

# Gender Analysis Report

## Understanding Gender Dynamics, Roles and Inequalities in the Southwest Region of Cameroon

Towards Addressing Gender Inequalities within Danish Refugee Council's  
Interventions





This report is made possible by the generous support of the American people through the **United States Agency for International Development (USAID)**. The contents are the responsibility of the DRC and do not necessarily reflect the views of USAID or the United States Government.

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## List of Acronyms

|      |  |
|------|--|
| BIR  | Bataillon d'Intervention Rapide                                    |
| CFS  | Child Friendly Spaces  |
| DRC  | Danish Refugee Council   |
| FGD  | Focus Group Discussion   |
| GBV  | Gender Based Violence  |
| HC   | Host Community   |
| HNO  | Humanitarian Need Overview   |
| IDP  | Internal Displaced Person  |
| KI   | Key Informant  |
| KII  | Key Informant Interview  |
| NFI  | Non-Food Item  |
| NGO  | Non-Government Organization  |
| NSAG | Non-State Armed Group  |
| NW   | North-West   |
| OCHA | United Nations Office for the Coordination of Humanitarian Affairs |
| SSF  | Security State Forces  |
| SW   | South-West   |
| UASC | Unaccompanied and Separated Children                               |
| WaSH | Water Sanitation and Hygiene                                       |

# Executive summary

This report presents the findings of a gender analysis conducted in 7 communities in the Southwest Region of Cameroon to understand gender roles, the way they define the expected attitudes, behaviors and access to resources and opportunities of men/women/children at the household and community level. Data was obtained from key informants and from focus group discussions with young adults and adults from the sampled communities. The data collected was transcribed, themes generated, and the notes analyzed following the objectives. The analysis of the findings led to the following key findings and conclusions. Firstly, men (heads of households) have full access and control over family resources. However, women are allowed to control resources that concern the kitchen or food consumption. Secondly, households have now engaged all its members (men, women, boys, and girls) in income generating activities to ensure food and financial security following the economic and social impact of the ongoing crisis. Thirdly, there's been a significant disruption in the lives of girls, boys, men, and women since the start of the crisis; girls and boys have dropped out of school because of schools being burnt, or because they have relocated to new areas where there are no functional schools. Women and men have lost their livelihoods and adopted new means of subsistence. Fourthly, livelihood activities and coping mechanisms implemented by households have changed due to the crisis especially with respect to savings. Fifth, all gender groups have very limited access to services and resources especially clean water, food, and education sanitary equipment and health services. Also, the most significant protection concerns in these communities are sexual abuse especially among adolescent girls, violence for both boys and girls at home, early marriages, and the risk of being arrested by state armed forces. Lastly, community and traditional structures, though limited, have developed safety and security measures to protect community members and reduce the prevalence of violence in most communities.

## 1. Introduction

Gender analysis refers to the variety of methods used to understand the relationships between men and women, their access to resources, their activities, and the constraints they face relative to each other<sup>1</sup>. Within humanitarian response, gender analysis is integral to socio-economic examination, acknowledging the pivotal role of gender relations in all social and economic interactions. It unveils the distinct conditions faced by women, men, girls, and boys, offering insights into how policies and programs may differentially impact them. At the local level, humanitarian gender analysis highlights diverse roles in families and communities, focusing on existing divisions and their

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<sup>1</sup> Government of Canada (2023). Gender Analysis. [https://www.international.gc.ca/world-monde/funding-financement/gender\\_analysis-analyse\\_comparative.aspx?lang=eng-](https://www.international.gc.ca/world-monde/funding-financement/gender_analysis-analyse_comparative.aspx?lang=eng-)

implications. In the domain of humanitarian development cooperation, understanding socio-economic and gender relations is crucial for policy analysis and effective initiative design. Integrating gender analysis at every stage ensures responsiveness to evolving relations, proving instrumental in reshaping strategies to address the unique needs of diverse gender identities affected by crises.

The overall objective of this study is to understand the gender dynamics, roles, and inequalities within the context where DRC's intervention will take place in the Southwest region in order to build a framework for addressing them within DRC's intervention. In line to this, the study engaged key informant interviews with 26 sampled community men and women above 20 years old and also captured their viewpoints through focus group discussions with boys, girls, men and women.

## **1.1 Methodology**

The gender analysis was conducted using a participatory approach involving diverse groups of persons being amongst them IDPs, returnees and host population in the 7 communities of intervention: Maumu, Etam, Ebonji, Tombel Central Maromba 1 and Maromba 2 and Manyemen. Key informant interviews and focus group discussion were the primary method used for data collection. The study recognized the importance of gathering insights from diverse perspectives. KIIs focused on adult women and men above 20 years old, recognizing the insights that these individuals, with their life experiences, could provide. The information gathered from the KII sessions were complemented by data collected from FGDs. Separate FGDs were organized for girls (13-17), boys (13-17), men (20 and above), and women (20 and above) in each community with the exception of Etam. The focus groups organized took into consideration gender and age to enable the participants speak freely without fear of judgment or shame. Secondary data has also been used before planning the gender analysis data collection.

## **1.2 Ethical Considerations**

Throughout the data collection process, numerous ethical measures were taken, such as obtaining informed consent, clarifying the research's purpose, topics, and information usage. Privacy was prioritized by avoiding personal identifiers and discussing confidentiality to mitigate potential risks. Cultural norms and gender-related sensitivities were respected, tailoring the research approach to prevent harm. Encouraging balanced participation allowed diverse perspectives, minimizing power imbalances during focus group discussion. Regular ethical reflection and community involvement sought input for cultural relevance and accuracy. Safety concerns and the principle of Do No Harm were respected.

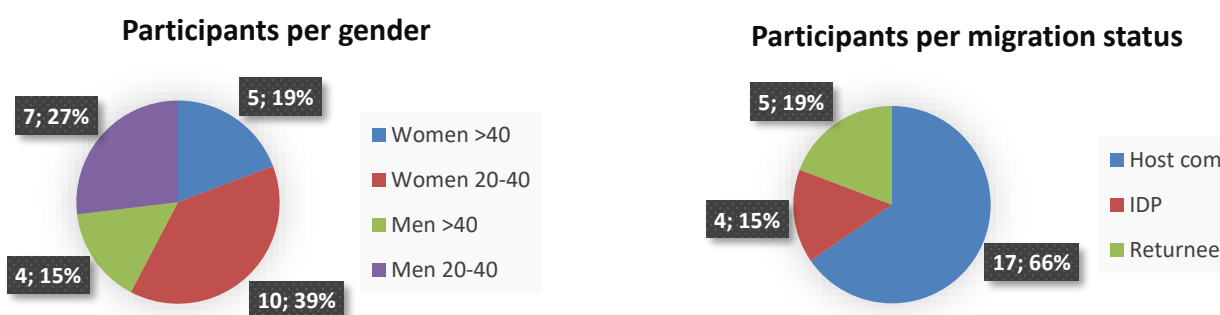
## 2. Sociodemographic Characteristics

This section describes the characteristics of the sample population of this study. It is important to note that the study engaged a total number of 26 Key Informants. The demographic characteristics of the sampled respondents by gender, age and migration status are presented as follows.

Table 1: Sociodemographic participants disaggregated by communities, age, gender, and migration status

| Communities   | Gender and age of KIs |             |          |           | Migration status of KIs |          |          | Total     |
|---------------|-----------------------|-------------|----------|-----------|-------------------------|----------|----------|-----------|
|               | Women >40             | Women 20-40 | Men >40  | Men 20-40 | Host com                | IDP      | Returnee |           |
| EBONJI        | 1                     | 1           | 0        | 2         | 1                       | 0        | 3        | 4         |
| ETAM          | 0                     | 2           | 0        | 2         | 3                       | 1        | 0        | 4         |
| MAMAU         | 1                     | 1           | 0        | 0         | 2                       | 0        | 0        | 2         |
| MANYEMEN      | 1                     | 2           | 0        | 1         | 4                       | 0        | 0        | 4         |
| MARIMBA 1     | 1                     | 1           | 1        | 1         | 3                       | 1        | 0        | 4         |
| MARIMBA 2     | 1                     | 1           | 1        | 1         | 2                       | 1        | 1        | 4         |
| TOMBEL CENTRE | 0                     | 2           | 2        | 0         | 2                       | 1        | 1        | 4         |
| <b>Total</b>  | <b>5</b>              | <b>10</b>   | <b>4</b> | <b>7</b>  | <b>17</b>               | <b>4</b> | <b>5</b> | <b>26</b> |

Figure 1: Gender and migration status of participants



A total number of 26 key informants were assessed. Going by gender, of this number, 11 were men and 15 women. This gender imbalance is due to the fact that men are frequently targeted by state security forces and non-state armed groups (NSAGs), leading many to either relocate from the community or face casualties. Moreover, women commonly assume caregiving responsibilities, exacerbating the impact of men's absence and contributing to an increased number of women in these communities. A majority of these (66%) were between the ages of 20-40. While the rest (34%) were above 40 years. Going by migration status of respondents, results revealed that of the 26 sampled respondents, 66% were host community persons, 19% were returnees while 15%

constituted IDPs. Separate FGDs were organized for girls (13-17), boys (13-17), men (20 and above), and women (20 and above) in each community to complement KI data.

## 2.1 Limitations

DRC didn't have boys and girls participating in the focus group discussions in some of the communities like Maromba 1 and 2. And no FGD was conducted in Etam. Most of the children have left the communities to access education. These were mostly in communities without community schools. This made it difficult for us to access these children and to get their opinion with regards to the gender analysis.

The challenges encountered by protection staff in gaining access to respondents of various age groups (adolescents for KIIs) have resulted in a sample comprising female adults and male adults participating in KIIs. It is essential for the reader to be cognizant that in the context of inquiries pertaining to women and girls, the perspectives conveyed by male respondents are characterized as "perceptions" whereas those articulated by female respondents are denoted as "lived experiences" and vice versa. This distinction the need to interpret and contextualize the data through a gender-sensitive lens, recognizing the nuanced nature of the insights provided by individuals of different genders within the study population.

## 3. General Information

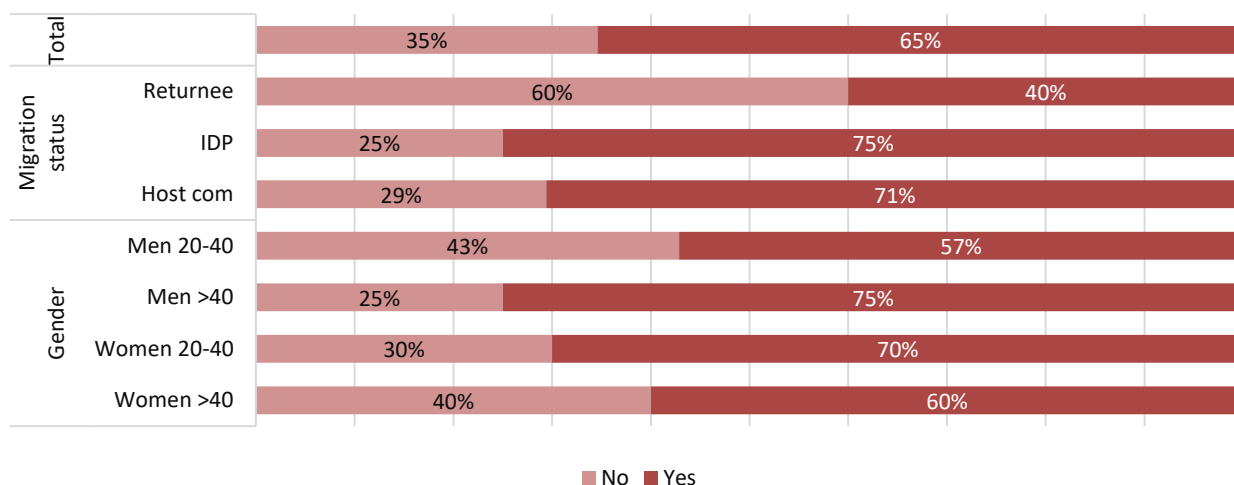
### 3.1 Reasons for population displacement

The study sought to investigate whether the concerned population was displaced as a result of the crisis. The results by gender of respondents and migration status as well overall sampled views are presented in Figure 2.

*Figure 2: Views of Key Informants on Reasons for Population Displacement*



**Views of key informants on reasons for population displacement**



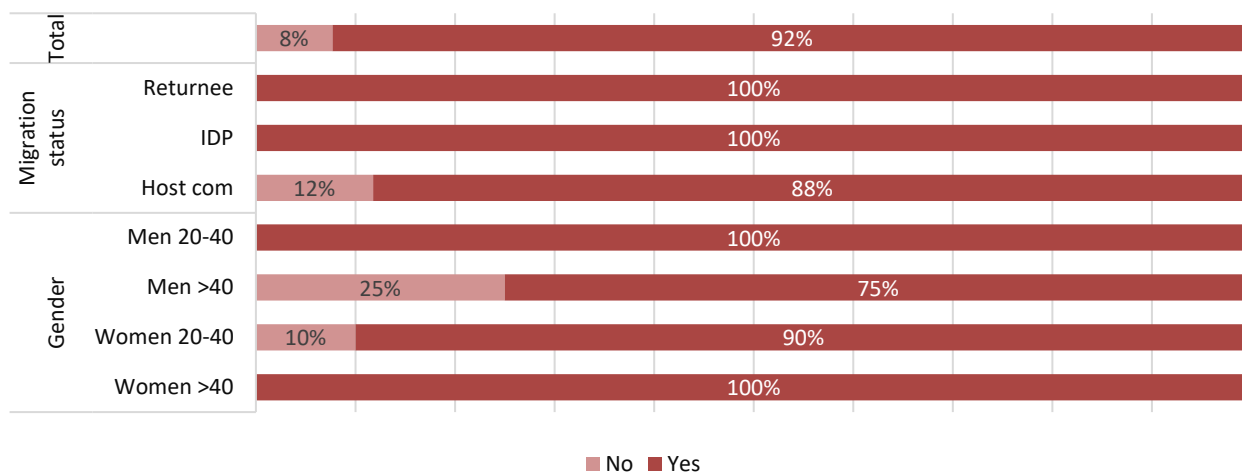
In line to this as shown in Figure 2, generally 65% of the sampled population were of the view that the crisis is the reason for the concerned population displacement in the areas as can be seen in the dimension of gender of respondents, this was the view of 60% of the sampled women aged up to 40, while 25% of men up to 40. In the same case 70% of women aged 20 to 40, and 75% of men aged 20 to 40.

### 3.2 Identification of unaccompanied children

Based on the data collected through key informant interviews, the data reveals that 92% reported having unaccompanied children in their community while 8% reported not having them. The prevalence of the crises frequently results in the displacement of children, leading to the existence of unaccompanied minors without a caregiver or parent in their destination area. The results of respondents’ opinions on the presence of unaccompanied children within the community was sought and the summary results are presented in Figure 3.

*Figure 3: Respondents views on Presence of Unaccompanied Children in community*

### Report of UA children in the community



In the North-West and South-West regions of Cameroon, the 2023 Humanitarian Needs Overview<sup>2</sup> reported nearly 3,000 unaccompanied children. Family separation, stemming from attacks and economic pursuits, contributes to this crisis, with an assumed underreporting due to various factors such as fear, intimidation, stigmatization. The absence of parental guidance exposes these children to risks of exploitation, abuse, and recruitment by armed groups. Reports from the focus group discussions reveal that, these unaccompanied children are in need of support.

## 4. Access to basic services

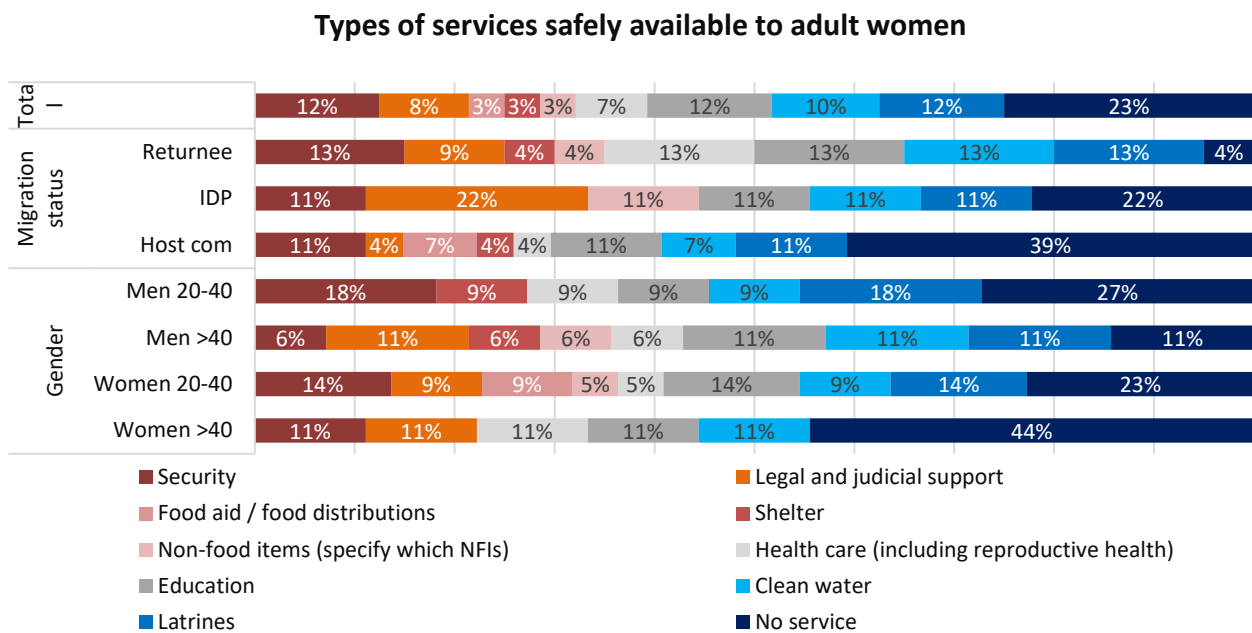
### 4.1 Availability of services to adult women

In this section on the identification of the types of services safely available to adult women, it is revealed that 23% of the responses by key informants expressed there were no available services provided to adult women within the communities. However, report gotten from FGDs indicates that, women usually receive support at different levels. At the level of the community, most of the participants indicated that they usually report to the quarter head, and they have been receiving support from them. In more stable communities found in Kupe Manenguba, most of the participants in the FGDs reported that women seek legal support from state security forces, specifically the police or gendarmerie, when they experience violations perpetrated against them. It is worth noting that there are other services for women such as food assistance, provision of NFIs, educational support, WaSH (latrines, clean water), legal assistance, shelter, health care (including reproductive

<sup>2</sup> OCHA (2023). Cameroon Humanitarian Needs Overview 2023 (March 2023). [https://reliefweb.int/report/cameroon/cameroon-humanitarian-needs-overview-2023-march-2023?gad\\_source=1&gclid=EAlaIqObChMIoffCg6WvgwMVf5IQBh3siw5VEAAYASAAEgJs0fD\\_BwE](https://reliefweb.int/report/cameroon/cameroon-humanitarian-needs-overview-2023-march-2023?gad_source=1&gclid=EAlaIqObChMIoffCg6WvgwMVf5IQBh3siw5VEAAYASAAEgJs0fD_BwE)

health) but 44% of women above 40 responses are not aware of these services. The lack of awareness among women about available services in communities may stem from cultural norms and traditional gender roles that limit their access to information.

Figure 4: Types of services provided to adult women



## 4.2 Assessment of the types of available services for children and adolescent girls

In the targeted conflict-affected communities, the findings reveal a gendered perspective on service availability for children and adolescent girls. A total of 24% of responses reported a lack of services, with variations based on migration status and gender. On the positive side, 11% highlighted security services, 20% mentioned education services, and 11% indicated health care services available. Key informants noted the absence of services like protection, positive parenting sessions, child-friendly spaces, foster families for UASC, family tracing of missing relatives, hygiene/dignity kits, and women-friendly spaces. The focus group discussions underscored that children and adolescents often rely on support from women's groups, primarily through counseling due to limited external support in these communities. While there's a possibility that more community-based services exist, key informants might have minimized them. Given the communities' minimal

or non-existent humanitarian response since the crisis's onset, there's a significant need for services addressing the specific challenges faced by children and adolescent girls in the affected areas.



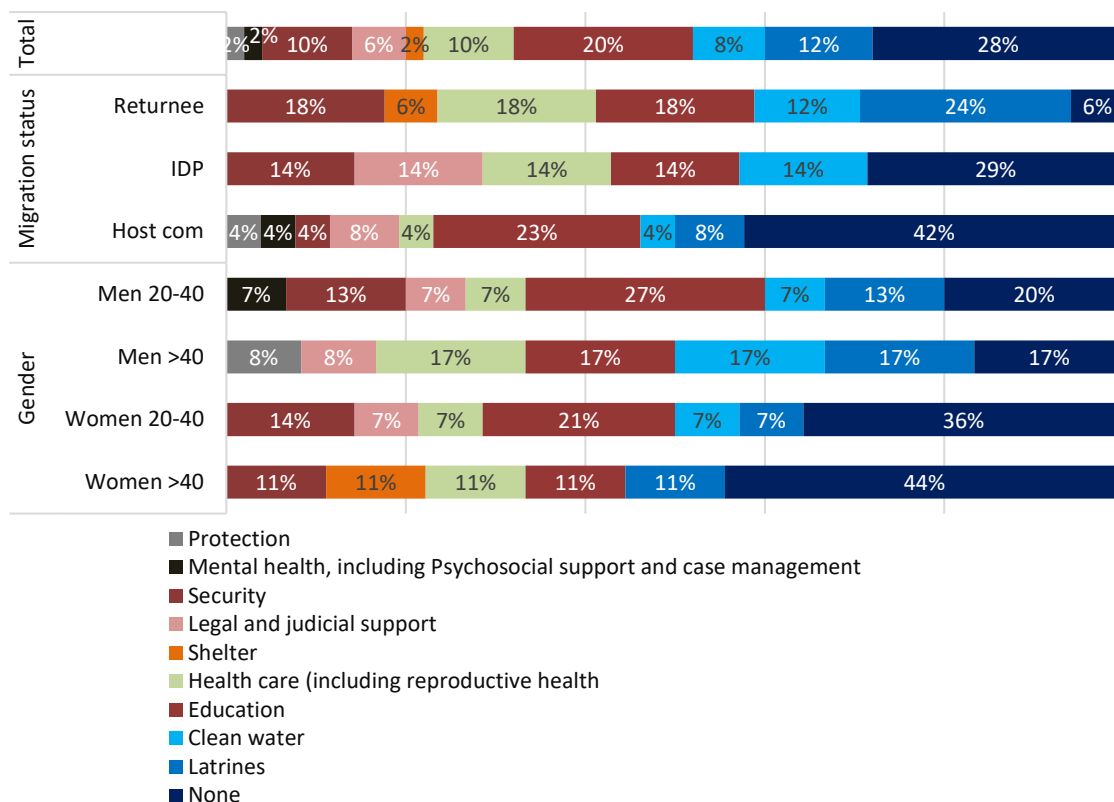
*Discussion with adolescents*

### **4.3 Assessment of the types of available services to children and adolescent boys**

Results show that of the overall sampled respondents, 28% of responses indicated the absence of available services to children and adolescent boys within the communities. The reason advanced through focus group discussions were consistent in all the communities where the assessment was done. The result indicates that adolescent boys mostly receive support in the community from adult men. This support is more reliable and sustainable as it is always available. The adult men have been very instrumental in providing counselling and mentorship to adolescent boys within their communities. It is important to note that men within the age of 20 to 40 confirmed only the availability of education services (27%), security (13%), health care (7%) and availability of latrines confirmed by 13% of responses as shown in Figure 6.

*Figure 6: Types of services provided to children and adolescent girls*

### Types of services safely available to child and boys adolescents



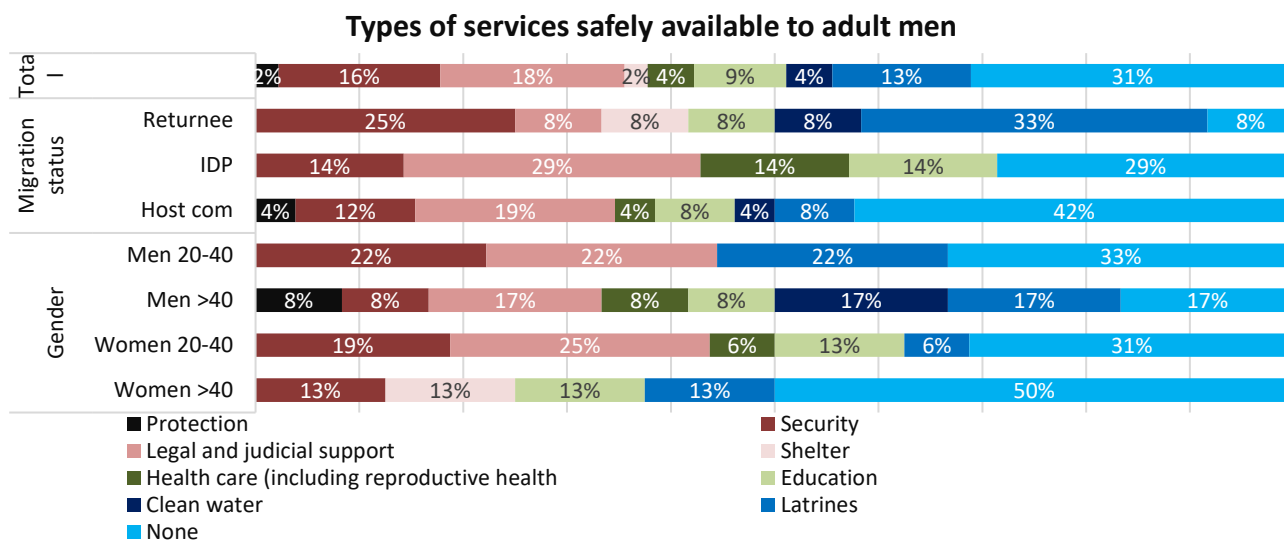
## 4.4 Assessment of the types of available to adult men

With regards to the services provided to adult men, generally, 31% of the sampled population responses expressed no provision of services to adult men within the communities (this is agreed by 29% of the IDPs', and 42% of the host community's responses). Of those who expressed availability of services to adult men, 18% of responses indicated the availability of legal and judicial support services; 13% indicated the provision of latrines, 16% indicated the provision of security services and availability of education services (9%). Report from the FGDs with men indicate that men are disproportionately affected by the crisis, receiving less assistance compared to women. The report "A more generous embrace"<sup>3</sup> by Delphine Brun, senior inter- agency GenCap advisor in Cameroon emphasizes the crucial importance of addressing the specific needs of adolescent boys and men in the humanitarian response in Cameroon's Northwest and South-West regions. It points out that neglecting the protection risks faced by men has led to a significant shift in their identities and gender roles with negative consequences for both men and women. In fact, the crisis has impacted men's ability to adhere to traditional masculine norms, causing feelings of helplessness,

<sup>3</sup> NRC (2022). A more generous embrace. <https://www.nrc.no/resources/reports/a-more-generous-embrace>

anxiety, stress, frustration, and anger, ultimately resulting in a loss of self-esteem. This, in turn, contributes to an increase in domestic violence as a way for men to assert their status. The report underscores that overlooking the vulnerabilities and needs of adolescent boys and men not only affects them directly but also has indirect consequences for women and the broader society.

Figure 7: Types of services provided to adult men



Comparing service availability for girls, boys, women and men, it is noticeable a critical absence of essential services in conflict-affected areas, including positive parenting sessions, child-friendly spaces, and support for Unaccompanied and Separated Children (UASC), that affects both genders.

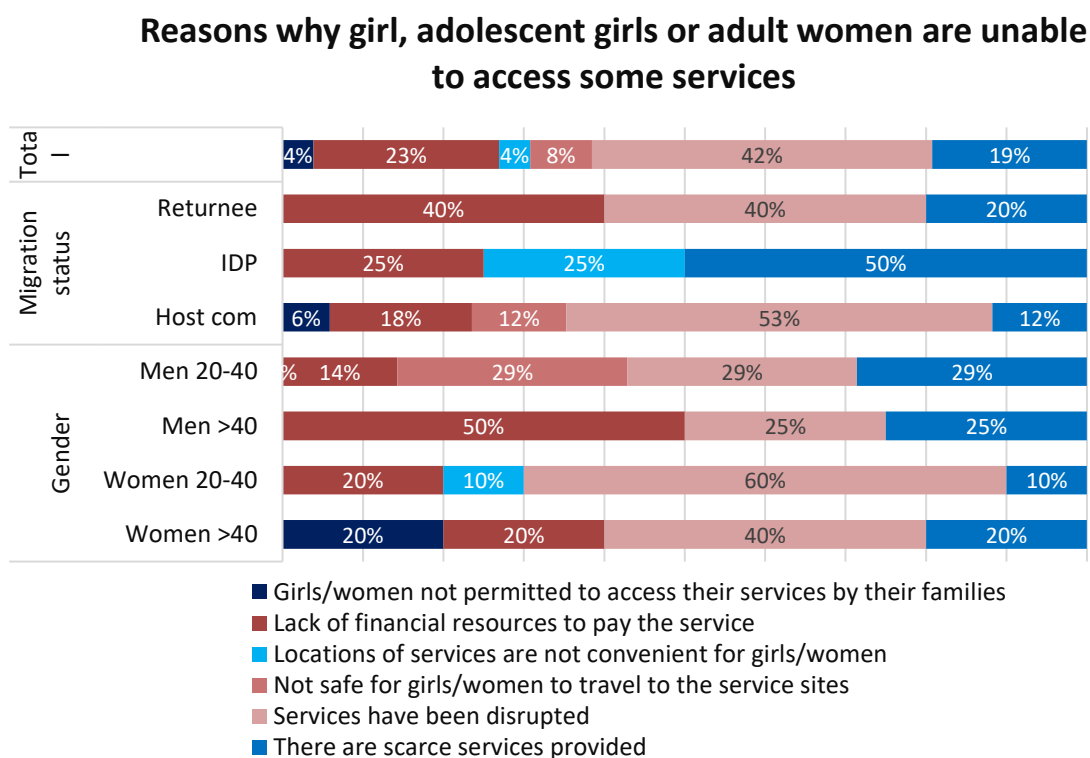
Only 2% of responses recognize the availability of Hygiene/dignity kits and safe spaces for women, along with mental health and psychosocial support. The absence of these services exacerbates challenges in mental well-being, family stability, and overall resilience, thereby intensifying the impact of the crisis. Limited availability of such resources for women increases health risks, while the scarcity of mental health support contributes to long-term emotional distress. Immediate action is needed to establish missing services, allocate resources, and foster collaborative efforts for long-term recovery.

## 4.5 Factors influencing girls, adolescent girls and adult women’s inability to access services

The challenges faced by girls, adolescent girls, and adult women in accessing resources within communities were explored through sampled respondents and focus group discussions. These challenges include physical access, financial constraints, disruption and scarcity of services, insecurity, inconveniency and family restriction. Physical access was mentioned as a major challenge during the focus group discussions in Maromba 1 and 2. Financial barriers were identified, with 23% of respondents citing a lack of financial resources as a hindrance to accessing services. This challenge was particularly emphasized by returnees and internally displaced persons (IDPs), highlighting economic struggles for girls and women.

A significant 60% of women aged 20-40, along with 40% of women aged above 40, identified service disruptions within communities as a primary obstacle to accessing some services. Also, 20% of women aged above 40 reported that there were scarce services provided. These issues adversely affect the ability of girls and women to obtain crucial resources. Furthermore, 20% of women aged above 40 underscored familial restrictions hindering their access to services. These findings underscore the need for community sensitization initiatives to address these challenges. Additionally, 20% of women in both ranges of age reported the lack of financial resources to pay services as barrier to access some services. A small but notable percentage (4%) of respondents indicated that some girls and women face restrictions imposed by their families. Confirmation came from 6% of host community members and 20% of women above 40, emphasizing the need to address familial barriers to accessing services. Understanding and addressing these challenges is crucial for creating effective strategies to enhance the accessibility of essential resources for girls, adolescent girls, and adult women in the community. The results are summarized in Figure 8.

Figure 8: Reasons for girls, adolescent girls, and women inability to access some services within the community



## 4.6 Factors influencing boys, adolescent boys and adult men’s inability to access services

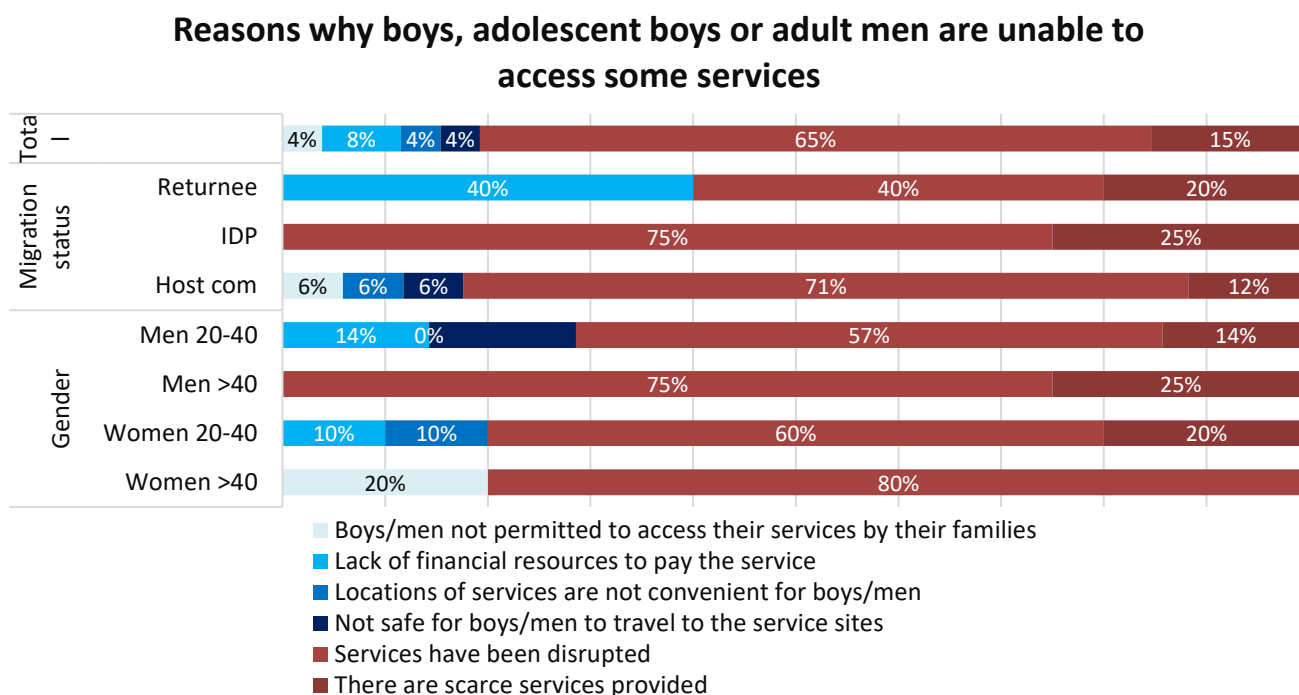
Men and boys face challenges in accessing services primarily due to the fear of being targeted by parties to the conflict, preventing them from accessing essential resources. As summarized in Figure 9, the most significant factor hindering boys, adolescent boys, and adult men from accessing services is the disruption of services within the community, with 65% of sampled respondents highlighting this concern. Further, 14% of men aged 20-40 affirmed that it is not safe to travel to access services. This response is confirmed by Cameroon HNO 2023 which states that disruption of social services in many localities in the North-West, South-West, and Far North regions forces people to walk long distances to access those few services remaining, creating additional risks related to arbitrary arrest as well as physical and sexual violence<sup>4</sup>. Scarce services were identified by a total of 15% of respondents as a contributing factor with possible reasons like mentioned for girls and women. Lack of financial resources is also identified as the third most expressed factor, with 8% of respondents citing it, and this is confirmed by 14% of men aged 20 to 40, 10% of women aged 20 to 40 and 40% of returnees. Additionally, a small proportion of respondents noted the unsafe nature (4%), non-convenient sites (4%), and family restrictions (4%) as factors contributing

<sup>4</sup> OCHA, Cameroon Humanitarian Needs Overview 2023 (March 2023).



to the inability of boys, adolescent boys, and adult men to access services within communities which still needs to be addressed.

Figure 9: Reasons for boys, adolescent boys, and men inability to access some services within the community



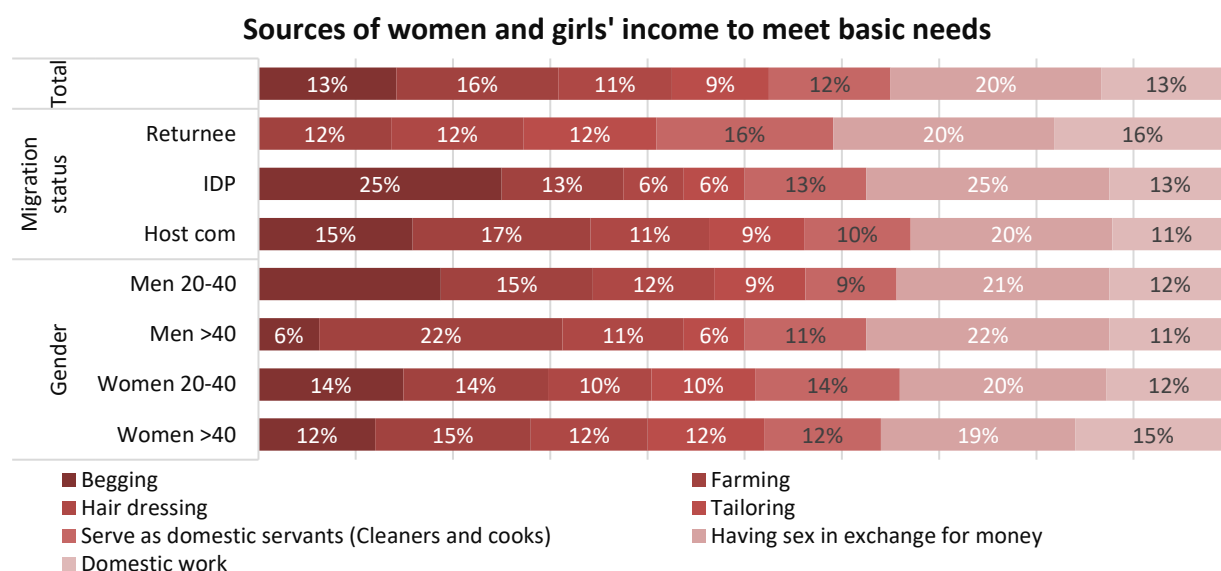
## 4.7 Identification of sources of income for girls and women basic needs

This section sought to understand if girls and women go outside the community to earn income to meet basic needs. In line with this, it was revealed that almost all sampled respondents (96%) were of total agreement that women and girls go outside the community to earn income to meet basic needs. When girls and women go outside their community to earn income, they face heightened protection risks. These may include exposure to gender-based violence, sexual harassment, and exploitation. The absence of safe transportation, inadequate lighting, and unfamiliar environments contribute to their vulnerability. Additionally, the necessity to travel long distances may lead to physical harm or abduction. Economic activities outside the community thus pose significant threats to the safety and well-being of girls and women, necessitating targeted interventions to mitigate these risks.

## 4.8 Women and girls’ income-generating activities towards addressing/meeting basic needs

In the course of the quest to meet basic needs women and girls indulge into many operational activities to fulfill this dimension of their lives meeting their basic needs. 20% of responses indicated that women and young girls get involve sex for survival to generate income to meet up with basic needs. This is a serious concern as more and more women and girls keep losing their source of livelihood. The results are summarized in Figure 10.

Figure 10: Sources of women and girls’ income for basic needs



1. Engagement into sexual activities for income: Based on Figure 10, 20% of the sampled respondents’ responses expressed as one of the sources of income for their basic needs, the engagement into sex activity and exchange of this for money. This was confirmed by 20% of returnees’ responses, 25% of the IDPs, 20% of host community persons, and by gender, 19% of the women’s responses agree to this as well as 20% of the sampled women between the ages of 20 to 40 ’ responses, 22% of men above 40 and 21% of men of age 20 to 24 (responses). This constituted a greater proportion of the expressed activity engaged by women and girls for meeting their basic needs within the community. Engaging in sex for survival in conflict-affected communities exposes girls and women to severe consequences, including heightened risks of sexual violence, exploitation, and adverse physical and mental

health outcomes. This desperate coping strategy exacerbates their vulnerability, contributing to a cycle of abuse and increased challenges for their overall well-being.

2. Engagement in farming activities: The study also reveals that 16% of the responses opined that women and girls engage into farming activities to meet their basic needs. This was confirmed by the responses of 12% of returnees, 13% IDPs and by 17% of host community persons. Conflict affected girls and women in the Southwest regions commonly turn to farming as a coping strategy, but it becomes a protection concern when child labor or extreme hard work is involved, posing risks to the well-being and rights of individuals, particularly children. According to the DRC's Assessment Report on Child Labour (2023), adolescents, acting as caregivers for younger siblings due to parental absence, are compelled to undertake strenuous labor for minimal pay to support household needs. In rural areas, these adolescents endure harsh conditions, working in cocoa farms, oil milling sites, riverbanks, and timber-related activities highlighting the urgent need for intervention to prevent adverse consequences, as shown in Figure 10.
3. Engagement as domestic servants: As shown in Figure 10 above, 13% of the responses indicate that women and girls engage in domestic work such as serving as cooks and cleaners to earn income for their basic needs. This was confirmed by 16% of returnees' responses, 13% of the IDPs, and by 11% of host community persons. Going by gender, this was confirmed by 13% women and 12 % men sampled responses.
4. Involvement in begging activities for basic needs: In line with this, 13% of the responses expressed that women and girls engage in begging as a resort for meeting their basic needs. This was agreed by 15% of the host community persons sampled responses. Going by gender of respondent, 14% of men's responses (6% men aged 20 to 40 and 18% men above 40).
5. Engagement in vocational training activities: It was expressed by 11% of responses that women enroll into vocational training such as hairdressing to be able to generate money through as a result of the training. This was confirmed by 12% of returnees, and 11% of host community sampled persons responses. In addition, they engage in tailoring activity as was the view of 9% of the responses as a key dimension for meeting their basic needs.

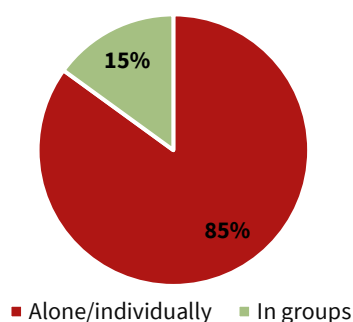
## 4.9 Women and girls travelling outside the community to meet their needs

Based on the afore-confirmation by all respondents that women and girls usually move out of the communities in quest for meeting their basic needs, the analysis aimed to assess how women and girls move when traveling outside their communities, whether alone or accompanied. The results are summarized in Figure 11. According to the findings significant majority, 85% of the respondents, reported that women and girls predominantly travel alone or individually outside their

communities. This consensus was reaffirmed by all returnees and IDPs, and the majority (76%) of host community members. 15%, believed that women and girls travel in groups. The majority of women and girls tend to travel outside the community individually, while a smaller proportion opts to do so in groups.

Figure 11: Nature of women/girls travel outside the community

### Nature of women/girls travel outside the community

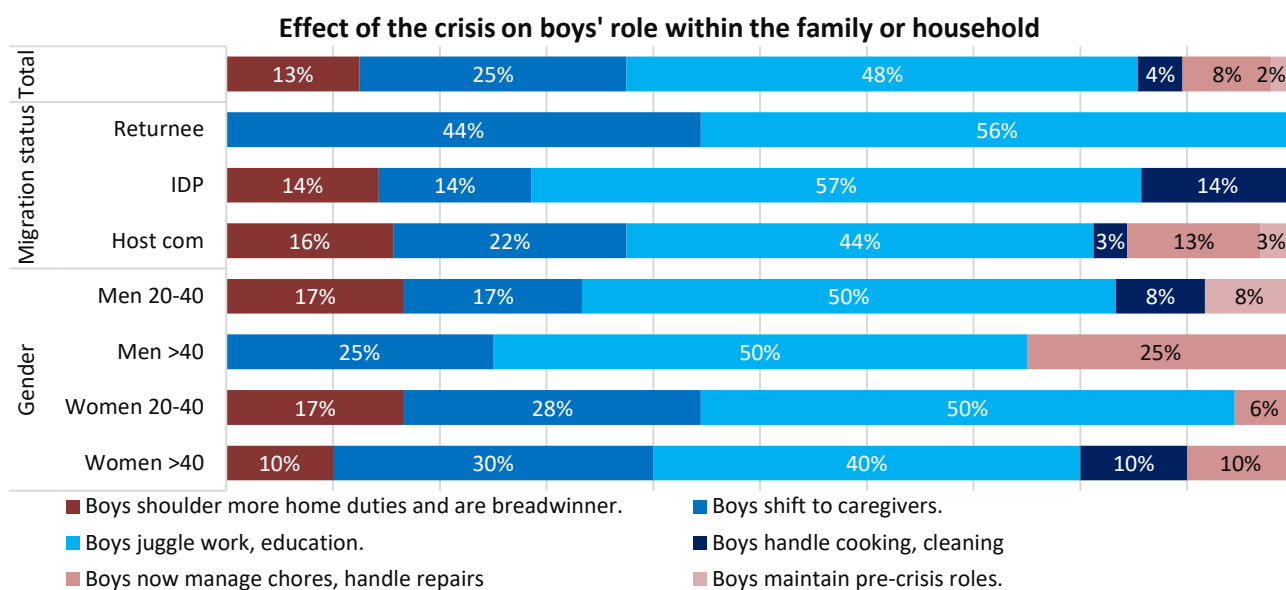


## 5. Crisis and gender roles and dynamics

### 5.1 Effect of the crisis on the role of boys within the family or household

This section of the assessment sought to identify the effects of the crisis on boy's household gender roles within their families. The ongoing crisis has caused boys to become primary breadwinners in their families. This has exposed more boys to be victims of child labor as they try to provide for their families. Discussions from the focus groups also highlight how boys have drop out from schools to be able to fend for their families. The results of this are summarized in Figure 12.

Figure 12: Effects of the crisis on roles of boys within the family or household



The survey reveals significant shifts in the roles of boys due to the crisis. 48% of responses noted an increase in working hours for boys, emphasizing their dual challenge of balancing work and education. Additionally, 25% of responses recognized a new role where boys transition from being sons to caregivers, assisting with studies and household chores. Furthermore, 13% highlighted that the crisis has compelled boys to assume the primary breadwinner role, filling the vacuum left by adult men who have fled or faced harm. 4% acknowledged an increase in boys' participation in household responsibilities, such as cooking and cleaning. Another proportion (8%) noted a full uptake of responsibilities in doing house chores, including repairs. Interestingly, only 2% of responses saw no changes in the roles played by boys amidst the crisis. The findings underscore the multifaceted impact on the roles and responsibilities of boys in the affected communities and the negative impacts needs to be addressed. This was also testified by one of the adolescent boys during the focus group discussions: *“Since the crises started, I now work for people to support my mother. There are times I even skip school”*

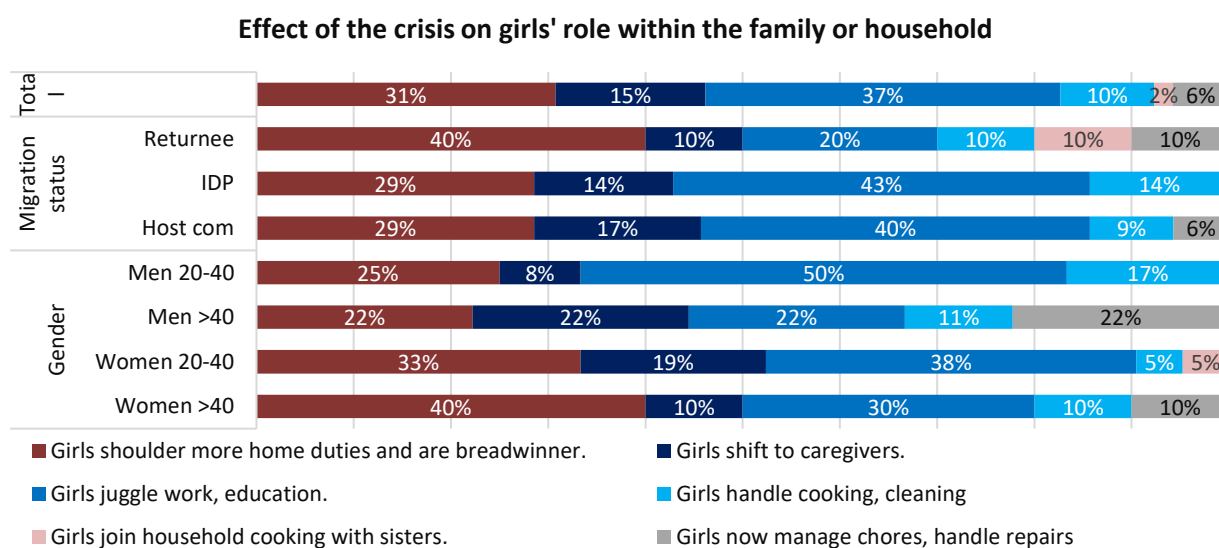


Discussion with a boy from Marumba

## 5.2 Effect of the crisis on the role of girls within the family or household

This section of the assessment sought to identify the effects of the crisis on girl’s household gender roles within their families. The results of this are summarized in Figure 13.

Figure 13: Effects of the crisis on roles of girls within the family or household

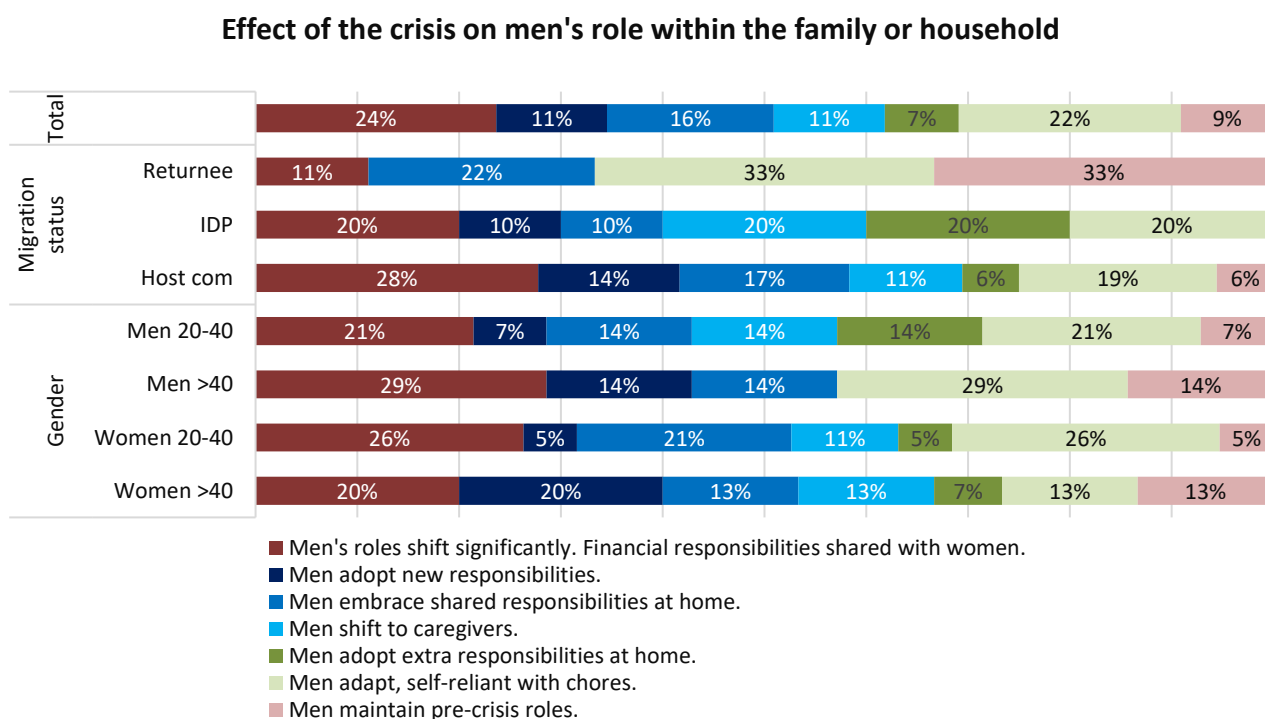


The feedback from key informants and focus group discussions (FGDs) underscores the profound impact of the crisis in the Northwest and Southwest regions on the roles of girls within families and households. 31% of responses acknowledge that the crisis has compelled girls to become the primary breadwinners, emphasizing a significant shift in their economic responsibilities. Moreover, 15% of responses note a transformation in the role of girls from being primarily students to caregivers, assisting younger siblings with studies and household chores. The data also reveals that, due to the crisis, 37% of girls’ responses are now working long hours to support their families, reflecting the dual challenge of balancing work and education. Furthermore, 10% of responses highlight a notable change in household responsibilities, with girls taking on cooking and cleaning duties. The crisis has fostered collaboration among girls, with 2% noting shared cooking duties with sisters. Lastly, 6% of responses emphasizes a complete overhaul in the dynamics, stating that girls, alongside mothers, now handle all household chores and repairs, marking a significant departure from the pre-crisis era. There is a huge need to address educational needs for the girls as well as all the negative impacts listed above.

## 5.3 Effect of the crisis on the role of men within the family or household

This section of the assessment sought to identify the effects of the crisis on men’s household gender roles within their families. The results of this are summarized in Figure 14.

Figure 14: Effects of the crisis on roles of men within the family or household



1. Shift in men’s primary provider role towards shared responsibility with partners: as indicated by 24% of responses, due to the crisis, there has been a shift in men role, from primary provider role to shared financial responsibility. This was confirmed by responses of 11% of returnees, 20% of IDPs, and 28% of the host community persons. Going by gender, it was the same notion of 21% of men aged 20 to 40’s responses, 26% of the women aged 20 to 40’s responses, 29% of the men themselves’ responses and 2% of women’s responses as shown in Figure 14. They expressed that the crisis has shifted the role of men significantly. Men used to be the primary provider, but now, with limited job opportunities, wives and husbands share the financial responsibility.
2. Increase share of household chores and self-reliance: this was accorded by 22% of the overall sample population’s responses. This was confirmed by 33% of returnees, 20% of IDPs, and 19% of host community persons; going by gender, it was the same view by 26% of the women aged 20 to 40, 29% of men above 40, as shown in Figure 14. They expressed that men have

all had to adapt. They further added that men together with their brothers now share household chores, and they have become more self-reliant in managing their home.

3. *Increase in awareness of sharing responsibilities:* 16% of the responses indicated that, due to the crisis, there has been an increase in men's awareness on the importance of sharing responsibilities, and their participation in household chores and support to care has increased within the family. This was concurred by 10% of the IDPs, 17% of host community persons, and going by gender, it was the same view of 21% of the sample women aged 20 to 40, 14% of men above 40 themselves and 13% of women above 40 as shown in Figure 14. They all expounded that the crisis has shifted the role of men significantly. To them, men used to be the primary provider, but now, with limited job opportunities, killings, abduction, wives and husbands share the financial responsibility together with household chores responsibilities.
4. *Increase uptake of caregiver role by men:* in line to this, 11% of the overall sampled responses were of the notion that there has been a shift in men's role from being just a father to taking up care support roles within the family due to the crisis. During FGDs with men, they expressed that men's role has evolved from being a father to a caregiver. To them, men are more involved in taking care of the kids and managing the household due to the crisis unlike before. This positive shift in gender roles can lead to more resilient, adaptive, and supportive households and communities, fostering a sense of unity and shared responsibility.
5. *No change in men's roles:* 9% of the sampled population's responses indicated a no change in men's roles. They expressed that nothing has changed for men. They continue to have the same responsibilities as before of the crisis. This was agreed by responses of 9% of women and 10% of men. This was not agreed by the IDPs which means that for displaced families, this change of gender roles is common, as shown in Figure 14.

## **5.4 Effect of the crisis on the role of women within the family or household**

The impact of the crisis on the role of women within the family has unfolded in different ways as can be seen below:

- a) Initially, 31% of key informants' responses noted a significant shift, highlighting that women, traditionally not the primary providers, have taken on this role due to limited job opportunities.



b) Evolving further, 24% of responses observed a transformation in women's roles from primarily mothers and caregivers to becoming the main breadwinners, while still managing household and childcare responsibilities.

c) Also, 12% of responses reported changes in household responsibilities, with men assuming tasks like cooking, cleaning, and assisting with children's schoolwork, while wives work to meet financial needs.

d) Another 12% recognized the adaptability of women who, alongside sisters, shared financial responsibilities within their households, showcasing a multifaceted evolution of women's roles in response to the crisis.

e) For 15% of responses, the crisis heightened men's awareness of the importance of shared responsibilities, leading to increased contributions to household chores and childcare.

f) Finally, 7% of responses highlighted a specific shift in safety responsibilities to women, given the challenges faced by men.

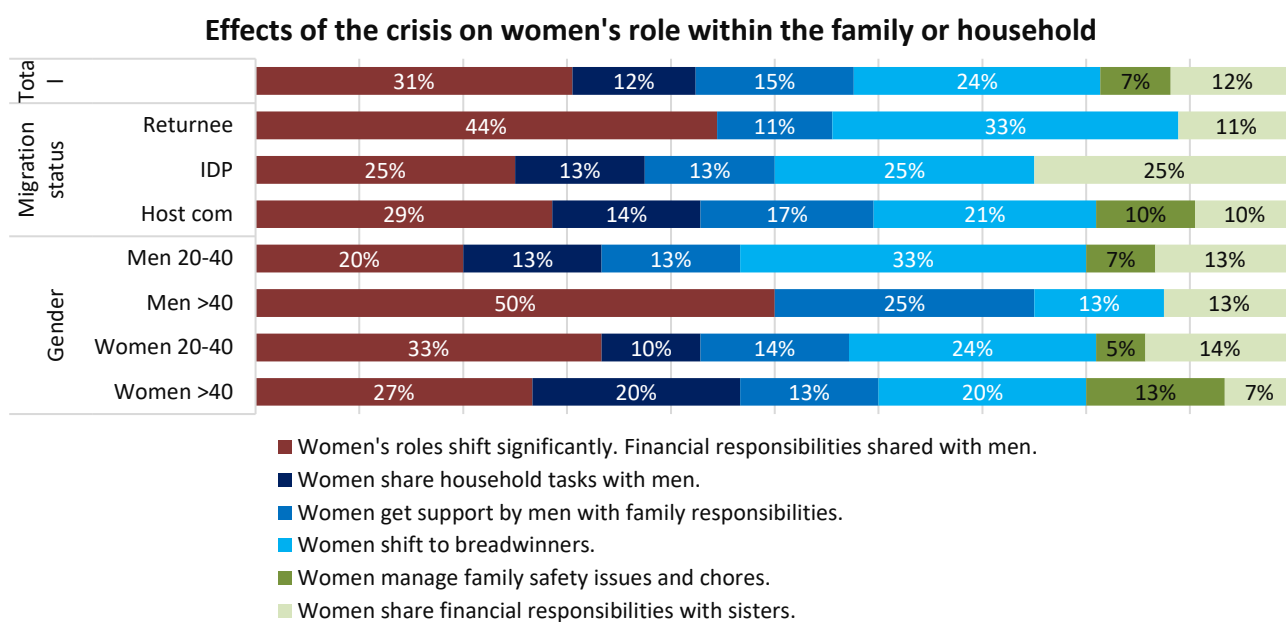
*'Na me di lokot ma house now even for pay rents and pay school fees them , na me di doam since wey they kill ma massa for this crises'*

**Translated**

I am the one responsible for payment of rents and fees since the death of my husband since the start of the crises.

During the focus group discussions with women, it also came out clearly that most women had lost their husbands, some are in detention, others have move to safer communities. The loss of family livelihood has resulted in women shouldering the responsibilities of the household. The results of this are summarized in Figure 15.

Figure 15: Effects of the crisis on roles of women within the family or household



## 6. Safety and security

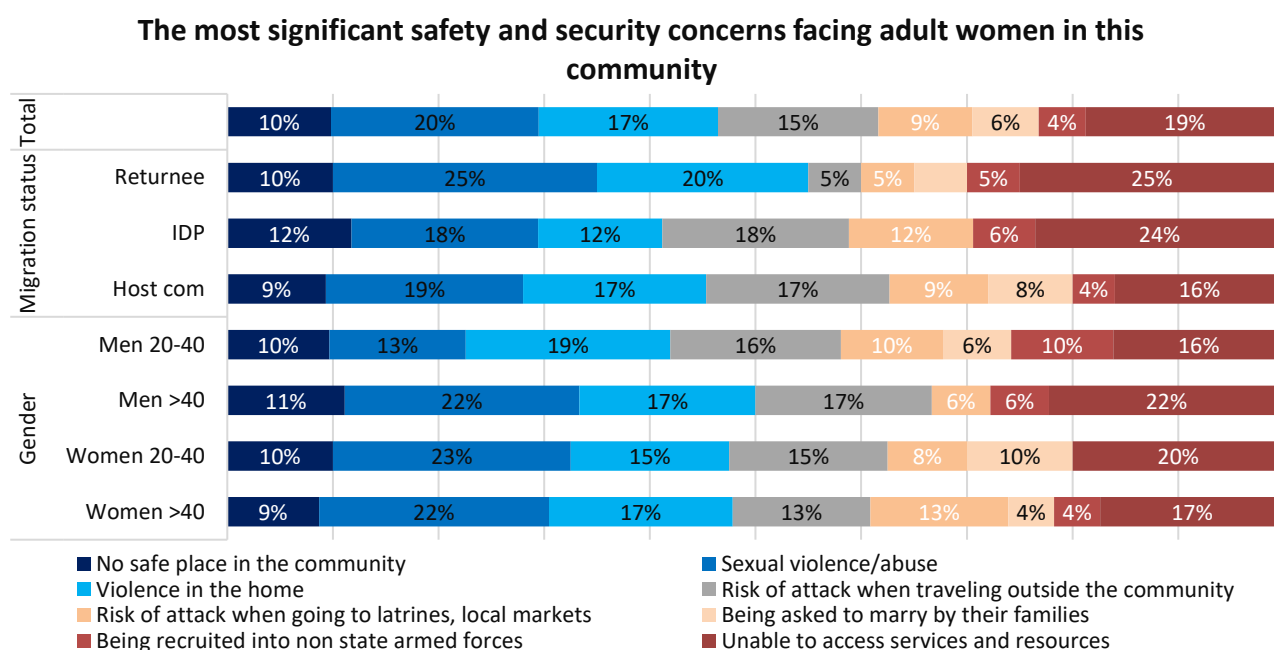
### 6.1 Safety and security concerns facing adult women in communities

The assessment focused on safety and security concerns for adult women in crisis situations. Key findings shown in Figure 16, are as follows:

1. Sexual violence/abuse: Approximately 20% of responses identified sexual violence as a major concern, with perpetrators including NSAGs and SSFs. Legal structures to address this are dysfunctional.
2. Inability to access services/resources: 19% of responses highlighted difficulties in accessing services/resources, especially for communities like Maromba 1 and 2, Etam, and Ebonji. Traveling long distances, limited resources, and increased responsibilities contribute to the challenge.

3. Domestic violence: 17% of responses reported an increase in domestic violence due to men losing livelihoods. As women become primary breadwinners, some men resort to violence as a response to perceived threats to their role, power and status as head of family.
4. Risk of attacks: 15% of responses expressed concern about the risk of attacks on adult women when traveling outside the community, often linked to the presence of NSAGs and SSFs.
5. Non-availability of safe spaces: 10% of responses noted the absence of safe spaces within communities, attributed to the lack of service providers and overall insecurity.
6. Risk of recruitment into NSAGs: 4% of responses identified the risk of women being recruited into NSAGs, primarily because men are considered fighters.
7. Risk of potential attack to markets/latrines: 9% of responses expressed concerns about attacks on women in markets and latrines, influenced by the presence of NSAGs and SSFs.
8. Risk of forced marriages: 6% of responses highlighted the risk of forced marriages, with women pressured to marry due to constant displacement and family resource constraints.

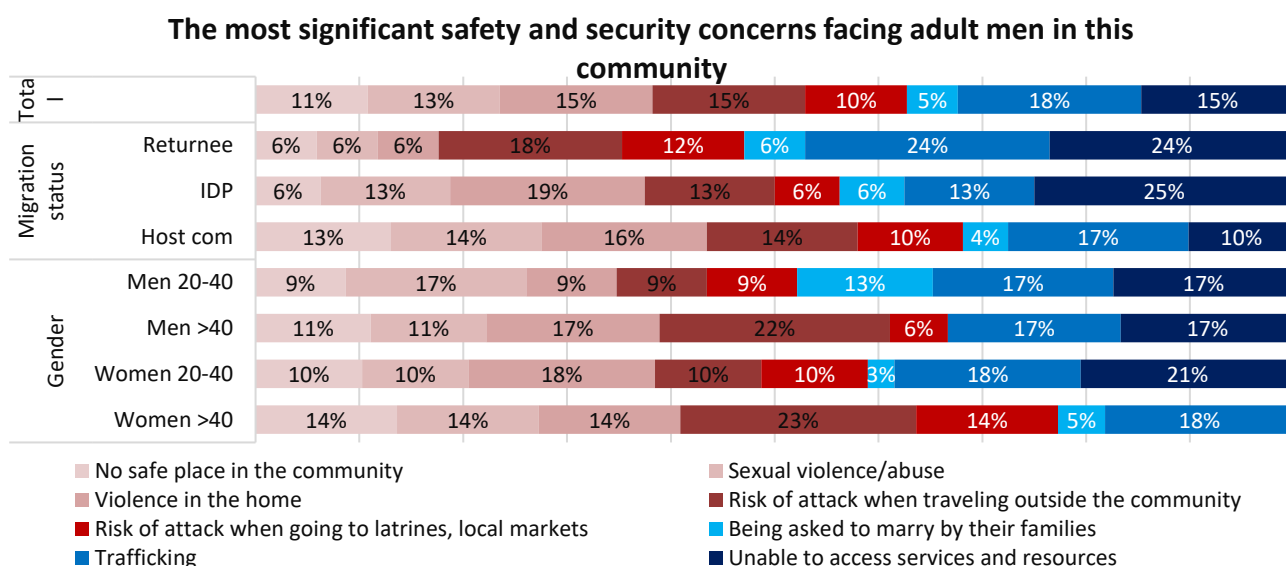
Figure 16: Safety and security concerns facing adult women



## 6.2 Safety and security concerns facing adult men in communities

Safety and security remain a key focus for concerned populations during crisis or emergency context. In this section we assessed populations views to understand and identify the most significant safety and security concerns facing adult men in this community. The results are summarized and presented in Figure 17.

Figure 17: Safety and security concerns facing adult men



1. Risk of trafficking: This was expressed as one of the most significant safety and security risk facing adult men within the community as indicated by 18% of the overall responses. Trafficking can occur in circumstances where armed groups exploit men, compelling them into forced labor.
2. Inability to access services and resources: This was indicated in 15% of the total responses. Many men have lost their sources of livelihood, resulting in their inability to access services.
3. Risk of attack when travelling: Within the community, there is expressed risk of being attacked when travelling outside the community as was indicated by 15% of the overall sampled responses. This was confirmed by 18% of returnees, 13% of the IDPs and 14% of host community persons. Going by gender, this was agreed by responses of 15% of women

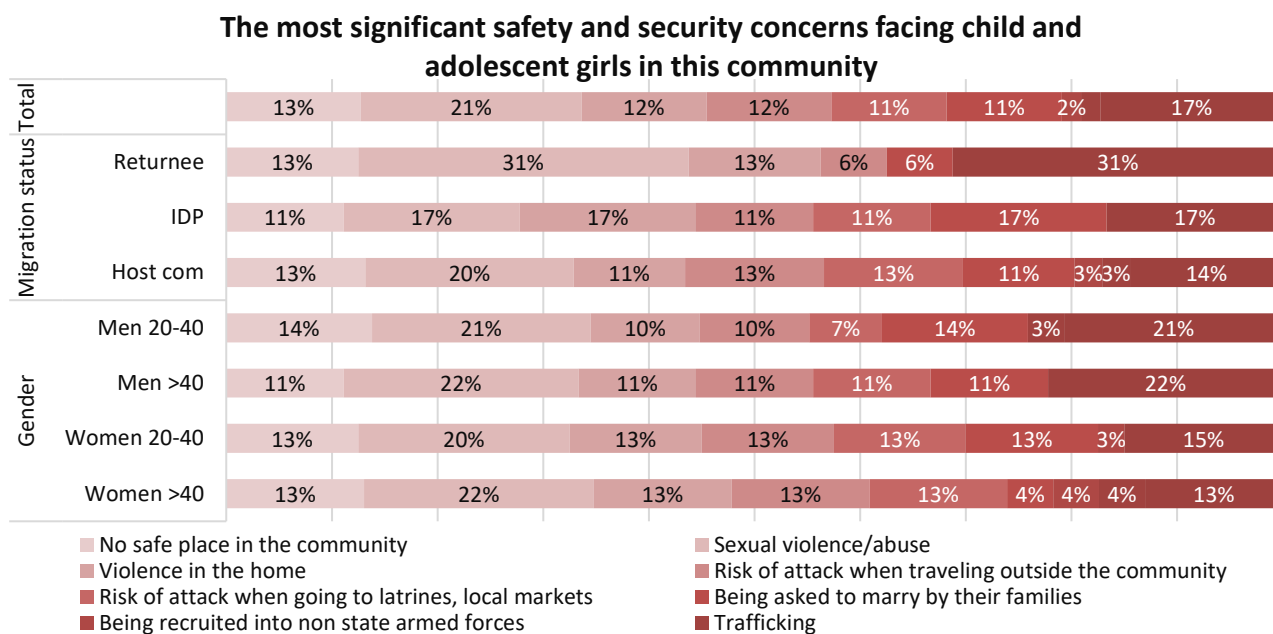
(23% of women above 40 and 10% of women aged 20 to 40), 15% of men ( 22% above 40 and 9% aged 20 to 40).

4. *Domestic and sexual violence*: Key findings reveal that 15% of overall responses, including 19% of internally displaced persons (IDPs) and 16% of the host community, identify domestic violence as a prominent safety concern for adult men. Moreover, 13% of responses highlight sexual violence and abuse as a significant risk for adult men, with varied agreement levels among different demographics. It is crucial to note that cultural norms contribute to the underreporting of domestic and sexual violence against men in the community. These statistics emphasize the urgent need to address the specific needs of men since most of the attention is directed towards women and girls.

### **6.3 Safety and security concerns facing children and adolescent girls in communities**

Safety and security remain a key focus for concerned populations during crisis or emergency context. In this section we assessed populations views to understand and identify the most significant safety and security concerns facing children and adolescent girls in this community. The results are summarized and presented in Figure 18.

Figure 18: Safety and security concerns facing child and adolescent girls.

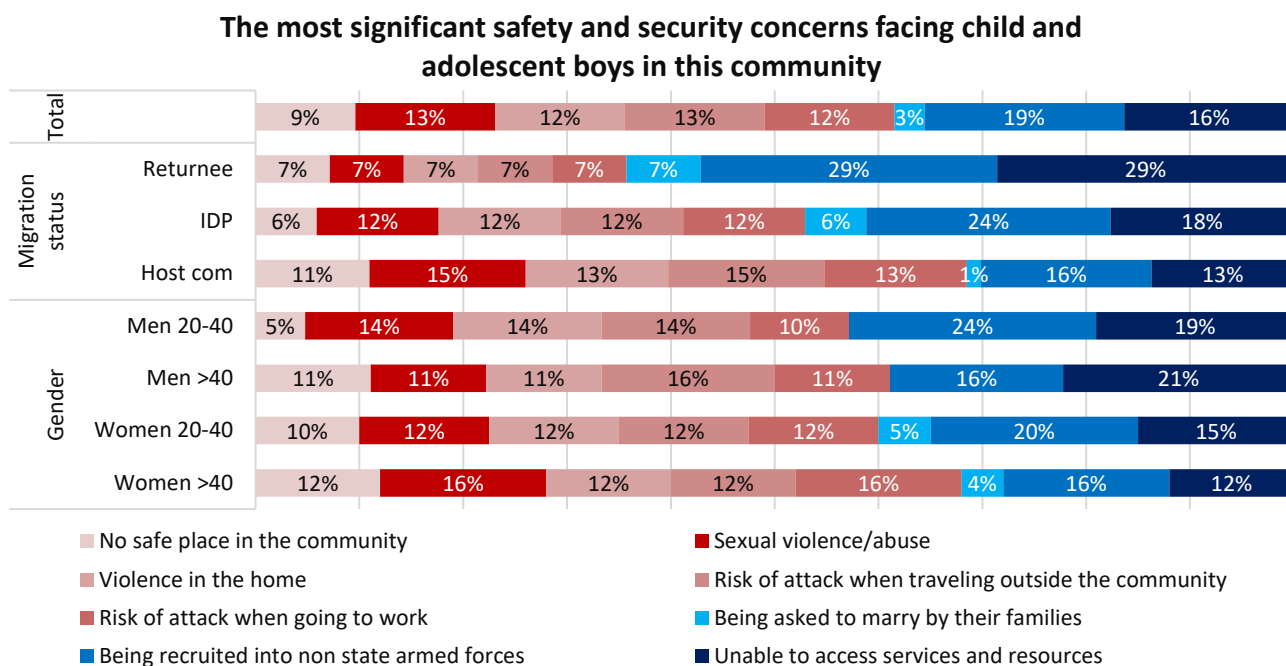


In assessing safety and security concerns for children and adolescent girls in the community, key findings reveal that 21% of responses identify sexual violence and abuse as the primary concern. Additionally, 17% express worry about the inability to access services and resources. Lack of safe spaces for children and adolescent girls is flagged by 13% of responses, attributed to the absence of service providers, community networks, and security issues. Other risks include violence at home, risks during travel, and the threat of forced marriage, each identified by 12% of responses. These figures, presented with more demographic details in Figure 18, underscore the critical need to address and improve the safety and well-being of children and adolescent girls in crisis-affected communities.

## 6.4 Safety and security concerns facing children and adolescent boys in communities

Safety and security remain a key focus for concerned populations during crisis or emergency context. In this section we assessed populations views to understand and identify the most significant safety and security concerns facing children and adolescent boys in this community. The results are summarized and presented in Figure 19.

Figure 19: Safety and security concerns facing children and adolescent boys.



Based on the assessment, as shown in Figure 19, it is revealed that the most identified safety concerns for children and adolescent boys within the community include: risk to be recruited into NSAGs as opined by 19% of the responses. This is followed by inability to access services and resources within the communities (16%), and risk of attack when traveling outside the community as was the view of 13% of the overall sampled responses. Sexual violence and abuse were recounted by 13% of the responses. In addition, risk of violence at home and risk of being attacked when going to work were also reported as a safety concern for boy children and adolescent boys within the communities by 12% each.

## 6.5 Perception on rape/sexual violence being reported since the emergency on girls, women, boys and men

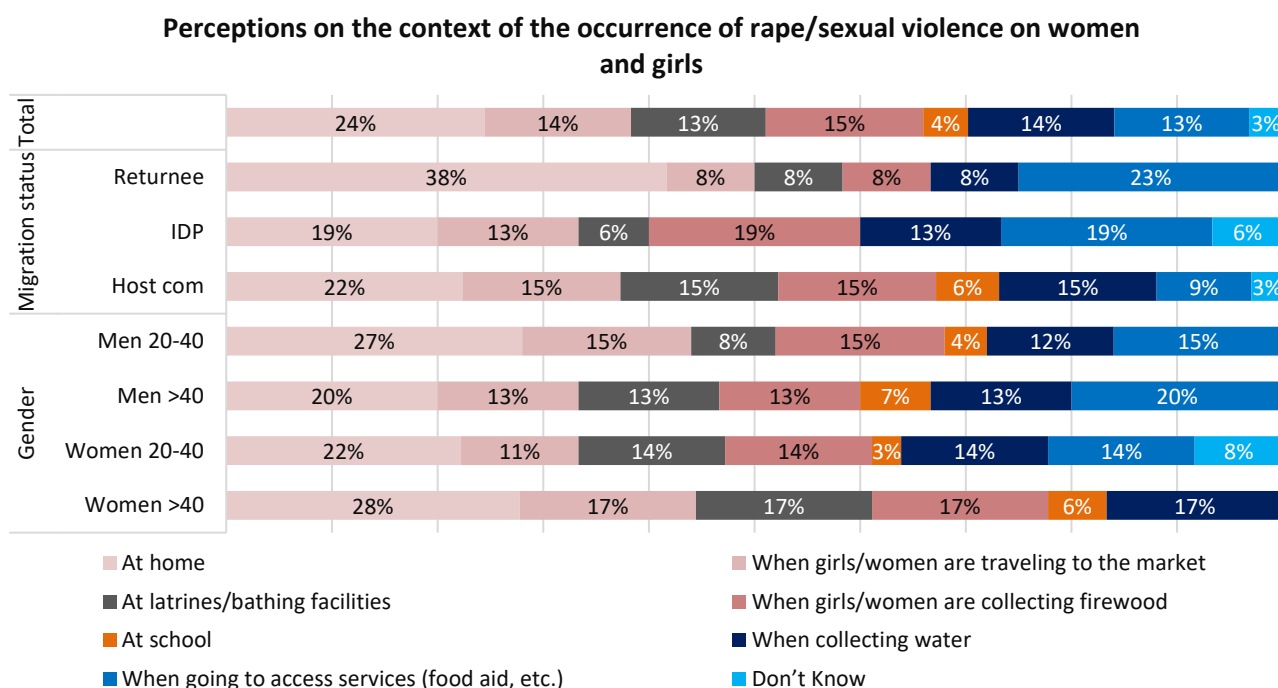
In the humanitarian setting, there is a strong emphasis on promoting the reporting of violence cases, particularly rape and sexual violence against girls, women, boys, and men, for immediate action and survivor well-being. The assessment indicates a significant rise in reported cases, with 96% confirming an increase in rape/sexual violence against girls and women since the emergency, especially among those above 40 years old. For boys and men, 62% confirms an increase, with

variations among returnees, IDPs, and the host community. However, 43% of men below 40 and 75% of men above 40 expressed disagreements, stating no noticeable increase in reported rape/sexual violence cases. Focus group discussions attribute the rise in reported cases to punitive measures against perpetrators, fostering increased awareness and reporting.

## 6.6 Context of rape/sexual violence on women and girls within communities

This section of the study examines respondents' perspectives on the different contexts in which rape/sexual violence against women and girls occurs within the community. The findings are presented in Figure 20.

Figure 20: Perceptions on the context of the occurrence of rape/sexual violence on women and girls.



The study on perceptions regarding the context of rape/sexual violence on women and girls within communities identified several key gender analysis points. The home emerged as a highly expressed context for such occurrences, indicated by 24% of responses, with returnees notably agreeing at 38%. When girls/women are collecting firewood (15%), when girls/women are traveling to the market and when collecting water (14% respectively) were the most reported context.

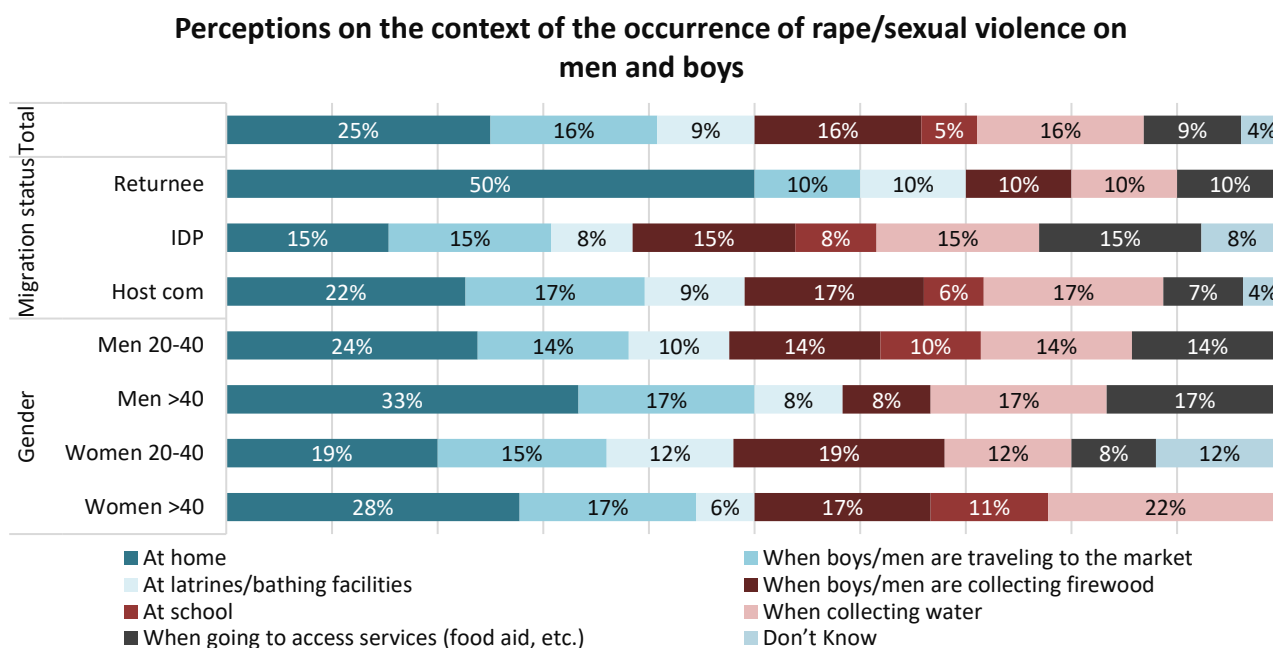


Additionally, when going to access services and at latrines/bathing facilities (13% respectively) was also reported.

## 6.7 Context of rape/sexual violence on men and boys within communities

In this segment, the study delves into respondents' perspectives on the different circumstances in which rape/sexual violence against men and boys takes place within the community. Figure 21 presents a summary of the results.

Figure 21: Perceptions on the context of the occurrence of rape/sexual violence on men and boys



Perceptions on the context of the occurrence of rape/sexual violence against men and boys within communities highlight key factors. Similar to women and girls, the home is identified as a significant context, expressed by 25% of responses, with returnees agreeing at 50%. Firewood collection points constitute another prevalent context, confirmed by 16% of responses, particularly among IDPs (15%) and the host community (17%). Water collection is indicated as the third most expressed context, confirmed by 16% of responses. Additionally, there is a recognized high risk of GBV against men and boys during travel to market points (16%) and at latrines and bathing facilities (9%) within the communities.

## **6.8 Community reporting channels for women and men survivors of violence**

The comparative analysis of community reporting channels for women and men survivors of violence reveals interesting patterns. For women survivors' responses, the most common reporting channel is family members (36%), followed by community leaders (34%) and the police (22%). Family reporting is highly concurred by IDPs (50%) and has significant support from men aged 20 to 40 (40%). In contrast, men survivors predominantly report issues of violence to community leaders (35%), followed by family members (29%) and the police (25%). This pattern is consistent across returnees, IDPs, and the host community. Notably, the police as a reporting channel are more prominent for men than women, with 25% from men's responses choosing this option compared to 22% from women. These insights emphasize the diverse dynamics in reporting channels based on gender, suggesting the need for tailored support mechanisms. During FGDs it came out clearly that IDP women and girls, new in the communities, tend to feel more comfortable reporting violence cases to family members due to uncertainty about various reporting channels. The preference for reporting to family is also attributed to the perceived trust and support within familial relationships, where survivors believe they receive understanding without judgment. Conversely, men predominantly report violence issues to community leaders, aligning with cultural expectations that these leaders play a crucial role in addressing disputes, especially given that most community leaders are men.

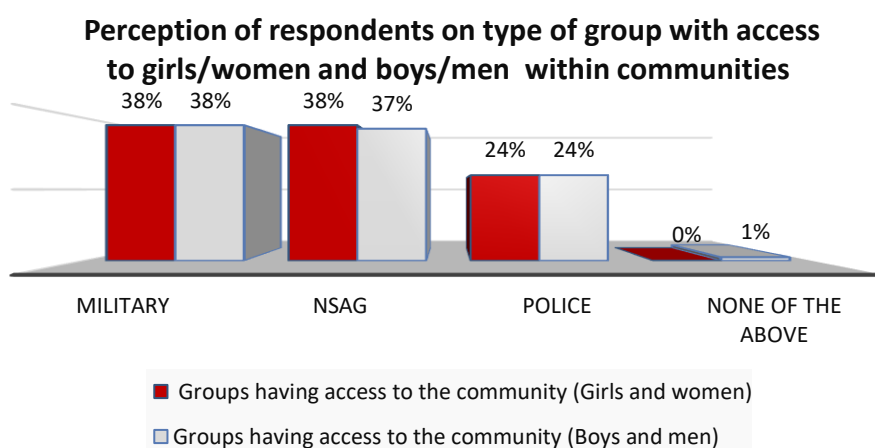
## **6.9 Community reporting channels for children and adolescent girls and boys survivors of violence**

According to the study, a larger proportion of sampled respondents identified four primary reporting channels through which children, adolescents, and both girls and boys survivors of violence present their reports. These include their family members, community leaders, the Police and their friends. It is essential to provide training for family members and community leaders on child protection to equip them with the necessary skills for providing first aid assistance and offering referrals to adolescents who are survivors of human rights violations. This training will ensure that when abuses are reported to them, caregivers and leaders are well-prepared to respond appropriately, minimizing the risk of inadvertently causing further harm to adolescents.

The analysis of groups with access to the community's girls, women, boys, and men reveals that 38% of responses identifies the military as having access; a perception consistent across returnees, IDPs, and host community members. Non-State Armed Groups (NSAGs) are similarly perceived to have access, raising significant safety concerns, with 38% agreement for girls and women and 37% for boys and men's responses. In contrast, the police are considered to have the least access, reported by 24% of responses. Given the military's primary role in providing security and maintaining order, their extensive deployment aims to establish a visible and authoritative presence, resulting in increased access to the general population, encompassing girls, boys, women, and men.

| <b>Community reporting channels for children and adolescent girls and boys survivors of violence</b> |       |      |
|--|-------|------|
|  | Girls | Boys |
| Family member  | 45%   | 42%  |
| Community leader   | 28%   | 31%  |
| Police   | 17%   | 17%  |
| Friend   | 6%    | 4%   |
| NGO working with women   | 2%    | 2%   |
| Teacher  | 2%    | 0%   |
| Don't know   | 0%    | 2%   |
| other  | 0%    | 2%   |
| Any female aid worker  | 0%    | 0%   |
| UN Agency  | 0%    | 0%   |

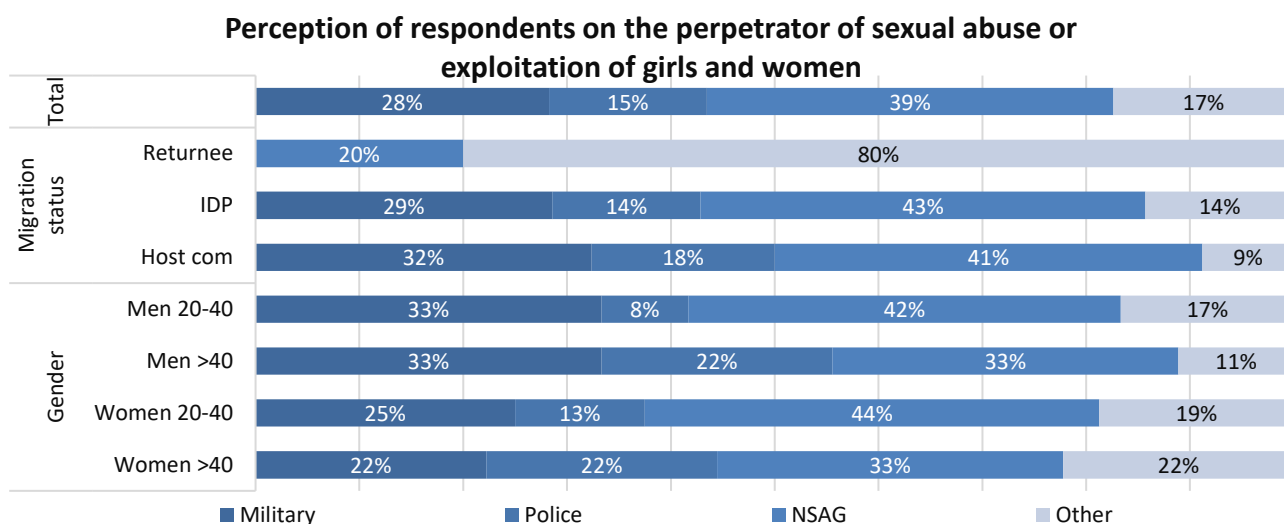
Figure 22: Perceptions of respondents on type of group with access to girls/women and boys/men within communities



## 6.10 Identification of perpetrators of sexual abuse or exploitation of girls and women

A perpetrator of sexual abuse is an individual who engages in non-consensual and harmful sexual activities, behaviors, or conduct towards another person. Respondents’ views were assessed to understand the key perpetrators of sexual abuse or exploitation of girls and women within the community. The results by gender and migration status of respondents are summarized in Figure 23.

Figure 23: Perception of respondents on the perpetrator of sexual abuse or exploitation of girls and women

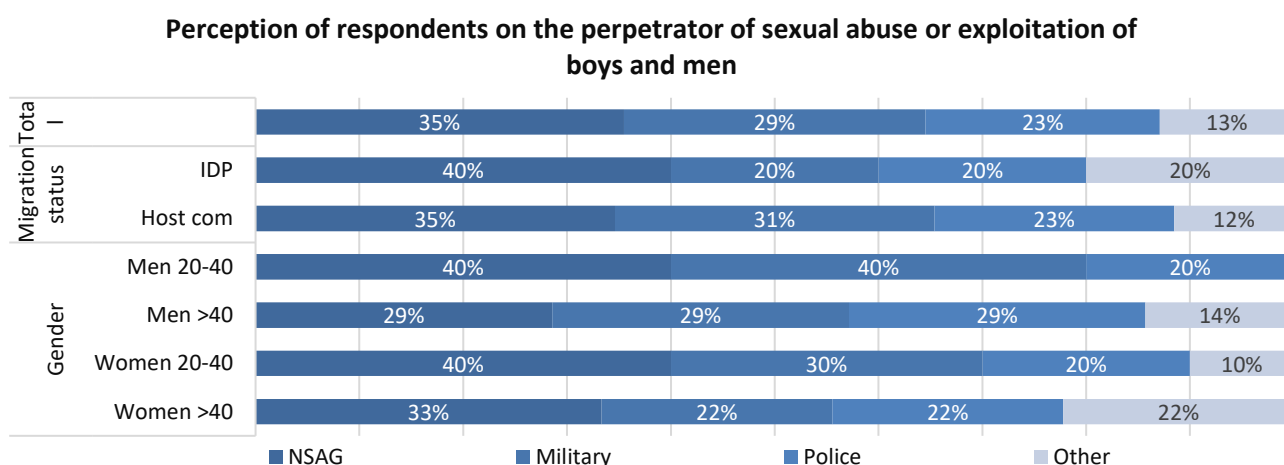


1. The Non-State Arm Groups (NSAGs): within the context of the ongoing crisis, responses up to 39% were in agreement that the NSAGs are one of the key perpetrators of sexual abuse or exploitation of girls and women within the communities.
2. The Military: it was identified by 28% of responses that the military is involved as key perpetrators of sexual abuse or exploitation of girls and women within the communities.
3. Other persons: the study indicates that there is another set of perpetrators of sexual abuse or exploitation of women and girls within the communities besides the aforementioned categories. This response was highly confirmed mostly by responses of 80% of the returnees, 14% of IDPs, 9% of host community persons as shown in figure 23.
4. The police: The police were ranked as the least of the perpetrator of sexual abuse and exploitation of women within the communities.

## 6.11 Identification of perpetrators of sexual abuse or exploitation of boys and men

Just like for girls and women, respondents agreed that Non-State Armed Groups (NSAGs) are identified as key perpetrators of sexual abuse or exploitation against men and boys during the ongoing crisis, with confirmation from 35% of gathered responses. Additionally, the military is recognized as another significant perpetrator of such abuse against boys and men in the communities, confirmed by 20% of IDPs’ responses, and 31% of host community persons’ responses. The police were ranked as the least (23%) likely perpetrators of sexual abuse and exploitation against men and boys within the communities.

Figure 24: Perception of respondents on the perpetrator of sexual abuse or exploitation of boys and men



It is worth noting that 50% of sampled responses indicate a perception that reporting on sexual abuse or exploitation of boys and men is not conducted within the communities and 50% agree that reports on sexual abuse or exploitation of boys and men do take place in the community.

## 6.12 Assessment of safety measures put in place by police forces to minimize any potential for risk to girls, women, boys and men

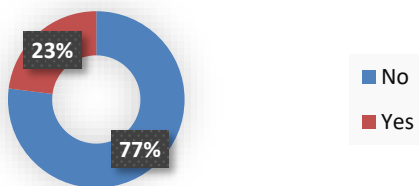
In evaluating respondents' perspectives on the measures implemented by police forces to mitigate potential risks, the predominant measure identified was an increase in police patrols around the communities, with 36% of responses for girls and women and a slightly higher 39% of responses for boys and men. The second notable measure was the establishment of community safety groups, accounting responses for 29% for girls and women and 24% for boys and men. It's noteworthy that education on reporting incidents was not cited by any respondent, emphasizing the urgent need for training and awareness campaigns to empower these groups with knowledge about their rights, recognizing abuse symptoms, and the proper ways for reporting protection incidents.

### 6.13 Assessment of the existence of safe shelters or places for adult women and men within communities

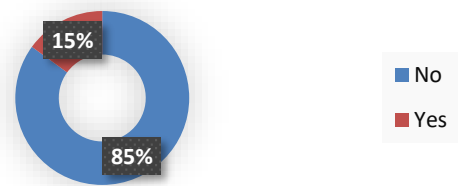
In this section, we assess respondents' views on the whether safe shelters or places for adult women within the community exist. The results are summarized in Figure 25.

Figure 25: Perceptions on the availability of safe shelter or spaces for adult women and men

**Existence of safe shelter or places that adult women can go to if they feel unsafe**



**Existence of safe shelter or places that adult men can go to if they feel unsafe**



Based on the assessment, 77% of respondents believe there are no community safe shelters or places for adult women feeling unsafe. Conversely, only 23% acknowledge the existence of such shelters, including 29% of young men, 20% of young women, and 50% of men (above 40 years old). Regarding safe shelters for adult men, 85% of respondents share the perception that there are none. Safe spaces for women and men survivors of GBV are designated areas that prioritize physical and emotional security, providing an environment where survivors can seek support, counseling, and protection. These spaces are essential for fostering healing, rebuilding trust, and empowering survivors to share their experiences without fear of judgment or further harm. Safe spaces play a crucial role in the recovery process, offering a supportive community, access to resources, and the opportunity to regain a sense of control over one's life after experiencing gender-based violence. Though there are a few safe spaces dotted in the



*Newly created Child Friendly Space in Tombel, 2023*

Southwest region and mostly in urban and peri-urban areas, there is still a big gap for this service. Without such spaces, people especially women will lack crucial havens where they can seek refuge and support when feeling unsafe or threatened.

## **6.14 Assessment of the existence of safe shelters or places for girls and boys within communities**

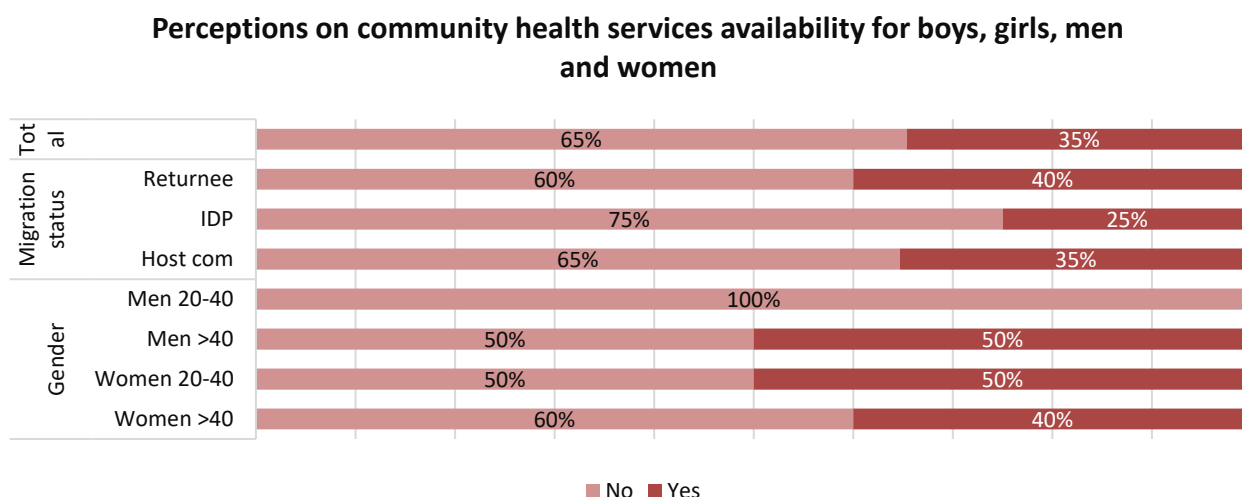
The situation is not very different for boys and girls. A total of 81 % of respondents confirmed that there are no safe shelters or places for girls and boys in within these communities if they feel unsafe. DRC is making efforts to set up child friendly spaces (CFS) in these communities. Though these are not safe shelters, safe spaces such as CFS for children provide an environment where they can find refuge and support when feeling unsafe or vulnerable.

## 7. Health response to GBV

### 7.1 Assessment of community health services availability for boys, girls, men and women

This section assesses respondents' views on whether community health services are available for boys, girls, men and women within the community. The results by gender and migration status of respondents are summarized in Figure 26.

Figure 26: Perceptions on community health services availability for boys, girls, men and women



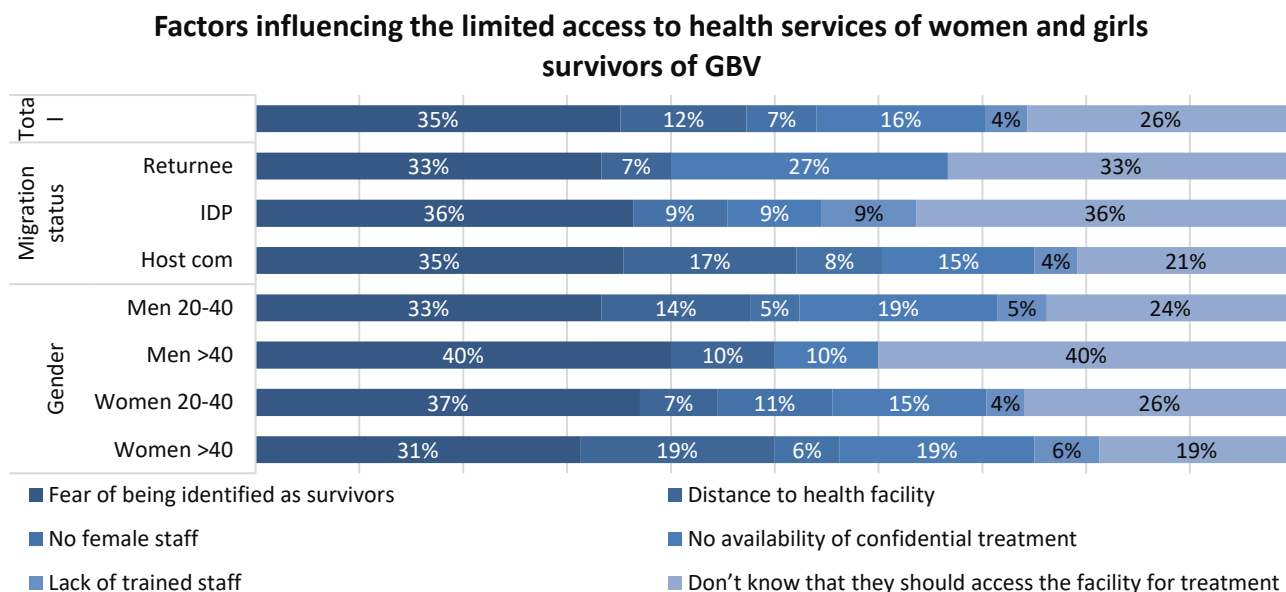
Based on the results, according to 65% of the respondents there exist no community health services for boys, girls, men and women within the communities. This was confirmed in the dimension of migration status by 60% of the returnees, 75% of IDPs, and 65% of host community persons. Information gathered from the FGDs indicate that due to the crises, the health structures in these communities are no longer functional, and that the necessary structures for providing health services have been destroyed or abandoned, this is the case of Ebonji, Etam, while others do not even have in case of Maromba 1 and 2. Also, 65% of the respondents, declared the non-existence of female doctors, nurses and/or midwives at health facilities within the community.

### 7.2 Challenges women and girl survivors of GBV face to access health services



In this dimension, we assessed respondents' views on understanding the challenges of women and girl survivors of GBV in accessing health services within the communities. The results of respondents by gender and migration status are summarized in Figure 27.

Figure 27: Factors influencing the limited access to health services of women and girls survivors of GBV.



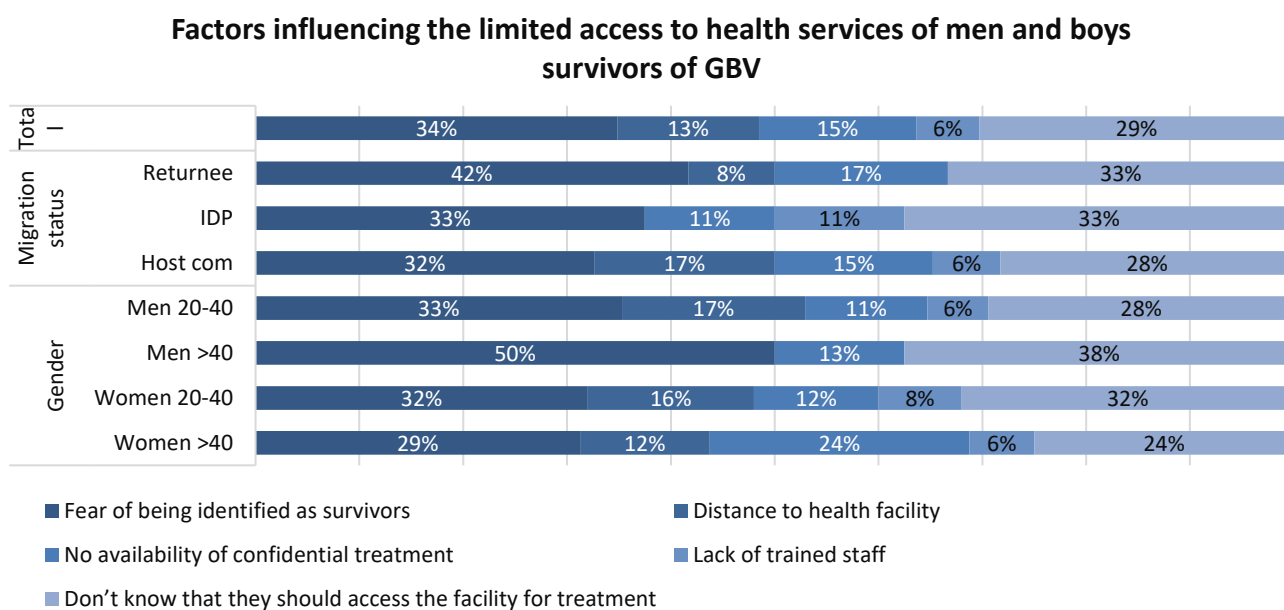
1. Fear of being identified as survivors (35%): this was identified as a key challenge and a reason for the low ability of women and girls survivors of GBV to access health services within their communities. This is attributed to the stigmatization of GBV survivors within the communities.
2. Lack of knowledge on the need to access health services (26%): this constituted one of the second most expressed reason for women's low access to health services within their communities. This means that much effort must put in place to make women and girls aware on the importance of health support after a sexual violence and abuse occurs.
3. Non availability of confidential treatment (16%): this was ranked third most expressed reason for the low ability of women and girls survivors of GBV to access health services within their communities. They shared the view that most of the cases reported in some of the health units are not kept confidential, this is an indication that there is a gap in knowledge of clinical staff as far as provision of GBV services are concerned.

4. Long distances to health facility (12%): fear of the long distances to access health facilities remains another factor for the low ability of women and girls survivors of GBV to access health services within their communities. This is particularly true for Maromba 1 and 2, Ebonji and Etam where they have to travel long distances to be able to access health services.

## 7.3 Challenges men and boy survivors of GBV face to access health services

In this dimension we assessed respondents' views on understanding the challenges of men and boys' survivors of GBV in accessing health services within their communities. The results of respondents by gender and migration status are summarized in Figure 28.

Figure 28: Factors influencing the limited access to health services of men and boys survivors of GBV.



1. Fear of being identified as survivors: This was strongly emphasized by 34% of the responses as a significant challenge and a reason for the limited access of men and boys who are survivors of GBV to health services within their communities. Similarly like the case of girls and women survivors, this is attributed to the stigmatization of being a victim and a survivor of GBV within their communities.

2. Lack of knowledge on access to health services: this constituted one of the second most expressed reason from 29% of the responses for the limited access of men and boys who are survivors of GBV to health services within their communities. Similarly to the situation with women and girls, this means that awareness on the importance on accessing health services after an incident of sexual violence and abuse occurs needs to be strengthened.
3. Long distances to health facility: 13% of the responses highlighted the fear of travelling long distances to access health facilities as another factor for the limited access of men and boys who are survivors of GBV to health services within their communities. This is true for Maromba 1 and 2, Ebonji and Etam where they have to travel long distances to be able to access health services.
4. Non availability of confidential treatment: This was confirmed by 15% of the responses as reason for the limited access of men and boys who are survivors of GBV to health services within their communities. They shared the view that most of the cases reported in some of the health units are not kept confidential, this is an indication that there is a gap in knowledge of clinical staff as far as provision of GBV services are concerned.
5. Other factors: alongside the aforementioned, responses expressed the lack of trained staff (6%) and no male staff as other reasons for men and boy survivors' not being able to access health services.

## **8. Psychological response to GBV**

The study examines the availability of psychological and social support systems for adult women, men, and children survivors of GBV. The findings reveal a notable absence of such systems for women, men, boys, and girls, highlighting a critical issue in the ongoing crisis. Focus group discussions indicate limited counseling services provided by women group leaders, religious leaders, and community leaders, emphasizing the urgent need for psychosocial support mechanisms in these communities.

### **8.1 Reasons for the inability of women and girl survivors of GBV to access psychosocial support services**

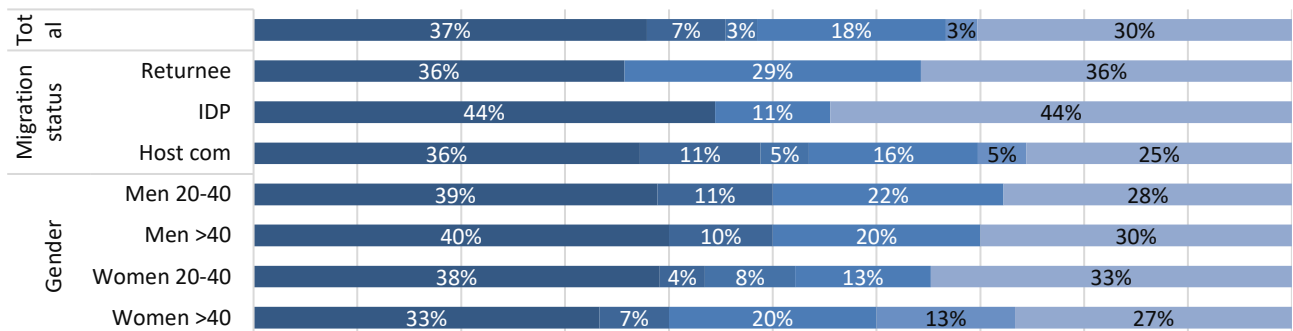
This section of the study assesses respondents’ views on the reasons for the limited access of women and girls survivors of GBV to psychosocial support services within their community. The results by gender and migration status of respondents are summarized in Figure 29.



Focus group discussion with women in Tombel Central, 2023. DRC staff

Figure 29: Views on women and girls’ low access to psychosocial support services

**Factors influencing the limited access to psychosocial support services of women and girls survivors of GBV**

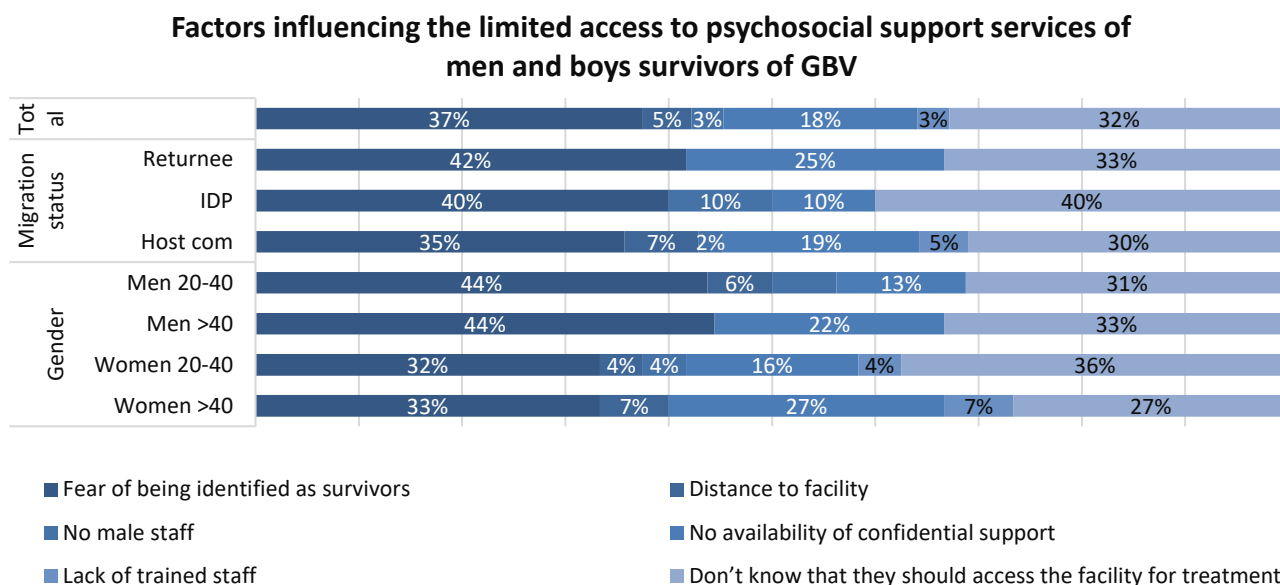


- Fear of being identified as survivors
- Distance to facility
- No female staff
- No availability of confidential support
- Lack of trained staff
- Don't know that they should access the facility for treatment

1. Fear of being identified as survivors: results indicate that one of the reasons for the low ability of girls and women survivors to access psychosocial services is the fear of being identified as survivors. This was expressed by 37% of the responses. Responses during focus group discussions also showed that the reason some girls and women fear accessing psychosocial support services is fear of stigmatization and shame. One of the participants added: *“the reason I personally would not want to go and receive services is because people will know I am a rape victim, and I will not feel comfortable with it”*.
2. Lack of knowledge on access to services: 30% of sampled responses expressed the lack of knowledge as a key factor for the low access of women and girls to psychosocial support services. Most of the women and girls are unaware of available services as far as psychosocial support is concerned which in turn limits their access to services.
3. Non-availability of confidential support: the non-availability of confidential support remains one of the factors for low access to Psychosocial support services among women and girls within the communities as expressed by 18% of responses.
4. Other factors such as distance to facility (7%), no female staff (3%), lack of trained staff (3%) were also mentioned by responses.

## **8.2 Reasons for the inability of men and boy survivors of GBV to access psychosocial support services**

Figure 30: Views on boy and men survivor low access to psychosocial support services



Based on the results, 37% of the responses stated the fear of being identified as survivors as one of the factors limiting boys and men survivors of GBV from accessing psychosocial support services within the community. Also, 32% of the responses expressed that many of them lack knowledge on the importance of accessing these services. In addition, 18% of responses reported the absence of confidential support.

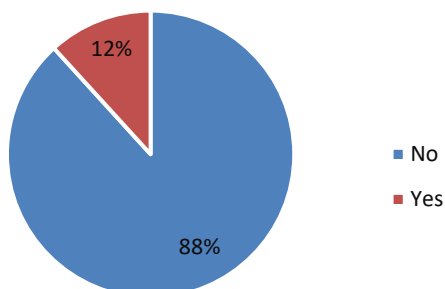
### 8.3 Assessment of the availability of informal community-based networks for women and for men

This section examines respondents' perspectives on the existence of informal community-based networks for women and men within the community. With regard to this, only a 12% proportion of sampled respondents acknowledged the presence of such informal community-based networks within their communities. Only a 15% proportion of sampled respondents acknowledged the presence of informal community-based networks for men within their communities.

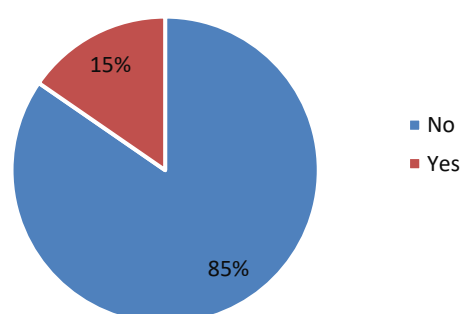
Figure 31: Existence of informal community-based networks for women

Figure 32: Existence of informal community-based networks for men

**Existence of informal community - based networks for women**



**Existence of informal community - based networks for men**



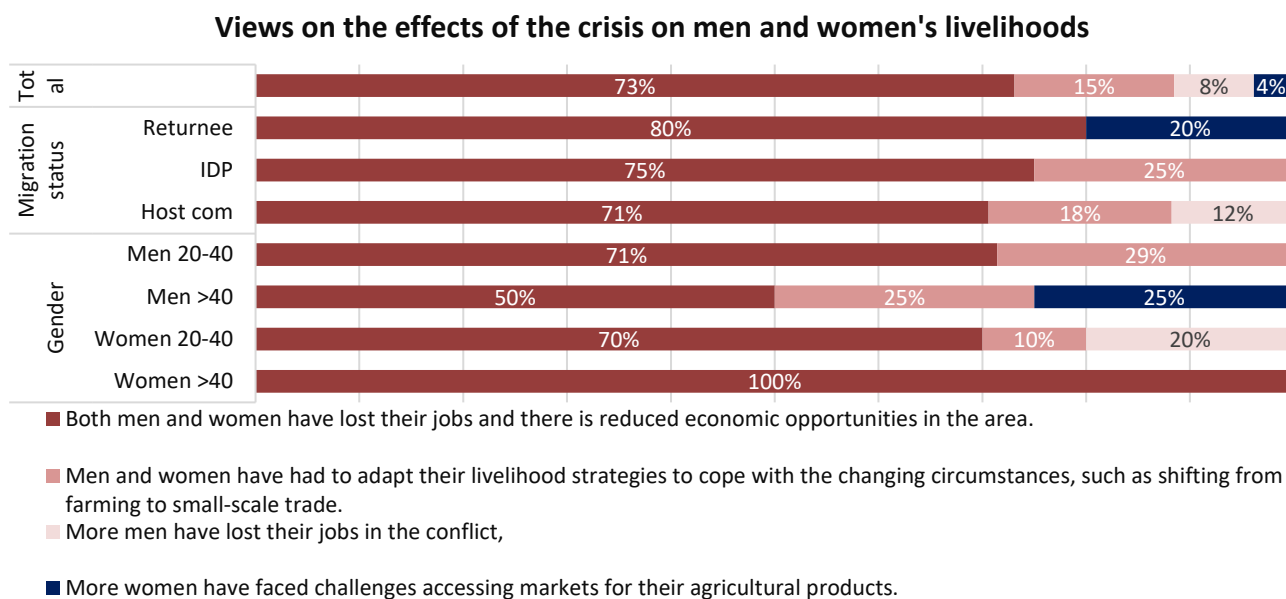
## 9. Gendered perspectives on economic recovery and livelihood restoration

In times of conflict like the one in the Northwest and Southwest regions, the impact on the livelihoods and economic empowerment of individuals varies significantly based on gender and age. Girls, boys, women, and men experience distinct challenges that necessitate tailored interventions. Conflict disrupts traditional roles and access to economic opportunities, disproportionately affecting each demographic. Recognizing these gender-specific impacts is crucial in formulating effective strategies for economic recovery and empowerment.

### 9.1 Effects of the recent crisis or conflict on men and women's livelihoods

In this section, the results of respondents by migration status, and gender on how the recent crisis or conflict affected the livelihoods of both men and women in this community are summarized and presented in Figure 33.

Figure 33: Views on the effects of the crisis on men and women’s livelihoods



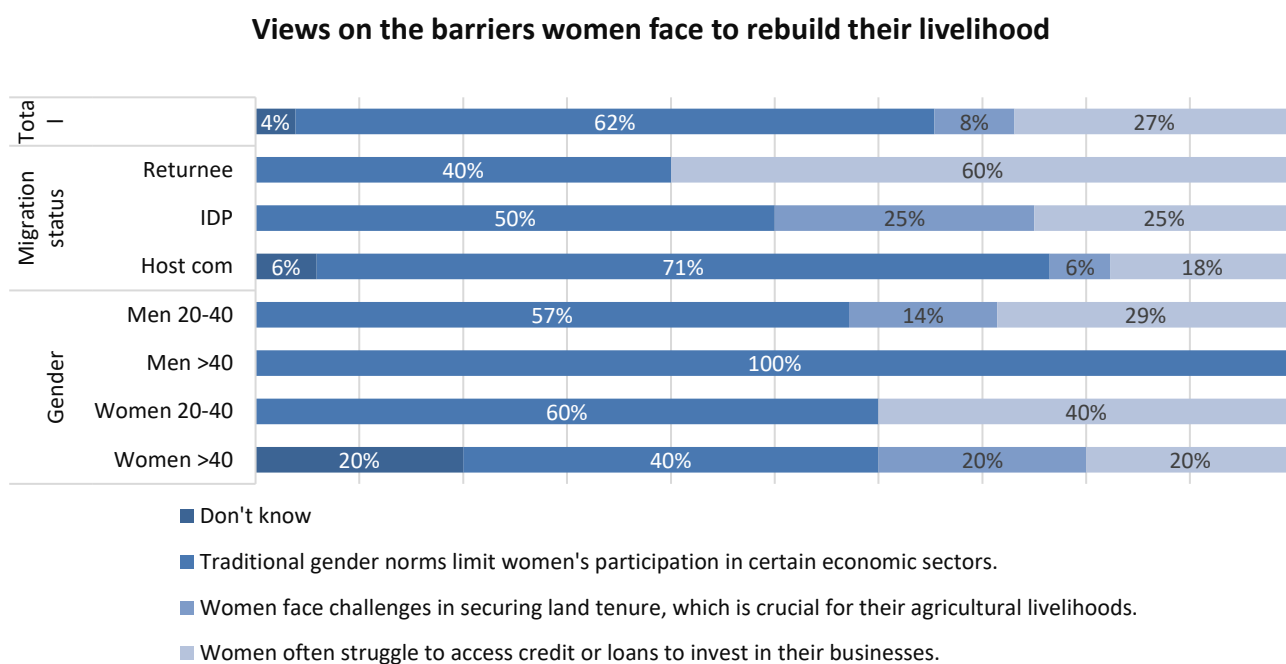
1. Loss of jobs: 73% of the respondents indicates that the ongoing crisis has led to job losses for both men and women, and to reduced economic opportunities in the area.
2. Adaptation of livelihood to changing situations: 15% of the people expressed that with the ongoing crisis, men and women have had to adapt their livelihood strategies to cope with the changing circumstances, such as shifting from farming to small-scale trade.
3. More men losing their jobs: To 8% of the respondents more men have lost their jobs as a result of the crisis as compared to women.
4. Challenges in accessing markets: with the ongoing crisis, 4% of the respondents were of the view that more women have faced challenges accessing markets for their agricultural products.

## 9.2 Gender-specific barriers faced by women in the process of rebuilding their livelihoods



In this section, the results of respondents by migration status, and gender on the existence of any gender-specific barriers that women face when trying to rebuild their livelihoods in this context are summarized and presented in Figure 34.

Figure 34: Views on the barriers women face to rebuild their livelihood



1. Limitations on women participation by traditional norms: based on sampled interviewees, 62% indicated that traditional gender norms limit women participation in certain economic sectors. This constitutes the key barrier to women in their process of rebuilding their livelihoods. Responses from community members through focus group discussions suggest that women responsibility is to take care of children and they are often denied the opportunity to do business as they believe they won't have time to take care of the family. This has made many women unable to access livelihood services.
2. Challenges in accessing credit unions: Based on the responses obtained, 27% indicated that women often struggle to access credit or loans to invest in their businesses. Focus group discussion with women in the communities reveals that the reason for this is because most of the properties like land bear the name of the men which makes it difficult for women to use such documents to access credit union.
3. Challenges in security tenure: Generally, 8% of the respondents expressed that women face challenges in securing land tenure, which is crucial for their agricultural livelihoods. Women

indicated that they face this challenge because most often men are the ones who inherit land, and this makes securing land for women challenging.

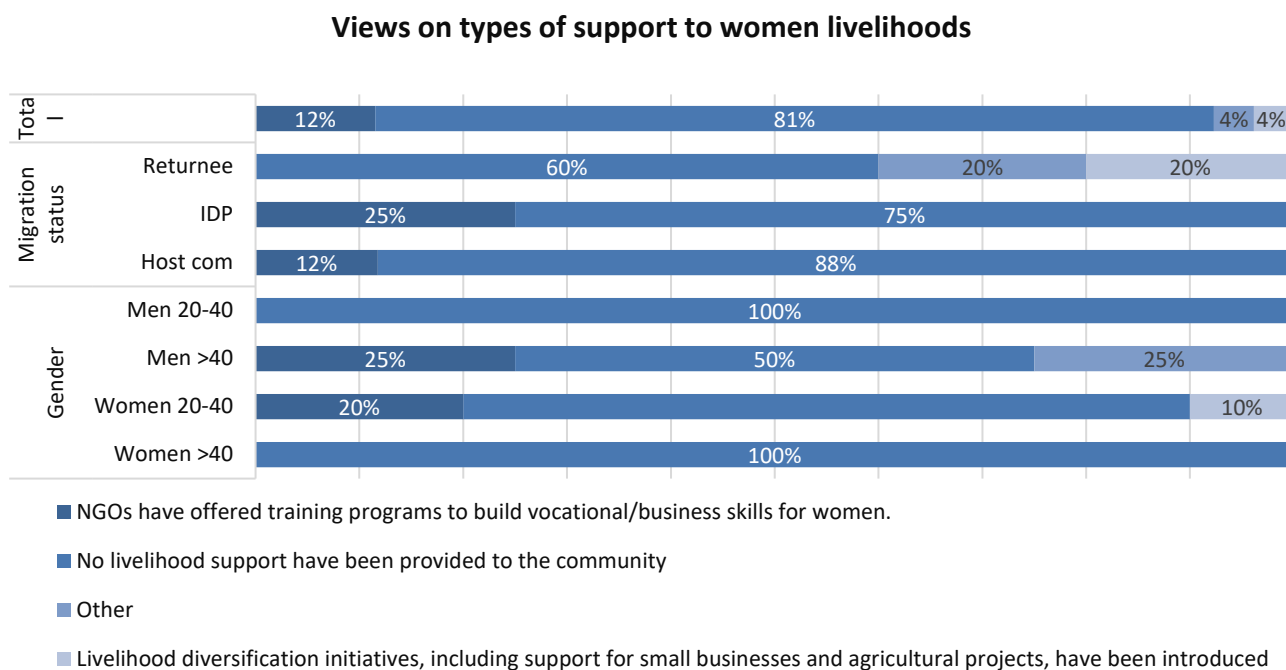


*Focus group discussion with women in Manyemen, 2023. DRC staff*

### **9.3 Types of livelihoods support programs available for women in the community**

In this section, the results of people's responses regarding the types of livelihood support provided to help women in the community recover from the crisis are summarized and presented disaggregated by migration status and gender in Figure 35.

Figure 35: Views on types of support to women livelihoods

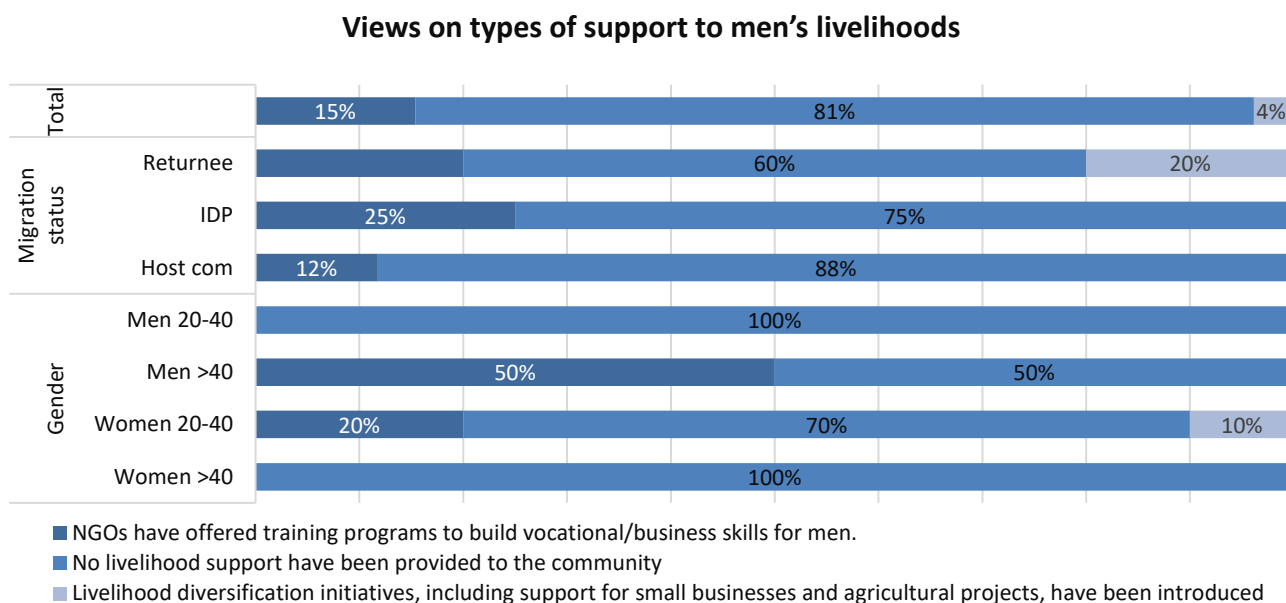


A total of 81% of respondents expressed that no livelihood support has been provided to women within the communities. Besides the abovementioned, 12% of the respondents indicated that NGOs have offered training programs to build vocational/business skills for women. Women in communities like Tombel Central have received training on vocational and business skills from NGOs like NRC. This is because the communities are more stable making it possible for them to access these livelihood services. Communities which are more volatile like Maumu and Maromba have not had access to these services due to physical access and security challenges as responded. This makes it difficult for women in these communities to have access and receive services from NGOs and other actors.

## 9.4 Types of livelihood support provided to men

In this section, the results of respondents by migration status, and gender on types of livelihood support provided to the community for men to help them recover from the crisis are summarized and presented in Figure 36.

Figure 36: Views on types of support to men’s livelihoods



Just like for women, 81% of people expressed no available livelihood support provided for men within the communities during the crisis. Besides the abovementioned, 15% of the respondents indicated that NGOs have offered training programs to build vocational/business skills for men.

## 9.5 Effects of traditional gender roles and expectations on men's and women's livelihood opportunities

In this section, the results of respondents by migration status, and gender on the effects of traditional gender roles and expectations on men's and women's livelihood opportunities are summarized and presented below:

1. Promotion of stereotypes on women work domains: 46% of the respondents expressed that some of the traditional norms may discourage women from entering male-dominated fields or taking leadership roles in businesses. Some of the male-dominated fields in the region are carpentry, construction, engineering, public transport, cocoa farming, etc.
2. Limitation of women’s access to productive resource: 31% of the sampled respondents expressed that some traditional practices and norms limit women's access to and control

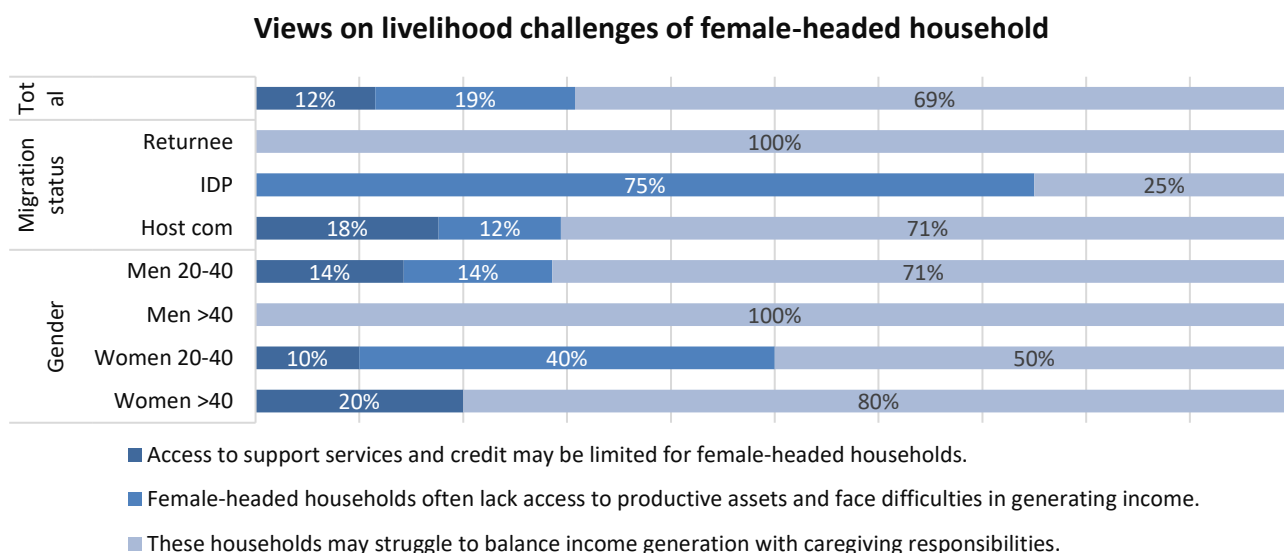
over productive resources such as land and livestock. Some of these practices include but not limited to inheritance law, patrilineal norms, the belief that women are not suited for managing productive resources.

3. Relegation of women to domestic work and men to productive work: 23% of the sampled respondents expressed that tradition expects men to engage in income-generating activities outside the home, while women are primarily responsible for domestic and care work. These has been expressed in by women in all the 7 communities as one of their major challenges.

## 9.6 Livelihood challenges faced by female-headed households

In line with this, respondents’ views were accessed to understand the challenges faced by women with regards to livelihood within the community. The results of respondents by migration status and gender are summarized and presented in Figure 37.

Figure 37: Views on livelihood challenges of female-headed household



1. Limited access to support services by female-headed household: 12% of sampled respondents highlighted this as a challenge plaguing woman in the communities. They expressed that access to support services and credit may be limited for female-headed households. These support services could include programs that provide subsidies or small

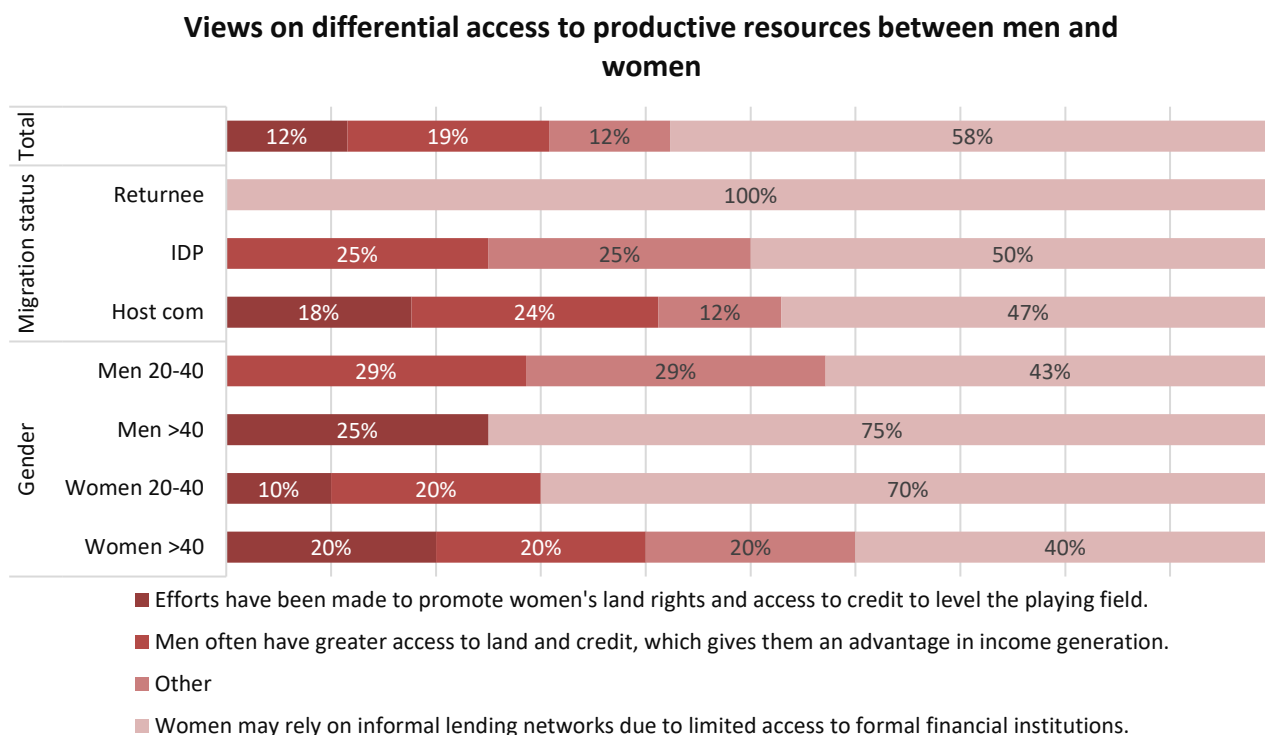
grants, vocational training or skill development, scholarship and affordable housing and health services that can directly or indirectly contribute to an improved livelihood for female-headed households.

2. Lack of access to productive resources: 19% of the respondents indicated that female-headed households lack access to productive resources such as income-generating resources. This remains one of the key challenges faced by women within the communities.
3. Difficulty in balancing income-generating activities and household caregiving responsibilities by women: 69% of the respondents indicated that women face the challenges in balancing income generation and household caregiving responsibilities within the communities.

## **9.7 Differentials in access to productive resources between men and women in the community**

Access to productive resources remains critical for men and women towards supporting their well-being and livelihood development within communities. In this section, we examined the views of respondents on the dimension of differential access to productive resources such as land and access to credit between men and women in the communities. The results are summarized in Figure 38.

Figure 38: Views on differential access to productive resources between men and women



1. Men greater access to land and credit: according to the study, 19% of the sampled respondents were of the view that men often have greater access to land and credit, which gives them an advantage in income generation.
2. Women reliance on informal lending network: based on the study, it is revealed by 58% of the sampled respondents that women may rely on informal lending networks due to limited access to formal financial institutions within the communities.
3. Efforts to promote women's land rights and access to credit: Based on a small proportion of the sampled respondents (12%), they expressed that efforts have been made to promote women's land rights and access to credit to level the playing field within the community.



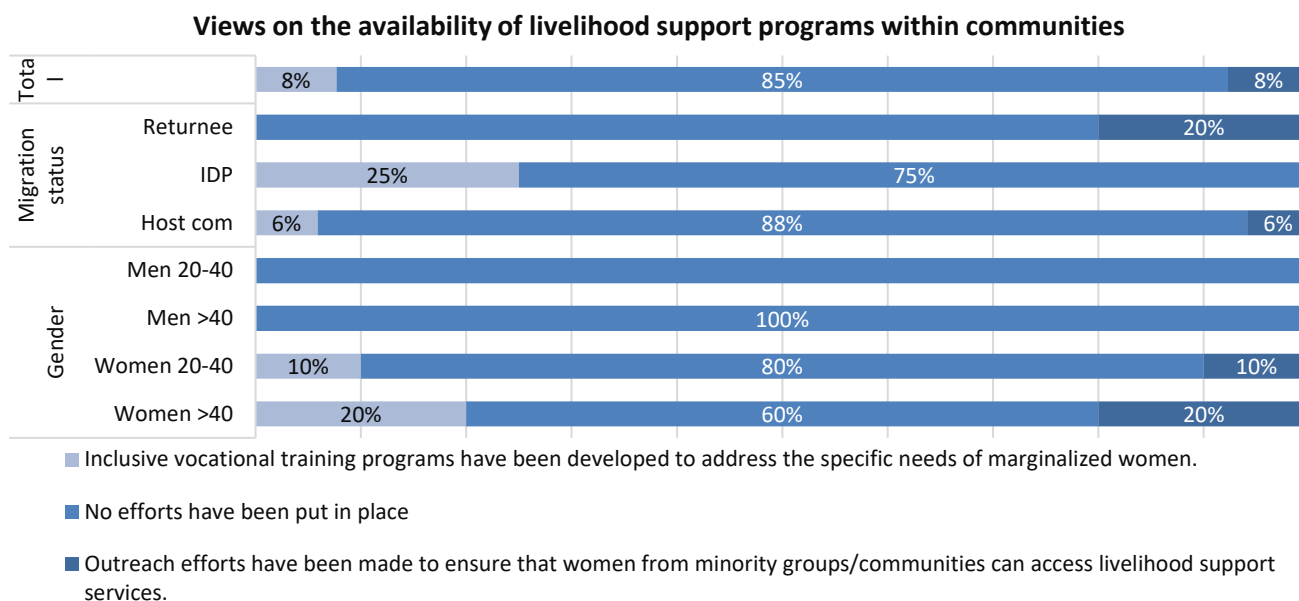
*Focus group discussion with boys in Manyemen. DRC staff*

## **9.8 Evaluation of existence of efforts on promoting gender-sensitive and disability-inclusive livelihood programs**

In this paragraph, respondents' views were accessed to understand whether there are any efforts put in place to promote gender sensitiveness and disability inclusion in livelihood programs within the communities. The results of responses disaggregated by migration status, and gender are summarized and presented in Figure 39.



Figure 39: Views on the availability of livelihood support programs within communities



In relation to this, a significant proportion of the respondents (85%) reported that no efforts have been put in place within the communities to ensure that livelihood programs are sensitive to the needs of marginalized groups of women, such as those living with disabilities or from minority groups/communities. Sensitivity to the needs of marginalized women in livelihood programs is not only a matter of equal opportunities and social justice but also a strategic approach to create more effective, inclusive, and sustainable interventions that benefit the entire community. This is an important issue to be addressed by stakeholders.

## 9.9 Recommendations from communities for improving and ensuring gender-responsive and equitable livelihood support programs

1. During FGDs both men and women recommended equal access to livelihood services for women, emphasizing a gender approach to address historical disparities and acknowledging the prevalent lack of access in many communities.
2. Key recommendations from key informants include targeted training and support for women to enter non-traditional livelihood sectors (35% agreement), with confirmation from 60% of returnees, 25% of IDPs, and 29% of host community persons. Additionally, there is a call to ensure equal access to credit and resources for women's income generation (8%

agreement) and to promote gender-sensitive approaches in vocational training and entrepreneurship programs for empowerment (4% agreement).

3. The majority (54%) of respondents recommend implementing all the above-mentioned recommendations, focusing on equal access to credit and resources, promoting gender-sensitive approaches in vocational training and entrepreneurship, and providing targeted training and support for women in non-traditional livelihood sectors.

## **10. Key Findings**

1. Ongoing crisis is the primary reason for population displacement, impacting differently women and men.
2. Presence of unaccompanied children is reported by approximately 92% of respondents in communities, mainly due to family separation from attacks, displacement and economic pursuits.
3. 44% of women above 40 years old lack awareness of available services, influenced by cultural norms and traditional gender roles, posing challenges for accessing essential services.
4. Gendered perspective on service availability exists, with variations for children and adolescent girls and boys, emphasizing a lack of services in conflict-affected areas.
5. Challenges in accessing services include physical access, financial constraints, disruption and scarcity of services, insecurity, inconveniency, and family restrictions.
6. Ongoing crisis has shifted boys' roles, making them primary breadwinners, leading to increased child labor and school dropouts. And girls transform into primary breadwinners, taking on caregiving roles, reflecting a significant shift in responsibilities.
7. Girls are involved in sex for survival and begging.
8. Men's roles shifted towards increased shared financial responsibility with women, greater share of household chores, increased awareness of sharing duties, and an uptake of caregiver roles.

9. Women's roles evolved significantly, with shifts towards transformation from mothers to main breadwinners, adaptability in shared financial responsibilities, and increased safety responsibilities.

10. The main security issues for women are sexual violence, inability to access services, domestic violence and risk of being attacked while going outside the community.

11. The main security issues for men are risk of trafficking in person, inability to access services, risk of being attacked while travelling outside the community and sexual and domestic violence.

12. Children and adolescent girls and boys face concerns of sexual violence and abuse, inability to access services/resources, and the lack of safe spaces, including safe shelters. Additionally, boys face the risk of being recruited by NSAGs.

13. There is an increase in reported rape/sexual violence against girls, women and also for boys and men since the emergency due to the perception that perpetrators are held accountable.

14. There are no community health services for all genders, and health structures are non-functional or destroyed in some areas. Additionally, there is the absence of female doctors, nurses, and midwives at health facilities.

15. Survivors, irrespective of gender, face common challenges such as stigma, lack of knowledge of the importance of accessing services after a GBV incident occurs, non-availability of confidential treatment, and the obstacle of long distances to health facilities.

16. Psychological and social support systems are notably absent for adult women, men, boys, and girls survivors of GBV. They are afraid of being identified and/or lack of the knowledge of the importance of such services.

17. Both men and women have lost jobs due to the ongoing crisis. However, 62% of responses mentioned traditional gender norms limiting women's participation in certain economic sectors. These norms are also at the basis for the limited access women have to land, tenure and productive resources which impact their opportunities in livelihood.

## **11. Recommendations to the Government**

1. Rebuild and repair health structures in affected areas
2. Increase the presence of female doctors, nurses and midwives.
3. Provide training to clinical staff on maintaining confidentiality in GBV cases and on the specificities of treatment of male survivors of sexual violence.
4. Acknowledge the presence of sexual violence against men
5. Implement awareness programs to address lack of knowledge on health service access.
6. Establish mechanisms for disseminating information about available health services.
7. Increase efforts to promote women's land rights and access to credit

## **12. Recommendations to Humanitarian Actors**

1. Implement targeted humanitarian response for unaccompanied children, focusing on support systems, protection, and rehabilitation. This includes but not limited to foster care and family reunification prioritize family-based care, aiming to facilitate reunification when possible; educational support, legal assistance addressing documentation and exploitation issues, alongside community-based child protection committees monitoring and responding to basic protection concerns; specialized psychosocial support, life skills training, and community integration to reduce stigma, training of caregivers on foster/ positive parenting.
2. Initiate awareness campaigns targeting women, especially those above 40 years old, to educate them about available services, overcoming cultural barriers and enhancing their access.
3. Develop and implement gender-sensitive services, including positive parenting sessions, child-friendly spaces, and support for Unaccompanied and Separated Children, to address specific concerns faced by children and adolescent girls and boys such as sexual exploitation, challenges reporting, child labour through household responsibilities, inability to access services.
4. Recognize and address the specific needs of adolescent boys and men in humanitarian responses, focusing on mental health, identity crisis, and strategies to prevent domestic violence.

5. Develop targeted interventions to mitigate protection risks faced by women and girls engaged in income-generating activities outside the community, including measures to enhance safety during travel and alternative livelihood opportunities.
6. Implement targeted interventions to support boys affected by increased working hours and school dropouts, providing educational opportunities and addressing the negative impacts on their well-being.
7. Develop comprehensive programs addressing the educational needs of girls affected by increased responsibilities, fostering empowerment, and providing opportunities for skill development.
8. Implement programs that reinforce positive role adaptations among men, emphasizing shared responsibilities, increased awareness, and caregiver roles, contributing to more resilient and supportive households.
9. Design and implement tailored assistance strategies for women, considering the diverse impacts of the crisis on their roles, fostering resilience and empowerment within communities. Addressing economic opportunities, safety concerns, and skill development can be integral components.
10. Implement gender-sensitive support programs addressing the diverse safety concerns of adult women, including measures to combat sexual violence and provide safe spaces.
11. Develop trauma-informed services for adult men, recognizing the cultural barriers to reporting domestic and sexual violence and addressing the specific risks they face.
12. Strengthen child protection measures, including the establishment of safe spaces, to address the identified safety concerns for children and adolescent girls and boys.
13. Conduct community awareness programs to educate residents on reporting channels for gender-based violence and empower them to support survivors.
14. Collaborate with security forces to enhance their understanding of gender-based violence and improve safety measures, including increased patrols and the establishment of community safety groups.
15. Develop confidential psychosocial support services for survivors.

16. Conduct awareness campaigns to reduce fear and stigma associated with accessing psychosocial support.

17. Develop programs to adapt livelihood strategies for men and women in crisis areas.

18. Address gender-specific barriers faced by women in rebuilding livelihoods, such as limitations on participation and access to credit.

19. Implement and promote gender-sensitive and disability-inclusive livelihood programs.



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