43% of the respondents indicated that child survivors of sexual violence got support from NGOs, while a small threshold (4%) indicated that children received support from government delegations.



### 3.9 Sex for survival

Adolescent girls participating in DRCs life skill sessions were asked to define what survival sex meant in their context. The responses provided revealed that survival sex was different from prostitution by its intentions/motivations. Survival sex amongst adolescent girls in the SW is shaped by economic, social, and power reasons underpinned by the need for survival and protection. Survival sex could be voluntary or forced, voluntary in the sense that adolescent girls engaged in these relations for economic reasons and protection (the NSAGS and SSFs provided protection to them). This was reported to be common amongst adolescent girls who are out of school, separated from their primary caregiver either by death or displacement.



It was reported by 91% of the respondents that sex for survival was prevalent amongst adolescents in their communities. 2 categories of sex for survival can be deduced from the responses of adolescents, they include:

- Sex for money or food: adolescent girls engaging in sexual relationships for economic reasons, mostly to gain access to food and other basic supplies.
- Sex for security and social status: adolescent girls engaging in sexual relationships with NSAGs and SSFs for the purpose of protection and pride.

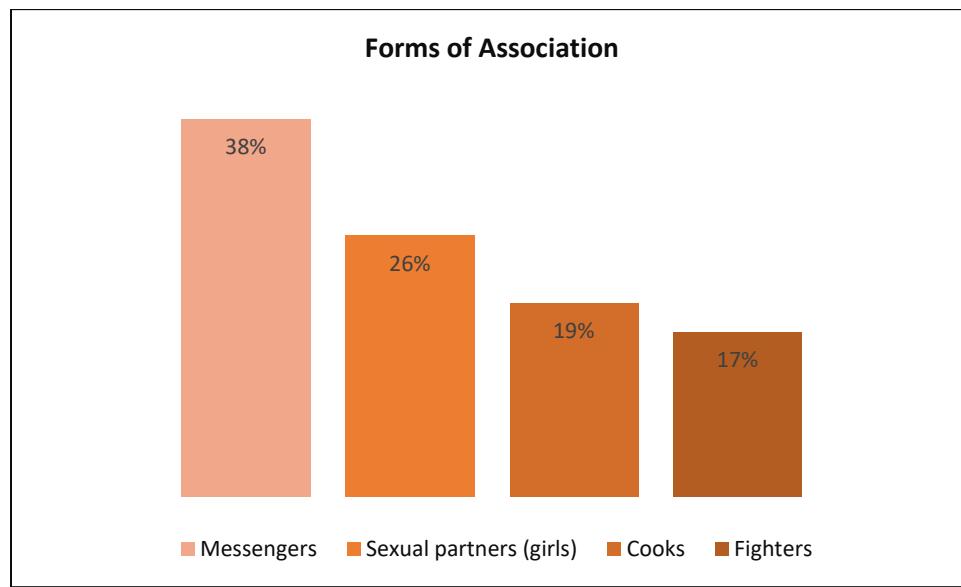
It was recounted by the one of the adolescents that “.... *When you are dating a soldier, other men cannot harm you, you are protected, and it is also a source of*

*pride. Some of our parents encourage the relations since they protect our families and provide for us”*

Data from FGD sessions with parents and caregivers highlighted an increase in the incidence of child parent, teenage pregnancy and STIs amongst adolescent girls because of sex for survival. There is a need for awareness raising on SHR through the extension of life skill sessions for adolescents and caregivers.

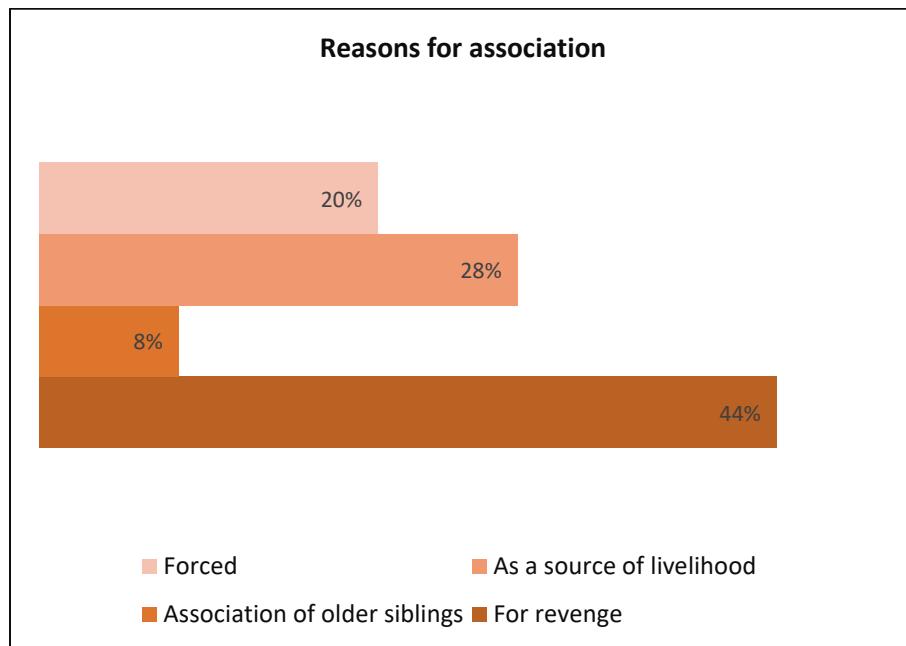
### **3.10 Children Associated with Non-State Armed Groups (NSAG)**

Education continues to be politicized, with major educational structures being destroyed intentionally or unintentionally during cross fires and attacks on communities and occupation by SSF. Families responded to this by sending their children to zones with functional schools, this is however an additional cost on low-income families. Families who are unable to move, stay behind thereby exposing the children to the risk of joining NSAGs as the only option to stay active, productive and safe. Data from the assessment indicate different forms and levels of children’s association with armed groups. 28% of the respondents reported that children associate as messengers (for both boys and girls), while 26% believed children associated as sexual partners (this is exclusive amongst adolescent girls). A considerable number of respondents reported serving as cooks (19%) and active combatants (17%).



With regards to where and how children were recruited, the KI and data from the FGD sessions highlighted that children’s persuasive approach (especially by peers and those in higher ranks with the NSAGs) was used. This approach is most effective since according to the respondents it gives children an alternative source of livelihood and a purpose to live for.

### Reasons for association with armed groups



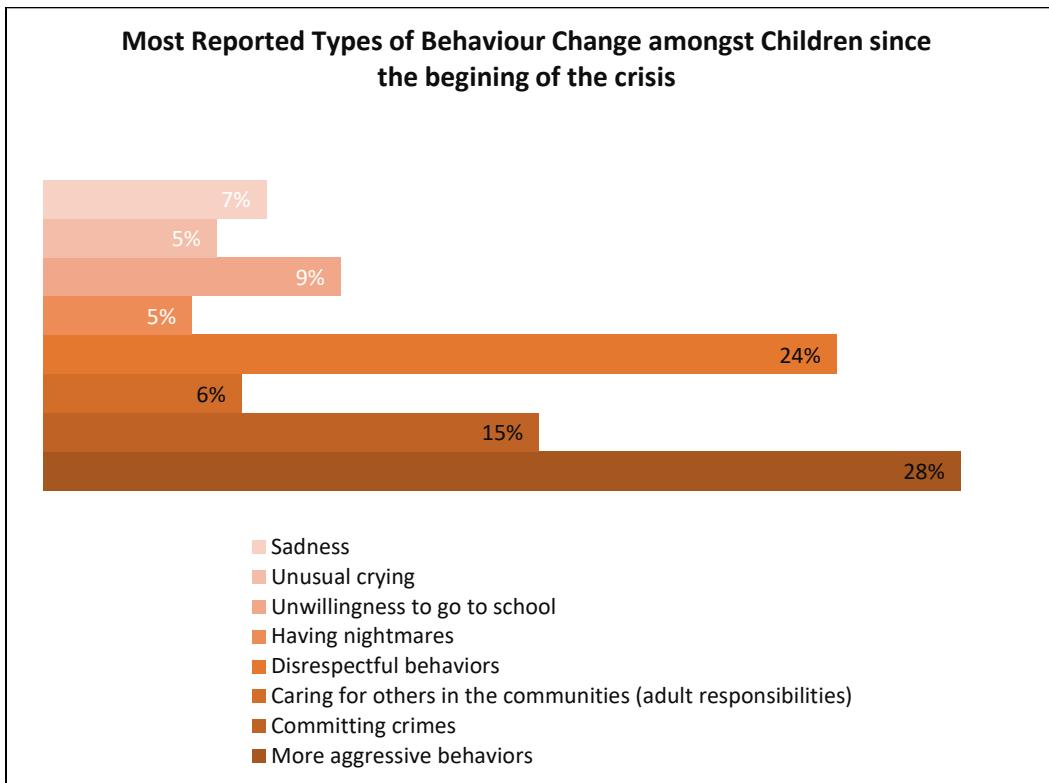
From the data presented above, it can be observed that a majority of the children associated with armed groups for the purpose of revenge (44%). This is common when children loss close family members during a crossfire and targeted attacks. In some villages, orphans are expected to join the NSAGs to revenge and protect the community from subsequent attacks. Some adolescent girls who have been molested by the SSFs, join the NSAGs to seek support, protection, and empowerment to revenge for this act and protect other women and girls in the communities from all forms of violence perpetrated by the SSFs. Joining NSAGs is therefore perceived as an alternative solution to regain control over their lives. 28% joined for economic reasons (source of livelihood as they are supported by the generals, get access to food and other basic provision), 20% as a result of the association of older siblings and 8% as a result of forced recruitment. According to the participants interviewed, forced recruitment/abduction was not a very popular means of recruitment in this context, at least not for boys.

Children associated with armed groups are constantly exposed to violence and are engaged in adverse forms of labour and other violent activities which increases their vulnerability to psychological trauma and adverse forms of mental health challenges, injuries and death, sexual abuse for adolescent girls, emotional and loss of connection with their families.

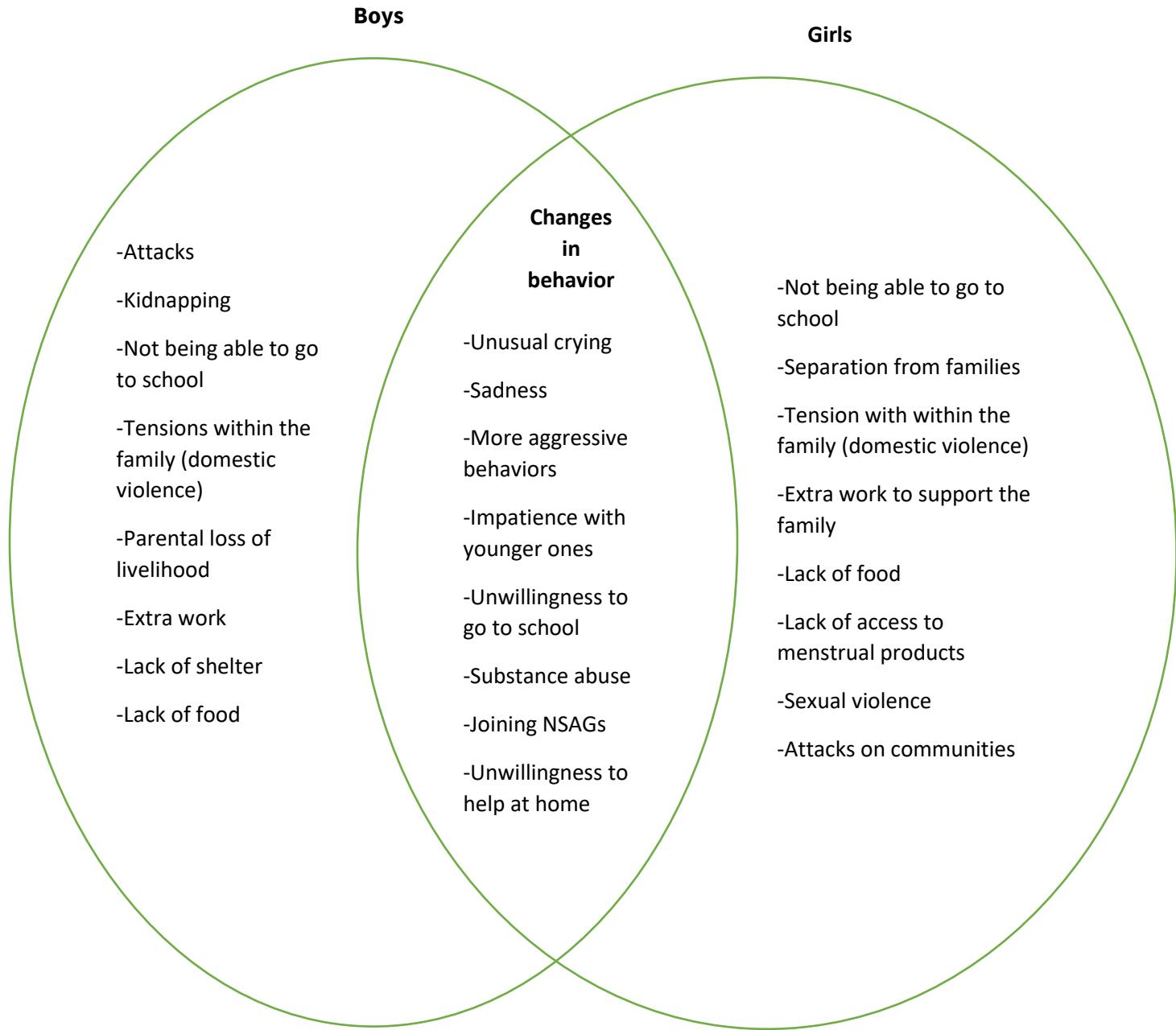
### 3.11 Changes in Children's behavior

Since the beginning of the crisis in 2016, children have been exposed to different risks and acts of violence which affects them in different ways. The assessment also aimed at exploring the changes (positive and negative) in the behaviours of girls and boys. The FGD sessions with parents and caregivers indicated the changes observed were different according to each age group but highlighted the prevalence of psychosocial distress amongst children. Children having trouble sleeping and nightmares

was reported by 28% of the KI while important number of respondents (24%) reported the display of disrespectful behaviours as a major concern for adolescents. 9% pointed out that children were unwilling to go to school. Finally, general sadness was reported by 7% of the respondents, unusual crying and screaming or engaging in high-risk behaviour recorded by 5%, common amongst children under 10 years.



Following the risk mapping exercise conducted with children about the issues that stressed them, the following factors were reported for boys and girls.



The common reported negative behavioural changes for both boys and girls are unusual crying and screaming, unwillingness to go to school, sadness, fear, more aggressive behaviour, and inability to go to sleep. Parents reported an increase in inappropriate child behaviours as a core concern. As a result of multiple displacements experienced by children, caregivers reported that children especially adolescents have learned new patterns of behaviours that does not align with their values and societal expectations. Children especially adolescents tend to exhibit deviant behaviours learned while moving from one community to another for safety. Some of these behavioural ranges from drug use and abuse amongst adolescent boys, sex for survival amongst adolescent girls who are out of school,

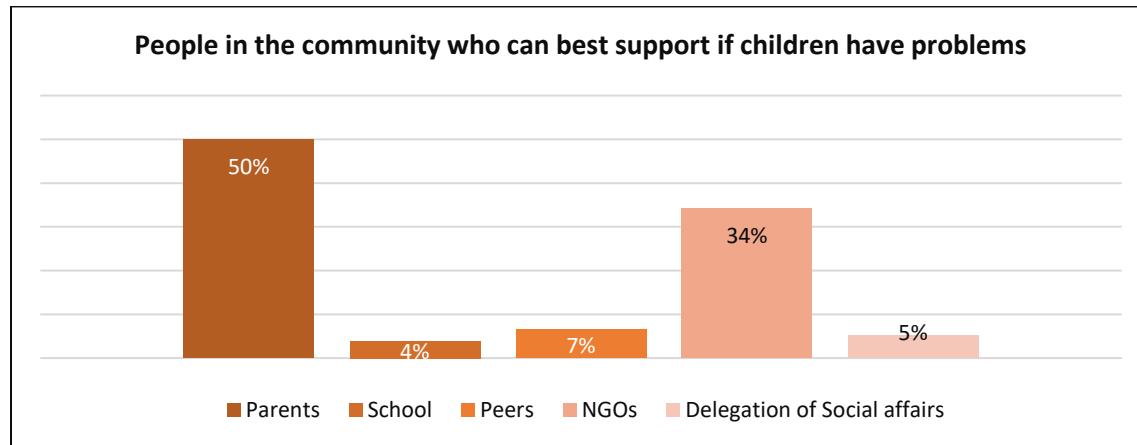
disobedience, staying out late despite the prevalence of arbitrary arrest in these communities, association with NSAGs etc. one of the caregivers recounted that:

*“.... The crisis has changed so many things in our communities, my son (17 years old) does not listen to me anymore. The crisis started when he was in form 2, so he has been home since then. He started taking jobs (farm work) to support himself but stopped after a while when he started running errands for these boys (NSAGs). It has become increasingly difficult to talk to him, he keeps late night, smokes and keep bad friends. Even though he still supports us with money to take care of his siblings” Female caregiver: 41 years old (Malende)*

Although crying and screaming are normal reactions to the experiences children face in this crisis, the prolonged exposure to violence and fear will have damageable effects on the long run. Children's sadness is also linked to their fear of being a victim of shooting or explosions, which could result in injuries and death. Unwillingness to go to school is linked to the constant threats and attacks on teachers and students, the incidents of IEDs affecting children and the occupation or destruction of some education structures by SSFs.

### **3.12 Areas to seek for support**

Data from the KI and FGD sessions indicated that children were most likely to reach out to their parents when stressed (50%), as highlighted on the FGD report on positive parenting. Parents indicated that they needed more knowledge on handling difficult/children who have been traumatized in order to enable them better support their children.



34% of the participants indicated that children could receive support from NGOs, through referrals by community facilitators or in CFSs/adolescent clubs established in these communities. 7% believed that children can receive support from peers and siblings, 5% from the delegation of social affairs especially at the level of the regions where their offices are operational. 4% of the participants reported that children could receive support from community schools in rural areas. In order to improve children's access to support services, it is important to support and strengthen community-based structures to be able to meet children's immediate needs through direct support and referral. Again, building parents

capacities through positive parenting sessions and IGAs is identified as a strong solution to improve and strengthen the support and protective environment around children in these communities.

### **3.13 Access to Education**

Access to education remains a major issue. All the respondents from this assessment 5KI and participants to FGDs) indicated that a majority of school-age children and youths in their communities do not attend school regularly. Education continues to be politicised as various NSAGs had contradictory statements on their position on education. According to OCHA situation report In December 2022<sup>8</sup>, the number of functioning schools in NWSW represent only 46% of the total number of existing formal schools and only 54% of students expected for the 2022-2023 academic year are registered. In relatively calm locations, learning is challenged by overcrowded classrooms (low student to teacher ratio), inadequate water and sanitation facilities in schools and learning difficulties amongst IDPs especially those who have been out of school for years due to the crisis.

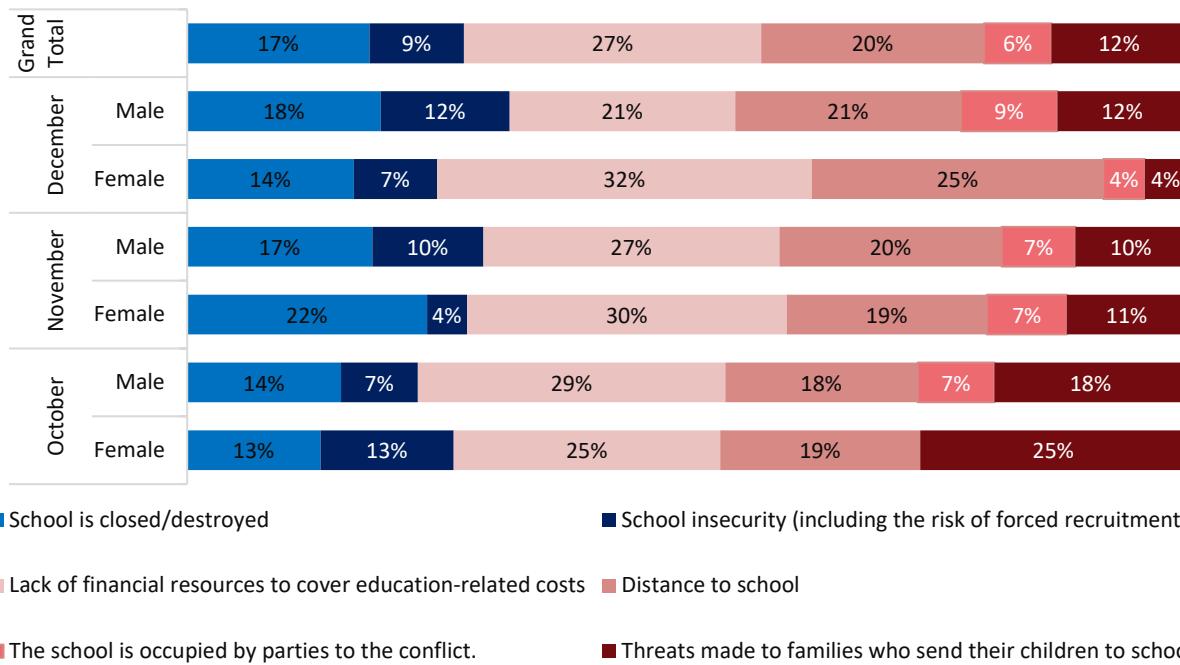
The major reasons for low/irregular school attendance ranged from lack of financial resources (27%) as most parents lost their sources of livelihood as a result of the crisis (destruction of properties, lack of access to farms due to insecurity and challenges settling due to multiple displacements). Distance to school accounts for 20% of irregular school attendance while destruction/closure of schools accounts for 17%.

The emergence of community schools as an alternative for government education facilities also has its challenges as these structures are understaffed, poorly equipped and the fees are often too high and unaffordable for parents in the communities. Teachers have difficulty effectively teaching and meeting the learning needs of traumatised children. As a response, DRC continue to provide support for alternative learning through life skill sessions for adolescents and PSS activities for children at Child Friendly Spaces to enable out-of-school conflict affected children to benefit from non-formal learning and psychosocial support.

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<sup>8</sup> OCHA, Situation report, 2022

**KI's responses about why children/youth don't attend to school regularly**



## 4. Recommendations

### 4.1 To the CP AoR Partners (L/INGO)

#### UNACCOMPANIED SEPARATED CHILDREN

- Establish and strengthen referral systems at the level of the CP AoR for UASCs identification, alternative care, family tracing and reunification.
- Structures that have the capacity to do family tracing should train other structures to provide minimum family tracing while avoiding child trafficking, abuse and exploitation.
- Strengthen community structures (child protection committees Community Based Protection Mechanisms, adolescent clubs) to safely identify, respond to and refer cases of UASCs.
- Strengthen the capacities of caregivers in host communities on childcare, child development, living or hosting UASC with disabilities and positive parenting to improve the protective environment around children as this will go a long way to address issues of violence against children and child maltreatment which UASCs are most vulnerable to.
- Support UASCs to enroll for life skill sessions and comprehensive case management services to build resilience.

#### PSYCHOSOCIAL WELLBEING

- Strengthen the capacities of community focal points and facilitators to provide PFA to affected children especially after crossfires and attacks in the communities.
- Extend structured Psychosocial Support interventions (structured support group sessions) for children who are GBV survivors and, also provide PFA to parents and caregivers and other at-risks adults in affected communities.

#### INCLUSION FOR CHILDREN LIVING WITH DISABILITIES

- Organize awareness sessions for children with disabilities to share information on specialized services that are available for them (availability of disability cards etc.)
- Build capacities of program staff on disability and inclusion, to ensure that program design and implementation strategies are inclusive.
- Strengthen the capacities of community-based structures (traditional councils, child protection task force, adolescent clubs etc.) on disability and inclusion.
- Ensure that sites used for CFSs are inclusive by improving accessibility for children with disabilities and children from different ethnic groups (limiting the use of churches as CFSs to ensure access for children who are not Christians).

#### CHILDREN ASSOCIATED WITH ARMED GROUPS

- Improve on advocacy at the level of protection cluster through CP AoR Strategic Advisory Group to call on parties to the conflict to refrain from recruitment of children in armed groups.
- Given the sensitivity of this issue in the context of Cameroon, interventions for CAAFAGs should be integrated with other child friendly program activities to ensure that children and child protection actors are not exposed to further harm.
- Organizations should invest in preventive strategies at the level of the communities, such as positive parenting sessions, group PFA sessions with parents and caregivers or highlighting child development stages and the impact of prolonged exposure to violence on the mental, physical wellbeing on children. By so doing, the focus will not be on CAAFAG but on the effects of children's association presented in a more receptive manner.
- Organizations should develop integrated programming to meet the comprehensive needs of children in this category. For instance, DRC supporting children in this category through PSS, CM and Life skill sessions and referring to the Economic recovery team for IGA.

#### **4.2 To Donors**

- Increase funding to L/INGOs supporting the most-at risk affected by the crisis, especially activities aiming at supporting children, especially PSS workshop interventions and Child Friendly Spaces interventions in hard-to-reach areas for communities that have not received structured humanitarian assistance since the onset of the crisis).
- Support L/INGOs interventions aiming at providing holistic support to most-at-risk to cover all basic needs including food assistance, health, mental health, PSS and livelihood, even if such interventions have a lower ratio cost per beneficiary.

#### **4.3 To the Government of Cameroon**

- Increase funding and attention to social services supporting the reintegration (formal and informal) of children associated with non-state armed groups in communities
- Increase funding and support to MoSA to ensure there are dedicated and trained staff in all MoSA sub-offices in NWSW to support the numerous needs of children affected by the crisis (PSS, foster care, safe space for survivors of human rights violations, case management....)
- Reopen the National School of Social Workers to ensure trained staffs are available across the country to support human rights violations' survivors
- Increase funding and allocated more trained health staff to all health facilities in NWSW to respond to the numerous needs of civilians affected by the crisis
- Support all humanitarian actors by providing access and security to its members striving to provide life-saving assistance to Cameroonian nationals
- Encourage all parties to the conflict to immediate cease fire and engage in peace talks.