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GBV SAFETY AUDIT REPORT-KUMBA

Location(s): Meme Division, Kumba Sub-division

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Report Prepared by: TeenAlive-Cameroon

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TEENALIVE
HOPEFUL TEEN WORLD

Executive Summary

Context

Kumba, located in Meme Division, South-West Region of Cameroon, has been severely affected by the prolonged Anglophone crisis in the North-West and South-West (NWSW) regions. The ongoing conflict has driven mass displacement, weakened community protection structures, disrupted livelihoods, and overstretched basic services. Kumba now hosts a significant population of internally displaced persons (IDPs) alongside host community members, many of whom live in overcrowded shelters and informal settlements with limited access to water, sanitation, healthcare, and other essential services.

This GBV Safety Audit was conducted by TeenAlive Association in partnership with UNFPA to generate updated, evidence-based understanding of the gender-based violence (GBV) risks faced by women and girls in Kumba. Building on two previous audit phases, the audit aimed to identify the most pressing protection risks, expose gaps in available services, and produce actionable recommendations to guide a more coordinated and effective humanitarian response. The audit covered five communities: Kosala, Fiango, Barombi Kang, Hausa Quarter, and Meta Quarter.

Methodology

The audit applied a participatory mixed-methods approach, combining 4 Focus Group Discussions (FGDs) with approximately 44 participants (women, men, adolescent girls, and adolescent boys), 15 Key Informant Interviews (KIIs) with community leaders, service providers, health workers, teachers, law enforcement, and local authorities, structured safety walks and direct observation across three sites (Kumba 1, Kumba 2, and Kumba 3), and service mapping of six GBV-related organizations operating in Kumba, all guided by UNFPA safety audit tools adapted to the local context.

Key Findings

- **Pervasive and Multi-Form GBV Across All Sites**

Intimate partner violence (IPV) and domestic violence are the most prevalent forms of GBV in Kumba, identified by all 15 KII respondents as the primary forms experienced by women. Sexual violence is a major and underreported concern, with 53.3% of KII respondents identifying it as

a significant risk for adult women and 33.3% citing it as a key threat to adolescent girls. The highest-risk scenarios involve routine survival activities: collecting firewood (40% of respondents), fetching water (40%), and using latrines or bathing facilities (33.3%). Emotional violence was reported across all four FGD groups, and economic violence, including denial of access to resources, was flagged by three of four groups as a widespread and normalized problem.

- **Dangerous Physical Infrastructure Creating Direct GBV Risk**

Observations across the three audit sites revealed critically unsafe physical conditions. Night lighting is absent in two of three sites (Kumba 1 and Kumba 2), with only Kumba 3 having any functional lighting. Latrine and bathing facilities at (Kumba 1) have no internal door locks, and women and girls avoid using them at night. Safe water access exists at only one site (Kumba 3, 33%); adolescent girls in Kumba 2 were documented travelling to distant, unsafe areas to fetch water. Two of three sites were assessed as risky or exposed locations, and 67% had damaged civilian structures. Armed actors were observed at two of three sites, including in proximity to a health facility.

- **Severely Inadequate Protective Services and Safe Spaces**

The protective environment in Kumba is critically underdeveloped relative to the scale of identified risks. Women and Girls Safe Spaces (WGSS) are absent at the most vulnerable site, Kumba 1, and only one WGSS was identified across all three sites. More than half of KII respondents (53.3%) confirmed no safe shelter exists for adult women; 60% reported the same for adolescent girls. Children's safe spaces are present at only one site (33%). Six organizations provide GBV-related services to an estimated combined population of 389,838, but none operates across all service types, and three out of four FGD groups reported receiving no humanitarian assistance of any kind, including food, NFIs, WASH, or health support.

Priority Recommendations

1. Immediately install solar-powered lighting and functional internal door locks at all latrine and bathing facilities across all three sites, prioritizing (Kumba 1) where no lighting or locks currently exist. This is a direct, low-cost, life-saving intervention.

2. Install safe, accessible water points within 500 metres of all households in underserved sites, especially Kumba 1 which has no public taps, and immediately organize group water-fetching schedules with community-level security monitoring to reduce individual exposure to GBV during water collection.
3. Train all frontline health workers on GBV-sensitive clinical management of rape (CMR), establish confidential consultation rooms at all health facilities, and deploy mobile health outreach to reach communities with limited physical access to services.

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List of Abbreviations

Abbreviation	Full Meaning
AAH	Action Against Hunger
AAAQ	Availability, Accessibility, Acceptability, and Quality
CMR	Clinical Management of Rape
DRC	Danish Refugee Council
FGD	Focus Group Discussion
GBV	Gender-Based Violence
IDP	Internally Displaced Person
IRC	International Rescue Committee
IPV	Intimate Partner Violence
KII	Key Informant Interview
MEDIUM	Medium Priority (Risk Mitigation Matrix)
MINAS	Ministry of Social Affairs
NFI	Non-Food Item
NGO	Non-Governmental Organisation
NSAG	Non-State Armed Group
NWSW	North-West and South-West (Regions of Cameroon)
PSS	Psychosocial Support
PSEA	Protection from Sexual Exploitation and Abuse
PWD	Person with Disability
SOP	Standard Operating Procedure
SRH	Sexual and Reproductive Health

UNFPA	United Nations Population Fund
UASC	Unaccompanied and Separated Children
WASH	Water, Sanitation, and Hygiene
WGSS	Women and Girls Safe Space

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1. INTRODUCTION

1.1. Background and Context

Kumba, located in Meme Division in the South-West Region of Cameroon, has been significantly affected by the ongoing crisis in the North-West and South-West (NWSW) regions. Since the escalation of the crisis, many people have been forced to flee their homes due to insecurity, violence, and uncertainty, with Kumba becoming one of the main areas of refuge. While the town provides relative safety for displaced populations, it continues to face serious humanitarian and protection challenges as a result of the prolonged crisis.

Kumba currently hosts a mix of internally displaced persons (IDPs) and members of the host community. Many of the displaced families arrived with limited resources and are still struggling to rebuild their lives. Living conditions are often difficult, with many households staying in overcrowded shelters, shared spaces, or informal settlements. Access to basic services such as healthcare, water, sanitation, and other essential services remains limited and overstretched, affecting both IDPs and host community members.

The crisis has also disrupted existing community protection systems and weakened traditional support networks. As a result, many vulnerable individuals do not have the same level of protection and support as before. Women and girls are particularly affected in this context and face increased risks of gender-based violence (GBV), including sexual violence, intimate partner violence, exploitation, and abuse. These risks are further increased by economic hardship, overcrowding, and limited access to services.

Female-headed households are common in Kumba, often due to displacement, separation, or loss of family members. These households face multiple challenges, including limited income opportunities, lack of adequate shelter, and reduced access to healthcare and other essential services. This increases their vulnerability and makes it more difficult for them to cope with the situation.

It is within this context that the safety audit was conducted. The audit aims to better understand the specific GBV risks faced by women and girls in Kumba and to identify practical measures to reduce these risks. It also reflects the experiences and perspectives of affected communities and is intended to support a more coordinated and effective humanitarian response.

1.2. Purpose and Objective

The safety audit conducted in Kumba was designed to provide a clear and practical understanding of the risks faced by women and adolescent girls in a context shaped by conflict, displacement, and limited access to essential services.

The main purpose of the audit was not only to document and highlight these risks, but also to generate evidence that can inform more effective and context-specific interventions. By capturing the lived experiences, perceptions, and concerns of affected populations, the audit seeks to ensure that responses are grounded in reality and aligned with the actual needs of women and girls.

The specific objective is to;

1. Investigate physical, cultural, and systemic obstacles that hinder access to GBV and sexual and reproductive health (SRH) services.
2. To assess the types and forms of gender-based violence affecting women and girls within the community.
3. To identify gaps in available GBV and protection services, including healthcare, psychosocial support, and referral pathways.

1.3. Scope of the safety audit

1.3.1. Geographical scope

The safety audit was conducted across selected neighbourhoods and public spaces within Kumba municipality, focusing on areas with high levels of vulnerability. Particular attention was given to communities with a high concentration of internally displaced persons (IDPs), female-headed households, and informal settlements.

The selected communities included Kosala, Fiango, Barombi Kang, Hausa Quarter, and Meta Quarter. These areas were identified based on reported protection concerns, levels of insecurity, and limited access to essential services.

Within these communities, the audit covered key locations where women and adolescent girls frequently live, work, or pass through in their daily activities. These included market routes, water points, latrine facilities, and shelter areas. Such locations were prioritized due to their relevance to daily survival needs and the potential exposure to safety risks.

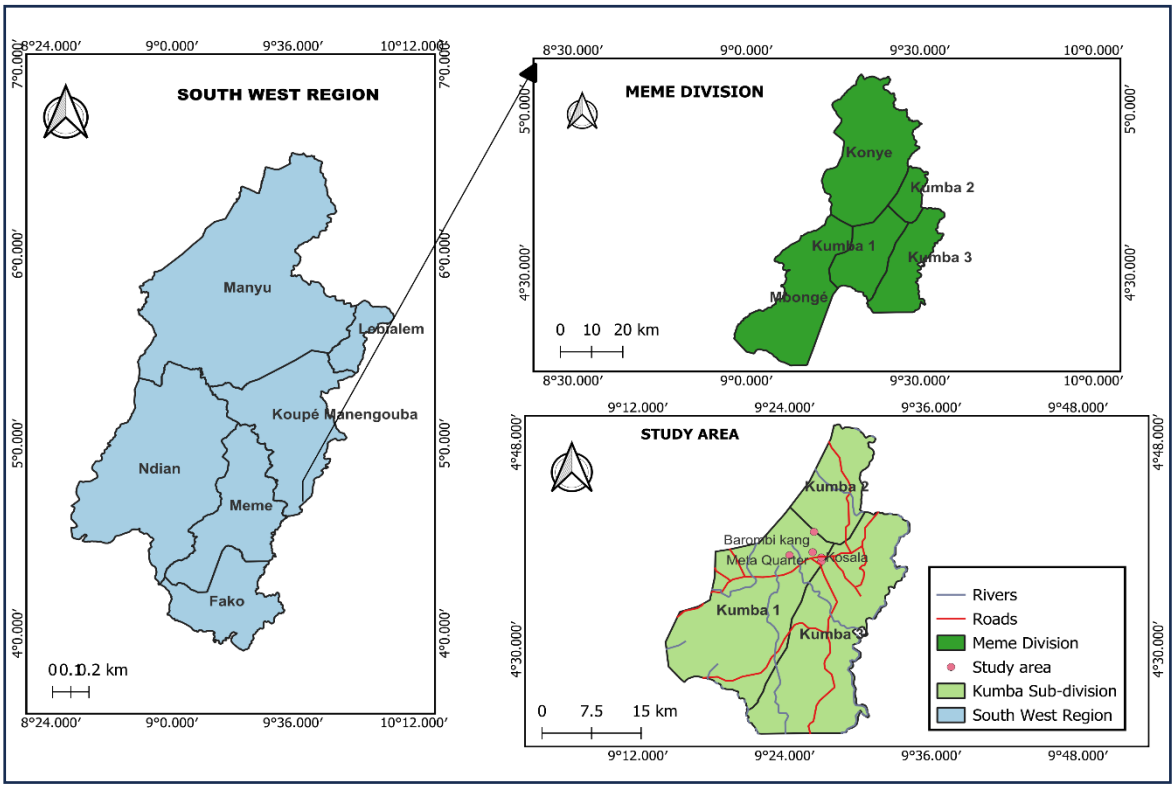


Figure 1: Map of Study Area

1.3.2. Thematic Scope

The safety audit focused primarily on gender-based violence (GBV) risks affecting women and adolescent girls in Kumba, while also examining broader safety and protection concerns within the community.

Key GBV-related themes explored during the audit included sexual violence, harassment, and exploitation, as well as intimate partner violence (IPV) and other forms of domestic abuse. The audit also looked at how environmental and structural factors such as poorly lit pathways, overcrowded shelters, and unsafe public spaces contribute to increased exposure to violence.

In addition, the audit assessed barriers that limit access to essential services, including healthcare, protection, and psychosocial support. Particular attention was given to gaps in referral pathways and the level of coordination among service providers, which can affect the quality and timeliness of support available to survivors.

Beyond GBV, the audit also considered related protection concerns such as Protection from Sexual Exploitation and Abuse (PSEA), restrictions on safe movement within the community,

and the influence of factors like substance abuse and economic hardship on violence and overall safety.

Overall, the thematic coverage ensured a comprehensive understanding of both GBV-specific risks and the wider safety environment, with a focus on how these issues intersect and affect access to services and protection for vulnerable populations.

1.3.3. Population coverage

The safety audit engaged a diverse cross-section of the population in Kumba to ensure that the findings reflect the different experiences, perspectives, and vulnerabilities within the community.

Key groups consulted included women and adolescent girls, who face the highest levels of GBV risk and whose insights were central to understanding safety concerns. Men and adolescent boys were also engaged to better understand community norms, perceptions, and dynamics that influence GBV risks.

The audit further included unaccompanied and separated children (UASC), particularly girls, who are highly vulnerable to exploitation and abuse. Persons with disabilities were consulted to capture the unique barriers they face in accessing services and protection mechanisms. In addition, female-headed households formed an important part of the consultation, as many are managing caregiving and economic responsibilities alone due to displacement, separation, or loss of spouses.

Participants were deliberately selected from both internally displaced and host community populations to ensure a balanced and inclusive representation of experiences across Kumba.

This inclusive approach allowed the audit to generate a comprehensive understanding of GBV risks, safety concerns, and service gaps, and to inform practical, community-based recommendations for humanitarian actors. The findings are intended to support both immediate response actions and longer-term planning across sectors.

1.4. Report Objectives and Dissemination Plan

1.4.1. Report Objective

This report is intended to inform and guide practical, evidence-based actions to address the risks faced by women and girls in Kumba. It consolidates insights from community members, field observations, and service delivery data to provide a comprehensive understanding of existing protection concerns and service gaps.

Specifically, the report aims to:

- Support humanitarian programming and sector planning by enabling actors across health, protection, shelter, WASH, and other sectors to adapt interventions, strengthen safety measures, and improve the accessibility and quality of survivor-centered services.
- Strengthen advocacy efforts for increased funding and resources by highlighting the scale, nature, and urgency of the risks, thereby supporting calls for investment in safe spaces, capacity building, infrastructure (e.g., lighting), and essential services.
- Serve as a baseline for future monitoring, evaluation, and follow-up by providing reference data to track progress, identify emerging risks, and ensure that interventions remain responsive to community needs.

Dissemination will be carried out through:

- Presentation of key findings and recommendations during sector coordination meetings and inter-agency forums.
- Sharing of the report (both full and summarized versions) with partners
- Community-level feedback sessions, where appropriate, to ensure transparency and accountability by sharing key insights with affected populations.

2. Methodology

2.1. Pre-Audit Assessment and Desk Review

Prior to the commencement of fieldwork in Kumba, a pre-audit assessment and desk review were conducted to ensure a strong contextual understanding and to inform the design of the safety audit. This process aimed to ensure that the tools and approaches used were relevant, culturally appropriate, and responsive to the realities on the ground. It also enabled the team to build on existing evidence, minimize duplication, and focus on critical information gaps.

As part of this process, the team reviewed previous GBV safety audit reports conducted in Kumba during the first and second phases, as well as findings from the GBV risk assessment carried out in the area. These documents provided a baseline understanding of existing risks, trends, and priority concerns, while also highlighting areas requiring further exploration.

The desk review further included the following key sources:

- Previous GBV assessments and protection reports from Kumba and the wider South-West Region. These provided insights into the patterns and forms of violence reported, populations most at risk, and the challenges faced by both service providers and survivors.
- Service mapping data from local and international organizations operating in Kumba. This helped identify available services, their geographic distribution, and the types of support provided. It also highlighted gaps in service coverage, particularly in hard-to-reach neighbourhoods and informal settlements.
- Guidance documents and tools from UNFPA, including standard safety audit methodologies, ethical guidelines, and recommended approaches for conducting focus group discussions in sensitive contexts. These tools were adapted to reflect the specific realities of Kumba, including the presence of unaccompanied and separated children, the role of faith-based actors, and the impact of repeated displacement on community trust.
- Contextual insights from previous field visits and coordination meetings, which supported the identification of high-risk areas, informed understanding of movement restrictions, and strengthened planning for safe and effective data collection.

2.2. Overall Approach and Tool

The safety audit in Kumba adopted a participatory mixed-methods approach, combining both qualitative and quantitative data collection techniques to ensure a comprehensive and contextually grounded analysis. This methodology enabled the triangulation of information from multiple sources, capturing both lived experiences and observable environmental risks. The approach was intentionally adapted to reflect the operational realities in Kumba, including movement restrictions, fluctuating community trust, and the presence of displaced populations.

The audit applied the following data collection methods:

Safety Walks and Direct Observation

Structured safety walks were conducted across selected locations in Kumba, including market routes, water points, latrine facilities, and shelter areas. These observations focused on identifying environmental and infrastructural risk factors such as inadequate lighting, poor visibility, lack of fencing, and unsafe spatial layouts. This method provided first-hand evidence of physical conditions that may increase exposure to GBV risks, including isolated pathways and overcrowded or poorly designed facilities.

Key Informant Interviews (KIIs)

Semi-structured interviews were carried out with key stakeholders, including community leaders, service providers, and local authorities. These interviews generated in-depth insights into prevailing protection concerns, availability and accessibility of services, and existing response mechanisms. KIIs also explored community perceptions of safety, barriers to reporting GBV incidents, and coordination among actors involved in prevention and response.

Focus Group Discussions (FGDs)

Focus group discussions were conducted with distinct groups women, men, adolescent girls, and adolescent boys to ensure diverse perspectives were captured. Sessions were held in safe and confidential environments, using structured guides adapted from UNFPA safety audit tools. Participants shared experiences, identified risks, and proposed practical solutions to improve safety. Particular attention was given to ethical considerations, including confidentiality, informed consent, and psychosocial safety when discussing sensitive issues.

Service Mapping

Data collected from service providers was used to map available GBV-related services in Kumba. This included healthcare, psychosocial support, legal assistance, and safe shelter services. The mapping assessed service availability, geographic coverage, referral pathways, staffing capacity, and the extent to which services adhere to principles of confidentiality, safety, and survivor-centered care.

2.3. Site/Participant Selection and Demographics

Kumba was selected for this assessment due to its high levels of vulnerability and ongoing displacement trends, which continue to heighten protection risks for affected populations. The area has experienced repeated shocks that have disrupted livelihoods, weakened community structures, and increased exposure to gender-based violence, particularly among women and girls.

In addition, Kumba was prioritized because of the existing operational presence of UNFPA, which provides an opportunity to build on ongoing interventions, strengthen evidence-based programming, and ensure that findings are directly linked to actionable responses within the community.

Table 1: Socio-demographic profile

Socio-Demographic Profile of All Respondents by Data Collection Method			
Data Collection Method	**Participant / Informant Category**	**Count (n)**	**% within Method**
Total Survey	Male	32	52.5%
	Female	29	47.5%
Focus Group Discussion (FGD)	Adult Women	10	22.7%
	Adolescent Girls	14	31.8%
	Adult Men	10	22.7%
	Adolescent Boys	10	22.7%

Key Informant Interview (KII)	Traditional Leaders	2	13.3%
	Representatives of Vulnerable People	3	20.0%
	Medical Personnel	2	13.3%
	Teachers	2	13.3%
	Law Enforcement Officers	2	13.3%
	Spiritual Leaders	2	13.3%
	Local Authorities	2	13.3%

2.4. Data Analysis

Qualitative data collected through Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs) were transcribed and systematically analyzed using a thematic approach. A coding framework was developed to identify recurring themes, patterns, and key issues related to safety, access to services, and GBV risks. Direct quotations were selectively incorporated to accurately reflect community perspectives and give voice to participants' experiences.

Quantitative data derived from direct observations and service mapping exercises were aggregated and analyzed to provide an overview of environmental risk factors and the availability, accessibility, and distribution of services.

Findings from both qualitative and quantitative sources were triangulated to enhance the validity and reliability of the analysis. This approach ensured a comprehensive and coherent understanding of the context, enabling the identification of consistent trends and evidence-based conclusions.

2.5. Ethical Considerations and Safety

Ethical principles and participant safety were prioritized throughout the assessment process. Informed consent was obtained from all participants prior to data collection, both verbally and in writing, ensuring that individuals clearly understood the purpose of the exercise, their role, and their rights as participants. All participants were informed that their involvement was

entirely voluntary and that they could withdraw from the process at any time without any consequences.

To promote safety, comfort, and open dialogue, all Focus Group Discussions (FGDs) were conducted in groups segregated by sex and age. Sessions were held in private, secure settings to ensure confidentiality and to minimize any potential risks associated with participation.

All data collected was anonymized, and no personally identifiable information was recorded, in order to protect the identity and privacy of participants.

Facilitators were trained on ethical data collection practices, including how to safely and sensitively handle disclosures of gender-based violence (GBV). This included applying a survivor-centered approach, ensuring do-no-harm principles, and providing appropriate information and referrals to available support services where needed.

2.6. Partnership and Coordination

This safety audit was conducted by TeenAlive Association in partnership with UNFPA, The process involved close collaboration with community leaders, local authorities, and a range of service providers across different localities in Kumba. These stakeholders played a critical role in facilitating access to communities, supporting participant mobilization, and providing contextual insights that informed the assessment.

2.7. Limitation

- **Access constraints:** Security concerns and movement restrictions limited access to some locations, particularly high-risk and hard-to-reach areas, resulting in potential gaps in coverage of certain environments and perspectives.
- **Reliance on self-reported data:** Information collected through FGDs and KIIs depended on participant disclosure. Due to the sensitive nature of GBV, there is a risk of underreporting or reluctance to share experiences, which may affect data completeness.
- **Time limitations:** The rapid nature of the assessment constrained the depth of engagement in some communities, potentially affecting the level of detail gathered and the inclusion of all population groups.

- **Influence of social and cultural norms:** Cultural sensitivities and social dynamics may have limited open discussion of certain topics, particularly among younger participants or in group settings, despite measures taken to ensure privacy and confidentiality.

3. Key Findings: Safety and Security Environment (from Observation)

3.1. Physical Layout and Infrastructure (Shelter, WASH, Lighting)

This section presents objective findings on the physical environment of the three sites audited in the Kumba Sub-division: Kumba 1, Kumba 2, and Kumba 3. Observations cover night lighting, shelter conditions, privacy, overcrowding, and physical risks to women and girls.

The table below summarises key physical infrastructure indicators across all three Kumba sites

Table 2: Physical Layout and Infrastructure

Indicator	Kumba 1	Kumba 2	Kumba 3	Summary (%)
Night Lighting Exists	No	No	Yes	33% Yes
Overcrowding a Problem	No	No	No	0% Yes
Homes/Tents Safe	No	Yes	Yes	67% Yes
Privacy in Homes	No	Yes	Yes	67% Yes
Risky/Exposed Location	Yes	Yes	No	67% Yes
Houses Damaged	Yes	No	Yes	67% Yes
Transport Functional	Yes	Yes	Yes	100% Yes

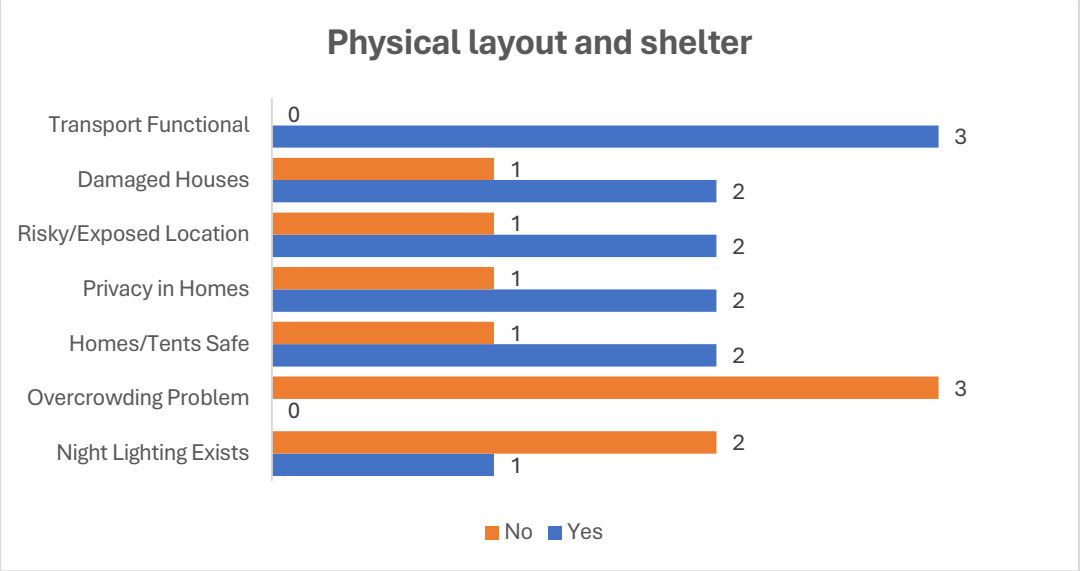


Figure 2:Physical layout and Shelter

Night lighting is critically absent in two of the three Kumba sites (Kumba 1 and Kumba 2), with only Kumba 3 reporting any functional lighting. This represents a significant GBV risk, as darkness facilitates harassment, assault, and sexual violence during evening and nighttime hours.

At Kumba 1, auditors observed dilapidated structures, no safe toilets, and no access to drinking water. The site audit noted the area as rural and structurally degraded. In Kumba 2, women and girls were noted to avoid going out alone, particularly when returning from work in the evening. Kumba 3 shows relatively better conditions, though overcrowding remains a concern in shelter spacing, which limits occupant privacy.

- 67% of Kumba sites reported risky or exposed locations (proximity to risk areas).
- 67% reported damaged civilian houses.
- Only 33% of sites have functioning night lighting.
- Female-headed households were confirmed at all three sites (100%).

3.1.2. WASH — Water Access

Water accessibility is a critical safety concern. The absence of close water points forces women and girls to travel long distances, increasing exposure to risk.

Table 3: WASH Access

Indicator	KUMBA 1	KUMBA 2	Kumba 3	% Yes
Water Accessible to Women	No	No	Yes	33%
Water Security Concerns	No	No	Yes	33%
Women in Water Management	No	No	Yes	33%

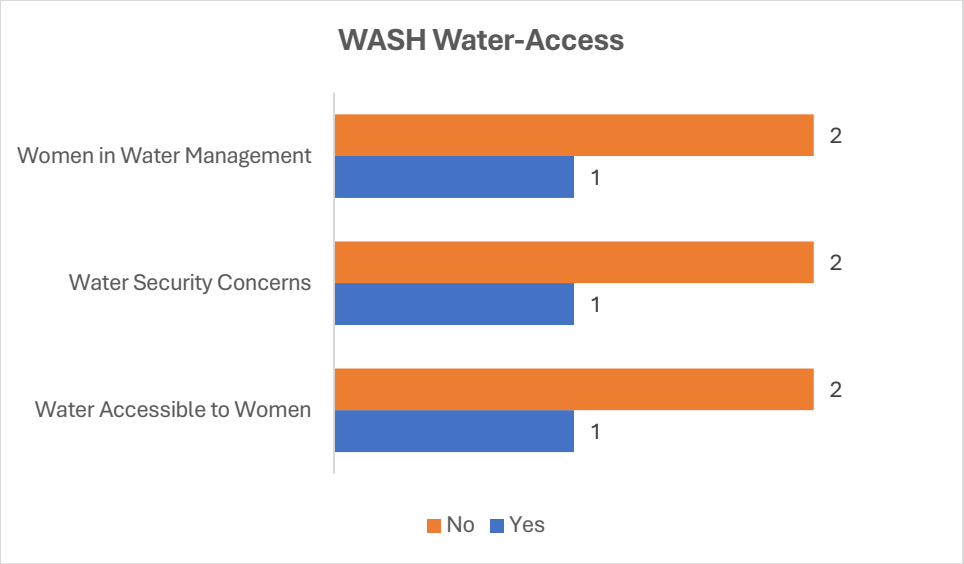


Figure 3: WASH Access

Only Kumba 3 has safe water access for women (33% of sites). Kumba 2 enumerators explicitly documented adolescent girls travelling to distant and unsafe areas to fetch water. Women are involved in water management at only one site (Kumba 3).

- 67% of sites lack accessible water collection points for women.
- 33% of sites report women involved in water distribution and monitoring.

3.2. Security Presence and Management

This section examines the security environment within and around each Kumba site, based on direct observation during the safety audit transect walk.

Table 4: Security Presence and Management

Indicator	Kumba 1	Kumba 2	Kumba 3	% Yes
Armed Actors in Site	No	Yes	Yes	67%
Security Checkpoints Present	Yes	Yes	Yes	100%
Women in Police/Security	Yes	Yes	Yes	100%

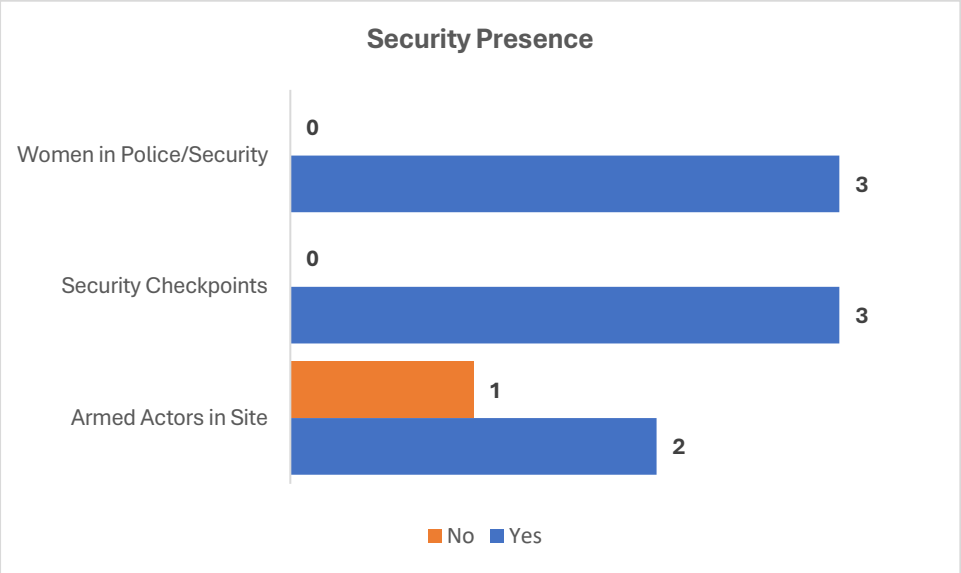


Figure 4: Security Presence

Armed actors were observed within Kumba 2 and Kumba 3 (67% of sites). Security checkpoints are present at all three sites (100%), and women are represented in police and security roles at all three sites (100%) a consistently positive protective finding.

- 100% of sites have security checkpoints.
- 100% of sites have women represented in police/security.
- Armed actors present at 2 of 3 sites (67%) including near a health facility.

3.3. Access to Resources

Access to community services, health facilities, and livelihood resources determines whether affected women and girls can access support, report incidents, and rebuild lives. This section examines availability and accessibility of key services.

Table 5: Access to Resources

Service	Kumba 1	Kumba 2	Kumba 3	% Yes (Kumba)
Schools Accessible	Yes	Yes	Yes	100%
Markets/Shops	Yes	Yes	Yes	100%
Safe Roads to Hospital	Yes	Yes	Yes	**100%**
Religious Institutions	Yes	Yes	Yes	100%
Children's Safe Spaces	No	No	Yes	33%
Women's Safe Spaces	No	Yes	Yes	67%
PWD Services	Yes	No	Yes	67%

Health facilities are present, centrally located, accessible 24/7, and staffed with female personnel at all three Kumba sites. Roads to health facilities are reported as safe. This is a strong protective finding.

Schools, markets, and religious institutions are universally available across all Kumba sites. However, children's safe spaces are only present at Kumba 3, and women's safe spaces are absent at Kumba 1 the site with the highest vulnerability indicators.

The Women and Girls Safe Shelter observed at Kumba 2 was noted as an important resource where GBV affected women can share concerns and access rest. However, auditors noted this is the only available service in the area.

- Health services: 100% of Kumba sites have functional, centrally located, 24/7 health facilities with female staff.
- Women's safe spaces available at only 67% of sites (absent at Barombi Kang).
- Children's safe spaces only at Kumba 3 (33%).
- Awareness of services varies significantly enhanced outreach is needed.

4. Key Findings: Identified GBV Risks (from FGDs/KIIs)

4.1. Types and Nature of GBV Risks

Intimate Partner Violence and Domestic Violence

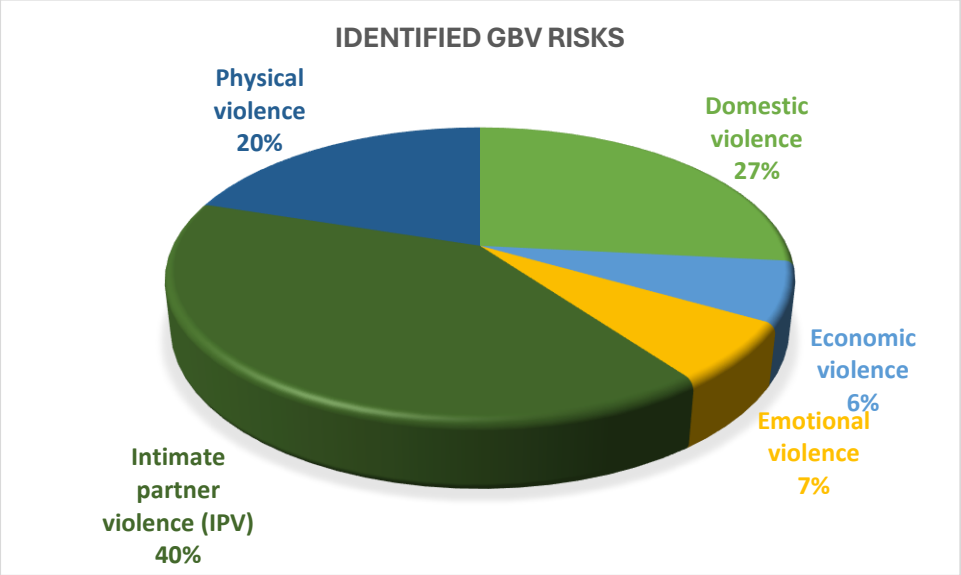


Figure 5: Identified GBV Risks

In Kumba, intimate partner violence (IPV) and domestic violence emerged as the most prevalent forms of GBV reported by women. Among KII respondents in Kumba, **53.3%** identified sexual violence and violence in the home as significant safety concerns for adult women. When asked specifically about types of violence reported by women, all 15 KII respondents described IPV or domestic violence as the primary form experienced consistent with a pattern of abuse occurring within households rather than in public spaces alone.

> *"We report it to our quarter heads and block leaders who later refer to the police but nothing really changes at home."*
>
> *FGD participant, Kumba*

Sexual Violence

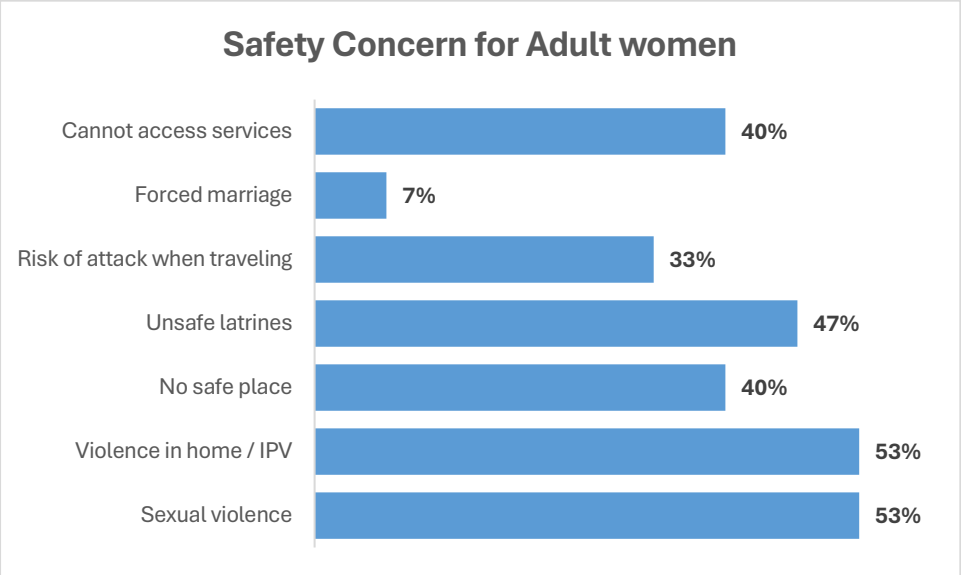


Figure 6: Safety concern for adult women

Sexual violence emerged as a significant protection concern in Kumba, particularly affecting adult women and adolescent girls. A majority of Key Informant Interview (KII) respondents (53.3%) identified sexual violence as a major risk for adult women, while 33.3% also highlighted it as a key concern for adolescent girls.

The findings indicate that sexual violence is closely linked to routine livelihood and survival activities. The most commonly reported contexts where incidents occur include collecting firewood (40%), fetching water (40%), and using latrines or bathing facilities (33.3%). These locations are often characterized by poor lighting, limited visibility, and isolation, increasing the vulnerability of women and girls.

Despite these concerns, only 1 out of 4 Focus Group Discussion (FGD) groups identified sexual violence as a commonly discussed issue. This discrepancy suggests possible underreporting, stigma, fear of disclosure, or normalization of such incidents within some communities.

Emotional and Economic Violence

Emotional violence was consistently identified as a prevalent issue across all Focus Group Discussions (FGDs), with all four groups in Kumba reporting its occurrence within their communities. This indicates that emotional abuse such as verbal insults, intimidation, and psychological harm is widespread and often normalized.

Economic violence, particularly the denial of access to financial resources and basic needs, was also reported by three out of four FGD groups. This form of violence was highlighted as a significant constraint on the ability of women and girls to meet their daily needs and maintain independence.

Findings from Key Informant Interviews (KIIs) reinforce these patterns, with both emotional and economic violence frequently reported as affecting adolescent girls and adult women.

"Economic violence serves as a critical barrier preventing women from accessing essential resources, thereby increasing their vulnerability and dependence".

Local Authority (MINAS)

4.2. High-Risk Locations, Times, and Scenarios

Table 6: High-Risk Locations, Times, and Scenarios

Location	Type of Risk/Violence	High-risk time	Data source
Latrines / Bathing facilities	Sexual violence	Night / Early morning	KII
Firewood collection sites (forest/bush)	Sexual violence, physical assault	Early morning / Dusk	KII
Water collection points	Sexual violence, harassment	Morning	KII
Market / Road to market	Risk of attack when traveling	Daytime / Evening	KII
Home / Household	IPV, domestic violence, sexual violence	Night	KII
School / School environment	Sexual violence, exploitation	During/after school hours	KII
Abandoned houses / Open spaces	Sexual violence	Night	FGD
Community roads / Intervillage routes	Insecurity, attack, armed group presence	Night / After dark	FGD
Distribution points (food/NFI)	Inequality of access, safety concerns	Distribution days	FGD

In Kumba, several locations were consistently identified as high-risk environments for women and girls. Water collection points, firewood collection sites, and latrine or bathing facilities emerged as the most frequently cited areas of concern, each reported by approximately 33–40% of Key Informant Interview (KII) respondents as places where sexual violence is likely to occur. These locations are often characterized by isolation, poor lighting, and limited security, increasing exposure to risk during routine daily activities.

In addition to environmental risks, community members reported that freedom of movement is sometimes restricted, particularly during nighttime hours. The presence of armed actors and unidentified individuals patrolling community roads creates fear and limits safe mobility, further heightening vulnerability. As a result, women and girls face delay or avoid accessing essential services such as water and sanitation facilities, which can have broader implications for their safety, health, and well-being.

"There are often groups of young men loitering around our community, which makes us feel unsafe, especially when moving alone or at certain times of the day." FGD participant,Adult Women Kumba

Two FGD participants described insecurity as preventing free movement noting that they were sometimes very scared and that safety depended on the time of day. Unsafe latrines were identified as a safety concern by 46.7% of Kumba KII respondents one of the highest concern areas alongside sexual violence pointing to a need for WASH-GBV-integrated responses in this sub-division

4.3. Perceived Vulnerable Groups and Contributing Factors

Most Vulnerable Groups

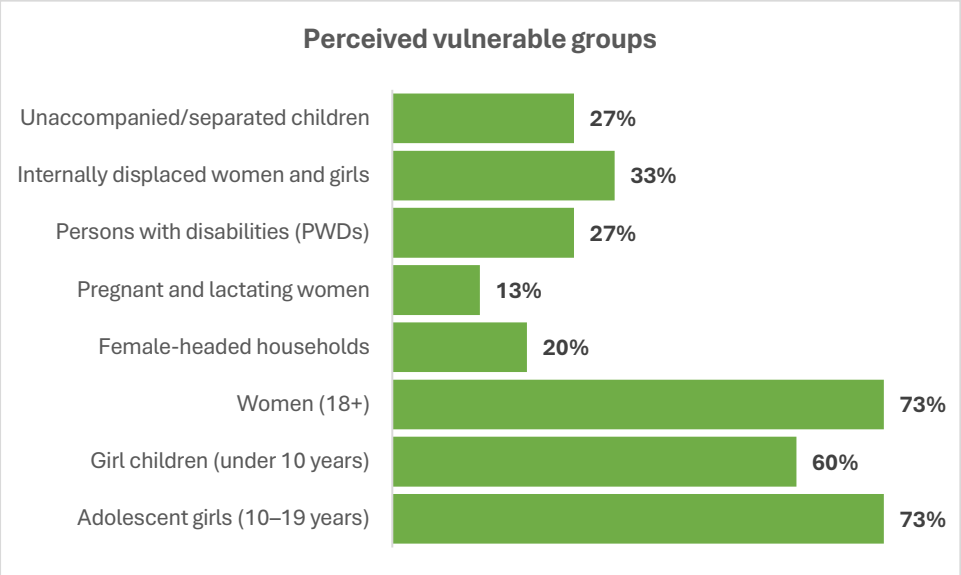


Figure 7: Perceived Vulnerable groups

Key Informant Interview (KII) data indicates that adolescent girls (10–19 years) and adult women (18 years and above) are the groups most at risk in Kumba, each identified by 73.3% of respondents. This reflects the heightened exposure of females to gender-based violence across different age groups.

Girl children under the age of 10 were also identified as vulnerable by 60% of respondents, highlighting early exposure to protection risks. Persons with disabilities (PWDs) were cited by 26.7% of respondents, underscoring the additional challenges faced due to limited mobility, dependence on others, and reduced access to support services.

Displacement-related vulnerabilities were also evident. Internally displaced women and girls were identified by 33.3% of respondents, while unaccompanied or separated children were reported by 26.7%, indicating elevated protection risks among populations affected by displacement and family separation.

Other groups identified include female-headed households (20%) and pregnant or lactating women (13.3%), reflecting specific socioeconomic and health-related vulnerabilities. Survivors of previous violence were also mentioned by 13.3% of respondents, highlighting the increased risk of re-victimization among individuals with prior exposure to violence.

Contributing Factors

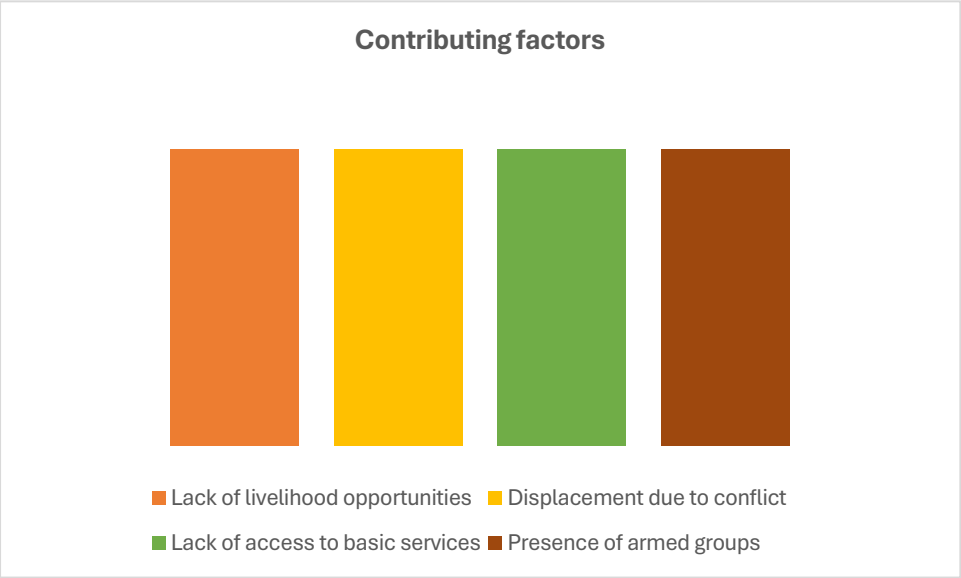


Figure 8: Contributing Factors

All Key Informant Interview (KII) respondents (100%) in Kumba identified four key, interrelated factors driving vulnerability to gender-based violence: lack of livelihood opportunities, displacement due to conflict, limited access to basic services (including health, education, and water), and the presence of armed groups. The consistency of these responses highlights the structural and crisis-driven nature of GBV risks in the area, where economic hardship, insecurity, and disrupted social systems reinforce one another.

Focus Group Discussion (FGD) participants further emphasized the impact of limited livelihood options, noting that many women and girls rely on survival strategies such as petty trading (e.g., hawking food items) and engaging in informal domestic work. While these activities provide essential income, they often expose individuals to unsafe environments and increase their risk of exploitation and abuse.

"Women engage in different odd jobs and even well-paid jobs just to meet their basic needs, but sometimes these same activities expose them to unsafe situations."

4.4. Community-Identified Coping Mechanisms and Gaps

Community members in Kumba described a range of coping mechanisms in response to limited access to formal support structures and humanitarian assistance. Focus Group Discussion (FGD) participants provided mixed accounts regarding available services. While some mentioned access to health facilities and psychosocial support provided by local NGOs, others

highlighted significant gaps, including the absence of specialized GBV support structures in their communities.

"There are no specialized support structures in this community, and this is a serious concern for us, especially for those who need immediate help." FGD Adult Women-Kumba

Key Informant Interview (KII) data further confirms these gaps. More than half of respondents (53.3%) reported that there are no safe shelters available for adult women, while 60% indicated the absence of safe shelters for adolescent girls. This lack of refuge options limits immediate protection for survivors, particularly those experiencing domestic violence who may need to leave unsafe home environments.

Limited humanitarian assistance also shapes coping strategies. Three out of four FGD groups reported not receiving any form of distributions including food, non-food items (NFIs), WASH, or health support with only one group indicating they had received food assistance on a single occasion.

As a result, women and girls often resort to alternative coping mechanisms to meet their basic needs. These include traveling long distances to access essential resources and engaging in informal or high-risk livelihood activities. While necessary for survival, such strategies can increase exposure to unsafe environments and heighten the risk of gender-based violence.

Community-Based Coping Mechanisms

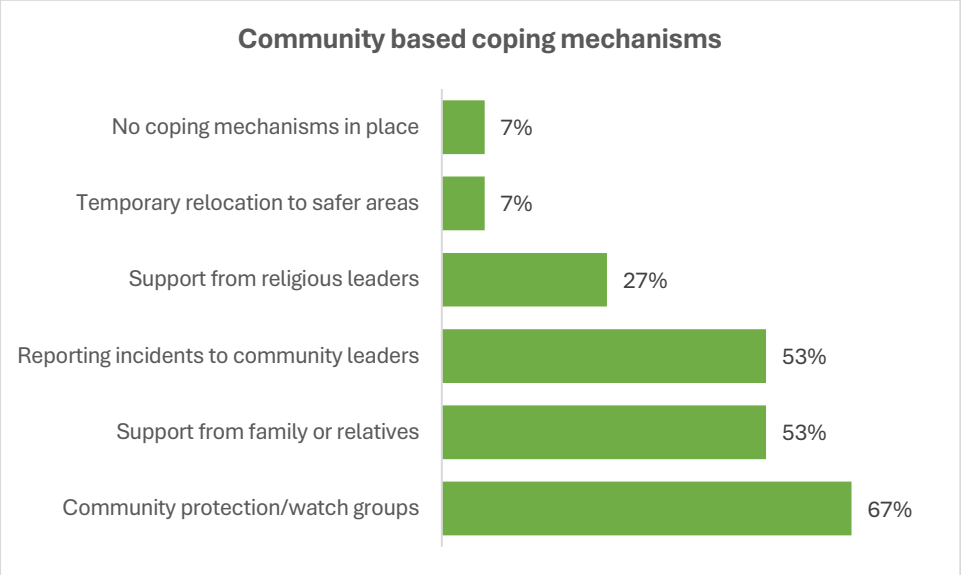


Figure 9: Community-Based coping mechanisms

In the absence of strong formal support systems, communities in Kumba rely on a range of informal, community-led mechanisms to respond to incidents of gender-based violence.

The most commonly reported mechanism is the use of community protection or watch groups, identified by 66.7% of Key Informant Interview (KII) respondents. These groups provide basic surveillance and early warning within communities, helping to monitor movements and respond to immediate concerns. However, they often operate without formal authority, adequate resources, or specialized training on GBV, which limits their effectiveness in addressing complex cases.

Support from family members and relatives, as well as reporting incidents to community leaders, were each cited by 53.3% of respondents. For many survivors, families serve as the first point of support. While this can provide immediate emotional or practical assistance, it may not always lead to appropriate or survivor-centered responses and, in some cases, may contribute to underreporting or pressure to remain silent.

Religious leaders and institutions were also identified by 26.7% of respondents as a source of support. These actors play a complementary role in offering guidance, mediation, and moral support within the community.

FGD participants further noted that, in some cases, communities attempt to escalate incidents to formal authorities when possible:

"In some cases, the community reaches out to the police or social welfare services for intervention when violence occurs." FGD Adult Men

Gaps

Despite the presence of community-based coping mechanisms, several critical gaps were identified in Kumba that limit the effectiveness of responses to gender-based violence.

- Absence of formal women-led structures: None of the Key Informant Interview (KII) respondents (0%) reported the existence of formal women's groups or women-led protection mechanisms, limiting organized advocacy, peer support, and community-level protection initiatives led by women.

- Limited access to psychosocial services: Although some respondents mentioned the availability of peer support groups and case management services, access remains constrained. Barriers include fear of stigma and identification, long distances to service points, and a lack of confidential and safe service environments.
- Lack of safe shelters: The majority of respondents highlighted the absence of safe shelters for women and girls, leaving survivors particularly those experiencing domestic violence without immediate protection or alternative accommodation options.
- Minimal humanitarian assistance: Most communities reported not receiving distributions (food, NFIs, WASH, or health support), increasing reliance on negative coping strategies, including high-risk livelihood activities that may expose women and girls to further harm.
- Shortage of female service providers: The absence of female health and psychosocial staff was identified as a significant barrier, as it discourages survivors from seeking services due to cultural sensitivities and concerns about privacy and comfort.

Focus Group Discussion (FGD) participants further emphasized the urgent need for basic services and improved safety conditions:

"We need support such as sanitary materials, access to safe drinking water, and better security in our community to feel safe and live with dignity." FGD Adult Women

5. Key Findings: Availability, Accessibility, Acceptability, and Quality (AAAQ) of Services

5.1. Availability: Findings from Service Mapping

Service mapping conducted in Kumba (Meme Division) identified six (6) active organizations providing Gender-Based Violence (GBV)-related services to an estimated combined population of approximately 389,838 people. The organizations documented are: Action Against Hunger (AAH), PLAN International, CARITAS, the International Rescue Committee (IRC), the Danish Refugee Council (DRC), and Intersos. Together, these actors provide a range of services spanning psychosocial support/case management, health, protection/security, awareness/prevention, and in a limited number of cases legal services.

Table 7: Organizations and type of service they provide

Organization	Health	PSS/CM	Legal	Protection	Awareness	Safe Space	Women's center
Action Against Hunger	Yes	Yes	No	No	Yes	No	No
PLAN International	No	Yes	No	Yes	Yes	No	Yes
CARITAS	No	Yes	No	No	Yes	No	No
IRC	No	Yes	Yes	Yes	Yes	Yes	No
DRC	Yes	Yes	Yes	Yes	Yes	No	Yes
Intersos	Yes	Yes	No	Yes	Yes	No	No
TeenAlive	No	Yes	No	Yes	Yes	Yes	No

5.2. Accessibility: Physical, Social and Financial Barriers to Services

Barriers to accessing GBV services in Kumba are multiple, compounding, and largely driven by socio-cultural norms, physical distance, and inadequate service infrastructure. Analysis of KII responses and transect walk observations across three sites (Kumba 1, Kumba 2, Kumba 3) reveals the following:

Physical barriers

Service location inconvenience was the most commonly cited barrier to service access, flagged by majority of the key informants. Transect walk findings confirmed that services in rural areas such as Kumba 1 are difficult to reach due to bad roads and long distances. The enumerators noted that adolescent girls in that community travel to unsafe, distant areas to fetch water a pattern that significantly increases exposure to GBV risk.

In Kumba 3, the transect walk found that water and sanitation infrastructure was limited relative to population size, with sanitation facilities in Kumba 1 described as worn out, open, lacking doors, and not suitable for use by women and girls. This inadequacy in basic infrastructure creates conditions that restrict safe movement, particularly for women and girls using sanitation facilities at night.

Unsafe travel to services was identified as a barrier in Kumba; however, this appears to be a broader concern, as FGD participants (female group, adolescent girls group) consistently described fear of movement as a daily reality, particularly when traveling between communities due to the presence of Non-State Armed Forces.

Social Barriers

Social and cultural factors emerged as significant barriers to accessing health and psychosocial services in Kumba, particularly for survivors of gender-based violence.

- **Fear of stigma and identification:** The most widely reported barrier was fear of being identified within the community, cited by 9 out of 14 applicable Key Informant Interview (KII) respondents. One informant specifically highlighted *"fear from the community to identify them"* as a major psychosocial constraint. This indicates that stigma and concerns about confidentiality strongly discourage survivors from seeking support.
- **Family gatekeeping and social pressure:** Four KII respondents reported that families sometimes prevent women and girls from accessing services. This finding is reinforced by Focus Group Discussion (FGD) data, where female participants noted that survivors are often "cautioned" by community members rather than encouraged to seek formal assistance. Such dynamics contribute to silence and underutilization of available services.
- **Limited availability and awareness of female service providers:** The absence or perceived lack of female health and psychosocial staff was identified as a barrier by some respondents, particularly in contexts where survivors prefer same-gender service providers for reasons of privacy and cultural appropriateness. Although 9 out of 15 KII respondents confirmed the presence of female doctors, nurses, or midwives, qualitative findings suggest that availability is inconsistent across locations or not widely known within communities.

Financial Barriers

Multiple organizations identified financial difficulties and lack of human resources as their primary operational challenges. Action Against Hunger identified "financial difficulties" as their main challenge, and CARITAS acknowledged that services are discontinued when project funding ends. These funding-driven service gaps create unpredictable access conditions for

survivors. PLAN International and IRC both identified the need for additional financial resources to improve coverage. No organization mentioned subsidized or free dedicated GBV services explicitly available to all survivors in the community.

When asked to whom women most often turn following violence, 8 of 15 KII respondents (Kumba) cited family members, 3 cited community leaders, 2 cited police, 1 cited an NGO, and 1 cited a friend. This pattern suggests that formal service providers including health and GBV-specialized organizations are not the first point of contact, reflecting limited trust or awareness of formal channels.

5.3. Acceptability and Quality: Community Perceptions of Services

Findings from FGDs conducted in Kumba (4 groups: female adults, male adults, adolescent girls, adolescent boys; total ~42 participants) and KII data reveal a complex picture of service acceptability:

Perception of Available Support Structures

Participants across Focus Group Discussions (FGDs) demonstrated general awareness of health facilities as the primary formal support structure available in Kumba. Both the female FGD group and adolescent boys identified health facilities as the main point of referral following incidents of violence, indicating that these services are relatively visible and recognized within the community.

However, gaps in specialized support were clearly highlighted. The male FGD group emphasized the absence of dedicated GBV response services, noting:

> *"There are no specialized support services in this community, and this is a major concern for us, especially for those who need immediate and appropriate help." FGD Adult Men*

Adolescent girls reported awareness of psychosocial support (PSS) services provided by local NGOs, suggesting that some community members are informed about available mental health and support services. Despite this, access and reach appear limited.

Across multiple groups, participants consistently reported a lack of humanitarian assistance. The female FGD group indicated that they had not received any distributions related to WASH, health, food, or non-food items (NFIs), a finding echoed by adolescent girls who stated:

"We have never received any form of support in this community, which makes it very difficult for us to meet our basic needs." FGD Adolescent women

5.4. Community coping mechamisms

In the absence of strong and accessible formal services, KII respondents in Kumba reported relying on a range of informal, community-based coping mechanisms to respond to incidents of gender-based violence. These include community protection or watch groups, support from family members and relatives, reporting cases to community leaders, engagement with women's groups, and assistance from religious leaders or institutions.

While these mechanisms provide some level of immediate support and social response, they remain largely informal, fragmented, and uncoordinated. In some cases, respondents highlighted the complete absence of coping mechanisms, with one informant stating that there are *"no coping mechanisms in place."* Another respondent reported that survivors may resort to temporary relocation to safer areas as a means of protection.

Gaps in Referral Pathways and Coordination

Findings from Key Informant Interviews (KIIs) in Kumba indicate mixed perspectives on the functionality of referral systems linking health providers with psychosocial and social support services. Out of 14 applicable respondents, 9 confirmed the existence of a functional referral system, while 5 reported that no such system is in place. This divergence highlights inconsistencies in coordination and suggests that referral pathways are not uniformly established or operational across all service points.

The absence of a fully functional and widely recognized referral system presents a critical gap. In particular, survivors who initially disclose incidents to health providers may not consistently receive timely or appropriate referrals for psychosocial or social support, limiting the continuity and comprehensiveness of care.

Organizational practices further illustrate these challenges. For instance, CARITAS reported referring cases to other organizations when project funding ends; however, this approach is largely reactive and does not reflect a structured, survivor-centered referral mechanism. Similarly, PLAN International and IRC indicated the use of multi-sectoral approaches and collaboration with local partners, but none of the organizations described the existence of

formalized Standard Operating Procedures (SOPs) or documented referral protocols guiding inter-agency coordination.

Coordination Mechanism

Service providers in Kumba consistently identified weak coordination as a major gap in the GBV response. Several organizations emphasized the need for a more structured and collaborative approach. Action Against Hunger recommended the formation of a coordination platform bringing together all actors operating in the area, while PLAN International and IRC called for the establishment of a joint coordination mechanism, alongside stronger feedback systems for survivors and communities. DRC also highlighted the need to strengthen existing coordination structures and improve feedback mechanisms.

These perspectives reflect a shared recognition among service providers that current coordination efforts are fragmented and insufficient to effectively address GBV risks and response needs.

The absence of a formalized, multi-agency GBV coordination mechanism in Kumba has several implications. Information on available services is not systematically shared across actors, referral pathways remain inconsistent and unstandardized, and gaps or overlaps in service delivery are not adequately addressed.

These coordination challenges are further reflected at the community level. Many survivors and community members lack clear information on where and how to access GBV services, often relying instead on informal support systems such as family members or community leaders rather than seeking specialized care.

6. GBV Risk Mitigation Matrix

Table 8: GBV Risk Mitigation Matrix

Identified Risk (Finding)	Contributing Factors	Proposed Mitigation Action	Responsible Sector/Action	Priority	Monitoring Indicator
High risk of GBV at home and in community due to persistent insecurity (Sec 4.1, KII Q12, Q13)	NSAGs active in area; 67% KI report increased security concerns; 53% report increase in rape/SV; community members cannot move freely especially at night	1. Deploy community watch groups in high-risk areas 2. Conduct awareness campaigns on GBV reporting 3. Establish safe movement protocols with escort systems	Protection, Security Forces, Community Leaders	HIGH	# community watch groups active; % women reporting unsafe movement reduced
High prevalence of intimate partner violence (IPV) and domestic violence reported (Sec 4.2, KII Q14)	Crisis-induced stress, economic hardship, displacement; IPV and domestic violence most cited types in Kumba; limited safe shelters (only 6/15 KI report shelters)	1. Establish/strengthen Women and Girls Safe Spaces (WGSS) 2. Train community leaders on recognizing and referring IPV cases 3. Deploy case managers for survivor-centred support	Protection/GBV Actors, Health, Community Leaders	HIGH	# WGSS operational; # IPV cases referred and managed per month
Inadequate night lighting at sanitation facilities increasing GBV risk (Sec 3.2, OBS 3.4.2)	2 of 3 observed sites have no lighting around latrines/bathing; no locks at Barombi Kang; women/girls avoid using at night	1. Install solar-powered lights on paths to and at all latrine/bathing facilities 2. Install/repair internal door locks on all facilities 3. Conduct gender-sensitive WASH audit	WASH, Shelter/Site Management	HIGH	% latrines with functional lighting; % latrines with functional locks
Limited access to water points creating protection risks for women and girls (Sec 3.1, OBS 3.1)	2 of 3 sites: water not safely accessible; women/girls travel long distances alone; increases risk of attack; no public taps at Barombi Kang	1. Establish safe water points within 500m of all households 2. Organize group water fetching schedules for women/girls 3. Monitor water-point security through community committees	WASH, Protection	HIGH	# functional water points within safe distance; # security incidents at water points

Barriers to accessing health services for GBV survivors (Sec 5.1, KII Q30)	Fear of identification (73%), distance to facility, lack of confidential treatment (33%); only 10/15 KI confirm health services available; 5/15 report no female staff	1. Train health workers on GBV-sensitive clinical management 2. Establish confidential consultation spaces at health facilities 3. Support mobile health outreach for remote areas	Health Cluster, MoH, GBV Partners	**HIGH**	# staff trained on CMR; # confidential consultation rooms; # survivors accessing health services
Inadequate psychosocial support for GBV survivors (Sec 5.2, KII Q31)	7/15 KI report no psychosocial support; limited case management; no functional referral pathway in 6/15 KI responses; survivors relying on family/friends only	1. Establish/expand case management services for GBV survivors 2. Build referral pathway between health and psychosocial services 3. Support peer support groups for women survivors	Protection/GBV, Health, NGO Partners	**MEDIUM**	# survivors receiving case management; referral pathway documented and functional
Women and girls lack safe shelters when facing acute risk (Sec 5.3, KII Q24)	8/15 KI report no safe shelter or refuge for adult women; armed actors present in 2/3 observed sites; no emergency shelters identified	1. Identify or establish emergency refuge/shelter for women at risk 2. Map existing shelter capacity among community leaders and NGOs 3. Provide emergency kits (NFIs) for displaced women	Shelter Cluster, Protection, Site Management	**MEDIUM**	# emergency shelters operational; # women accessing emergency shelter per month
School environment poses risk of sexual violence for adolescent girls (Sec 4.2, KII Q15)	KII Q15: sexual violence and emotional abuse reported among adolescent girls; school cited as context in 2 KI responses; no child-friendly safe spaces observed at Barombi Kang	1. Deploy school-based GBV prevention programs 2. Establish safe reporting mechanisms in schools 3. Train teachers and parents on child safeguarding	Education, Child Protection, Community	**MEDIUM**	# schools with safe reporting mechanism; # teachers trained on safeguarding
Limited legal assistance and absence of formal accountability	2 of 3 observed sites have no legal assistance; survivors mostly seek help from	1. Map legal aid providers and expand access to underserved sites	Legal/Justice, Protection, Law Enforcement	**MEDIUM**	# sites with access to legal aid; # GBV cases

mechanisms (Sec 6.1, OBS 6.7)	family/community leaders not formal justice; impunity risk	2. Strengthen community knowledge of legal rights for survivors 3. Coordinate with police to strengthen reporting and accountability			referred to legal system
Persons with Disabilities (PWDs) lack targeted services and protection (Sec 6.2, OBS 6.8)	No PWD-specific services recorded across all 3 observed sites; PWDs identified as vulnerable group by 4/15 KI; no accessible sanitation or safe spaces	1. Conduct dedicated needs assessment for PWDs 2. Ensure all facilities (WASH, health, distribution) are accessible 3. Include PWDs in protection programming and referral pathways	Protection, WASH, Health, Inclusion Cluster	**LOW**	# PWD-accessible facilities; # PWDs reached by GBV services

7. Recommendation

The following recommendations are derived directly from the findings of the GBV Safety Audit conducted in Kumba, Meme Division, South-West Region of Cameroon. They translate the proposed mitigation actions documented in the GBV Risk Mitigation Matrix into clear, actionable guidance for humanitarian actors, service providers, coordination bodies, and advocacy stakeholders. All recommendations are grounded in evidence gathered through safety walks, Key Informant Interviews (KIIs), Focus Group Discussions (FGDs), and service mapping.

7.1. Priority Recommendations (Immediate, Life-Saving)

- **Install Lighting and Locks at Sanitation Facilities**

At least two of the three sites observed during the audit (Kumba 1 and Kumba 2) lack functional lighting around latrine and bathing facilities, and Kumba 1 was found to have no internal door locks. Women and girls routinely avoid using these facilities at night due to fear of sexual violence. WASH actors and Site Management partners must immediately install solar-powered lights on all pathways leading to and at latrine and bathing facilities, and repair or install internal locking mechanisms on all sanitation facilities. These physical upgrades are low-cost, high-impact interventions that directly reduce GBV exposure.

- **Establish or Rehabilitate Safe Water Points**

Two of the three observed locations do not have water points that are safely accessible to women and girls. Barombi Kang has no public taps, compelling women and girls to travel long distances alone to collect water, a journey consistently identified as a high-risk scenario for sexual violence and harassment. WASH and Protection actors must urgently establish safe, well-lit water points within 500 metres of all households in underserved sites. In the interim, group water-fetching schedules should be organized and community-level water-point security committees activated to reduce individual exposure.

- **Establish Women and Girls Safe Spaces (WGSS)**

The site with the highest recorded vulnerability indicators, Kumba 1, has no Women and Girls Safe Space. Across all sites, only one Women and Girls Safe Shelter was identified in Kumba 2. Intimate partner violence and domestic violence were the most reported forms of GBV in Kumba, yet survivors have almost nowhere safe to go. Protection and GBV actors must prioritize the establishment or strengthening of at least one functional WGSS per site. These spaces must offer confidential case management, psychosocial support, and linkage to referral pathways.

- **Deploy Community Watch Groups and Safe Movement Protocols**

With Non-State Armed Groups active in the area and 67% of KII respondents reporting increased security concerns, movement in and out of communities, especially at night, poses a direct GBV risk. Community protection watch groups must be formally activated or strengthened in all high-risk areas, with clear protocols for safe movement including escort systems for women and girls traveling to water points, health facilities, and firewood collection areas. These groups require capacity-building support on GBV identification and referral.

- **Train Health Workers and Establish Confidential Consultation Spaces**

Fear of identification was the most cited barrier to accessing health services, reported by 73% of KII respondents. Only 10 of 15 KII respondents confirmed the availability of health services for GBV survivors. Health actors and the Ministry of Health must train all frontline health workers on GBV-sensitive clinical management of rape (CMR) and establish confidential consultation rooms in all health facilities serving audit sites. Mobile health outreach services should be deployed to reach communities with limited physical access.

- **Provide Emergency Safe Shelter for Women and Girls at Acute Risk**

More than half of KII respondents (53.3%) confirmed no safe shelter exists for adult women, and 60% reported the same for adolescent girls. Armed actors were observed near one health facility. Women fleeing domestic violence or acute threats have nowhere to go. The Shelter Cluster, Protection, and Site Management actors must map existing shelter capacity within the community and establish at least one emergency refuge or safe shelter option for women and girls at immediate risk, accompanied by emergency NFI kits for newly displaced or at-risk women.

7.2. Recommendations by Sector

Protection and GBV

- Establish and operationalize at least one Women and Girls Safe Space (WGSS) per site, prioritizing Kumba 1 where no such space currently exists.
- Deploy trained case managers to provide survivor-centered support, including case documentation, safety planning, and referrals.
- Establish safe reporting mechanisms for GBV survivors, including anonymous reporting options and community-based first responders.
- Conduct dedicated protection needs assessments for Persons with Disabilities (PWDs), who were identified as a high-risk group yet receive no targeted services across any of the three observed sites.
- Include PWDs in all protection programming, referral pathways, and safe space access.
- Expand access to legal aid to sites currently without coverage (at least two of three observed sites lacked formal legal assistance), and build community knowledge of legal rights and available accountability mechanisms.
- Map and reactivate referral pathways between protection, health, psychosocial, legal, and shelter services, and develop simple, widely distributed referral guides for frontline workers.

WASH

- Install solar-powered lighting on all pathways leading to and at latrine and bathing facilities across all three sites.
- Install or repair internal door locks on all sanitation facilities. Kumba 1 was found to have no locking mechanisms.
- Conduct a gender-sensitive WASH audit across all sites to identify additional structural improvements needed.
- Establish safe water points within 500 metres of all households in underserved sites, with particular urgency for Barombi Kang which has no public taps.
- Organize group water-fetching schedules for women and girls and establish community-level water-point security committees.

HEALTH

- Train all frontline health workers at facilities serving the audit sites on GBV-sensitive clinical management of rape (CMR) and mandatory reporting protocols.
- Establish confidential, private consultation rooms at all health facilities to address the 73% of respondents who cited fear of identification as a barrier to seeking care.
- Ensure that female health workers (doctors, nurses, and midwives) are present and visible at all facilities, and increase community awareness of their availability.
- Deploy mobile health outreach teams to communities with limited physical access to facilities, particularly Kumba 1.
- Strengthen and formalize referral pathways between health and psychosocial support services.

Education and Child Protection

- Deploy school-based GBV prevention programmes targeting both adolescent boys and girls in all schools within the audit sites.
- Establish safe and accessible reporting mechanisms within schools for adolescent girls experiencing sexual violence or exploitation.

- Train teachers and parents on child safeguarding principles, with particular attention to schools where no child-friendly safe spaces were observed (Kumba 1 and Kumba 2 lacked children's safe spaces).
- Establish child-friendly safe spaces at Kumba 1 and Kumba 2, where none were found during the audit.

Livelihoods and Economic Empowerment

- Design and implement livelihood programmes targeting women and girls to reduce economic dependence and the adoption of high-risk survival strategies. All 15 KII respondents identified lack of livelihood opportunities as a key driver of GBV.
- Ensure that livelihood activities take place in safe, monitored environments and that women are not compelled to travel alone to unsafe areas.
- Prioritize female-headed households and IDPs in economic empowerment programming, as these groups were identified among the most vulnerable.

7.3. Recommendations for Coordination, Response, and Management

Findings from the audit consistently pointed to weak multi-agency coordination as a structural gap undermining the overall GBV response in Kumba. The following recommendations address this at the operational level.

- Establish a formal, multi-sectoral GBV coordination platform in Kumba, bringing together all actors providing GBV-related services. This platform should meet regularly, maintain a shared service directory, and be co-chaired by GBV/Protection and Health sector leads. Its establishment was specifically recommended by multiple service providers including Action Against Hunger, PLAN International, IRC, and DRC.
- Develop and disseminate Standard Operating Procedures (SOPs) for GBV case referral and inter-agency coordination. Currently, no organization described the existence of formalized SOPs, leading to inconsistent and unstandardized referrals.
- Create and maintain a regularly updated, accessible service mapping document for Kumba, listing all GBV service providers, their geographic coverage, hours of operation, referral contacts, and services offered. This should be shared with community leaders, health workers, and protection actors.

- Strengthen survivor feedback mechanisms at all service points and at the coordination level, ensuring that survivors can report concerns about service quality confidentially and that feedback is acted upon.
- Develop a joint community communication strategy to ensure that women, girls, and community members across all sites are aware of available services and how to access them. Current findings show low community awareness of specialized GBV services.
- Establish clear protocols for service continuity to prevent abrupt service interruptions when project funding ends, as reported by CARITAS. Handover plans, transitional referral arrangements, and inter-agency coordination should be built into all project designs.
- Include community representatives, particularly women and girls from IDP and host communities, in coordination and planning forums to ensure that programming remains responsive to community needs and priorities.

7.4. Recommendations for Advocacy

Evidence from this audit supports targeted advocacy to mobilize resources, influence policy, and drive systemic change at the community, sub-national, and national levels.

- Advocate for increased humanitarian funding for GBV programming in Kumba, specifically for Women and Girls Safe Spaces, mobile health outreach, psychosocial support, and safe shelter. The audit found that three out of four FGD groups reported receiving no form of distributions, reflecting a severe underfunding of basic humanitarian needs.
- Advocate with the Ministry of Public Works and local authorities for urgent infrastructure improvements, including street lighting along key routes used by women and girls, particularly pathways to water points, latrines, markets, and health facilities.
- Advocate with the Ministry of Health (MoH) to ensure that all health facilities in Kumba are equipped with private consultation rooms, female staff at all shifts, and supplies necessary for clinical management of rape.
- Advocate with law enforcement authorities for strengthened accountability mechanisms for GBV perpetrators and improved police responsiveness to GBV reports.

KII findings show survivors primarily turn to family and community leaders rather than police or NGOs, reflecting limited trust in formal accountability systems.

- Advocate for the integration of GBV prevention and response into education sector planning, including mandatory teacher training on safeguarding and the establishment of child-friendly safe spaces in all schools in the audit sites.
- Advocate at the inter-agency and donor level for funding dedicated to persons with disabilities, who were identified as a highly vulnerable group but are currently excluded from all targeted GBV services across the three observed sites.
- Use the findings of this audit to engage local authorities, community leaders, and faith leaders in ongoing dialogue on the root causes of GBV, including the harmful role of gender norms, economic hardship, and impunity, to foster community-led prevention efforts.

8. Monitoring and Follow-Up

Effective monitoring and follow-up are essential to ensure that the recommendations of this safety audit translate into concrete, measurable improvements in the safety and well-being of women and girls in Kumba. Given the dynamic humanitarian context, characterized by ongoing insecurity, population displacement, and evolving GBV risks, a structured monitoring approach will also allow humanitarian actors to detect and respond to emerging threats in a timely manner.

Establishment of a Multi-Sectoral Safety Committee

A dedicated multi-sectoral safety committee should be established in Kumba to oversee the implementation and monitoring of recommendations arising from this audit. This committee should:

- Include representatives from GBV/Protection, Health, WASH, Shelter/Site Management, Education, Child Protection, and Livelihoods sectors.
- Include community representatives, particularly women and girls from both IDP and host communities, to ensure accountability to affected populations and community-driven oversight.

- Include local authorities such as representatives from MINAS (Ministry of Social Affairs), relevant administrative offices, and community leadership structures.
- Meet at minimum on a quarterly basis, with emergency sessions convened as needed in response to acute safety incidents or new information.
- Maintain a shared action tracker that maps each recommendation to a responsible actor, a timeline, and agreed monitoring indicators drawn from the GBV Risk Mitigation Matrix.
- Report progress to the broader GBV coordination platform and inter-agency forums in Kumba.

Follow-Up Safety Audit

A follow-up mini-audit should be conducted in Kumba approximately six months after the dissemination and implementation of this report. The purpose of the follow-up audit is to:

- Assess the degree to which priority recommendations have been implemented and measure changes in the physical safety environment, including improvements to lighting, water access, and sanitation facilities.
- Identify new or emerging GBV risks that may have arisen due to shifts in the security context, population movement, or changes in service availability.
- Re-engage community members, including women and girls, to capture their evolving perceptions of safety and the quality and accessibility of services.
- Update the GBV Risk Mitigation Matrix based on new evidence and adjust recommendations accordingly.

The follow-up audit should use the same core methodology as this audit (safety walks, KIIs, FGDs, and service mapping) to ensure comparability of findings. Results should be shared through the GBV coordination platform and with community representatives.

9. Conclusion

The GBV Safety Audit conducted in Kumba, Meme Division, South-West Region of Cameroon, highlights a critical and urgent protection situation for women and girls across the communities of Kosala, Fiango, Barombi Kang, Hausa Quarter, and Meta Quarter. The findings reveal a complex and interrelated set of risks driven by ongoing conflict, economic hardship, inadequate infrastructure, limited service availability, and weak community protection systems.

Evidence gathered through safety walks, Key Informant Interviews (KIIs), Focus Group Discussions (FGDs), and service mapping consistently indicates that intimate partner violence and domestic violence are the most prevalent forms of GBV in Kumba. Sexual violence remains a significant concern, particularly in high-risk locations such as water points, firewood collection areas, and sanitation facilities. Emotional and economic violence are also widespread and often normalized within communities. Adolescent girls and adult women are the most affected groups, alongside other vulnerable populations including young children, persons with disabilities, internally displaced individuals, and unaccompanied or separated children.

Despite the scale of these risks, the protective environment remains severely constrained. Access to essential GBV services is limited, with very few safe spaces, a lack of safe shelters, inadequate WASH infrastructure, and minimal legal and specialized support services. Many communities have received little or no humanitarian assistance, further exacerbating vulnerability and reliance on negative coping mechanisms.

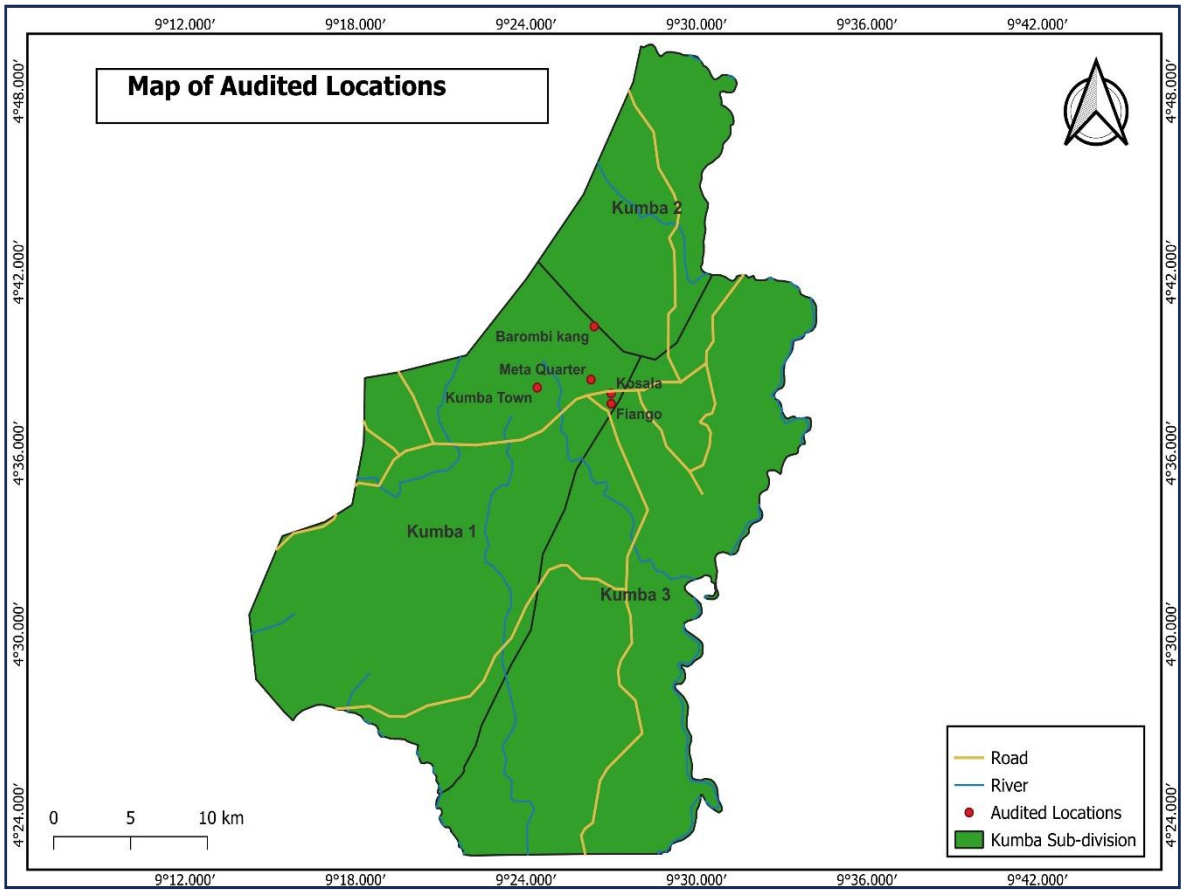
Although several organizations are actively providing GBV-related services in Kumba, their efforts are hindered by funding limitations, insufficient coordination, and gaps in geographic coverage. The absence of a formalized, multi-agency coordination mechanism and standardized referral pathways continues to affect the efficiency and accessibility of services. In addition, limited community awareness of available services further restricts access for survivors.

APPENDIX

Data Collection Tools (List)

Name of tool	Link
Observation and Transect Walk	https://ee.kobotoolbox.org/x/hbNJe6fg
Focus Group Discussions (FGDs)	https://ee.kobotoolbox.org/x/alT4mufS
Service Mapping	https://ee.kobotoolbox.org/x/dCYI8f9C
Key Informant Interview (KII)	https://ee.kobotoolbox.org/x/CndCrHf2

Map of Audited Locations (including "Hotspots")



Service Mapping Matrix

Organization	Health	PSS/CM	Legal	Protection	Awareness	Safe Space	Women's center
Action Against Hunger	Yes	Yes	No	No	Yes	No	No
PLAN International	No	Yes	No	Yes	Yes	No	Yes
CARITAS	No	Yes	No	No	Yes	No	No
IRC	No	Yes	Yes	Yes	Yes	Yes	No
DRC	Yes	Yes	Yes	Yes	Yes	No	Yes
Intersos	Yes	Yes	No	Yes	Yes	No	No
TeenAlive	No	Yes	No	Yes	Yes	Yes	No