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GENDER-BASED VIOLENCE SAFETY AUDIT REPORT-EKONDO-TITI

Location: Ndian Division, Ekondo-Titi Sub-division

Date of Report: 29/03/2025

Report Prepared by: TeenAlive-Cameroon

Commissioned by/In coordination with: UNFPA with funds from ECHO

TEENALIVE
HOPEFUL TEEN WORLD

EXECUTIVE SUMMARY

CONTEXT

Ekondo-Titi Sub-Division, located in Ndian Division of Cameroon's South-West Region, has been severely affected by the protracted North-West and South-West (NWSW) armed conflict since 2016. The crisis has resulted in widespread displacement, destruction of infrastructure, and near-complete disruption of livelihoods and essential services. The sub-division hosts a highly vulnerable population comprising internally displaced persons (IDPs), returnees, and host community members, including a significant proportion of female-headed households, unaccompanied and separated children (UASC), and persons with disabilities. Women and adolescent girls face heightened exposure to gender-based violence (GBV) in this context, compounded by unsafe physical environments, extreme economic hardship, restricted freedom of movement, and a near-total absence of formal GBV response services.

Following sustained displacement and persistent protection concerns across communities including West End, Ekondo Titi Town, and Njenku, a multi-sectoral GBV Safety Audit was conducted by TeenAlive in collaboration with UNFPA and with funding from ECHO. This third-phase audit was designed to systematically document protection risks, assess critical service gaps, and amplify the voices of affected women and girls in order to guide an evidence-based humanitarian response.

Methodology

The audit employed a mixed-methods, participatory approach, combining 4 Focus Group Discussions (FGDs) with 43 participants (adult women, adolescent girls, adult men, and adolescent boys), 19 Key Informant Interviews (KIIs) with service providers, health and law enforcement personnel, traditional and spiritual leaders, and local authorities, direct observation safety walks using the standardized NWSW Safety Audit Observation Checklist, and a service mapping exercise across all locations, in line with UNFPA safety audit guidelines and established GBV data collection and ethical standards.

Key Findings

- **Critical GBV Risk:**

Sexual violence was identified as the most prevalent form of GBV by 100% of key informants for adult women and 95% for adolescent girls the highest levels recorded across all three audit phases. Domestic violence and intimate partner violence (IPV) were reported as the second most prevalent concern (95% of KII respondents for adult women

- **Severely Inadequate Physical Infrastructure and Safety Environment**

Direct observation across all three sites revealed a uniformly critical physical safety environment. Night lighting was entirely absent in 100% of assessed locations. Not a single latrine or bathhouse in any of the three sites had a functional door, lock, or light. All homes and tents were assessed as structurally unsafe (0% safe), and civilian housing was damaged across all three locations (100%). Overcrowding was reported as a problem everywhere (100%), with zero privacy reported in any dwelling.

- **Compounding Barriers to Service Access**

Women and girls face multiple, mutually reinforcing barriers to accessing what limited services exist. Freedom of movement is restricted in three of four FGD groups due to fear of insecurity. All 19 KII respondents confirmed that women regularly travel alone, with 68.4% identifying travel as a major safety risk. Food assistance and non-food items (NFIs) are entirely unavailable across all sites, creating extreme economic vulnerability that further limits service-seeking.

Priority Recommendations

- Immediate rehabilitation of all WASH facilities: Install solar-powered lighting around all latrines and bathing areas, fit functional lockable doors on all sanitation facilities, and ensure full gender separation of facilities across all three sites. These actions directly address the most consistently documented physical GBV risk hotspot in the sub-division.
- Establishment of dedicated CMR and GBV health services: Equip at least one health facility per site with a dedicated GBV consultation room, trained female health providers, and full CMR protocols, including provision of post-exposure prophylaxis (PEP) and

emergency contraception. Establish a 24/7 mobile CMR response capacity where fixed facilities are inadequate.

- Mobile legal aid and civil documentation outreach: Deploy regular mobile legal aid clinics to cover all three sites on a scheduled basis, prioritizing civil documentation support for IDPs and vulnerable women. Establish a documented legal referral pathway linking police, courts, and legal aid providers to close the current impunity gap for GBV survivors

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List of Abbreviation

Abbreviation	Full Form
CFS	Child-Friendly Space
CMR	Clinical Management of Rape
ECHO	European Civil Protection and Humanitarian Aid Operations
FGD	Focus Group Discussion
GBV	Gender-Based Violence
IDP	Internally Displaced Person
IPV	Intimate Partner Violence
KII	Key Informant Interview
NFI	Non-Food Item
NGO	Non-Governmental Organisation
NWSW	North-West and South-West (Region)
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
PSS	Psychosocial Support
PSEA	Protection from Sexual Exploitation and Abuse
PWD	Person with Disability
SEA	Sexual Exploitation and Abuse
SGBV	Sexual and Gender-Based Violence
SOP	Standard Operating Procedure
SRH	Sexual and Reproductive Health
UASC	Unaccompanied and Separated Children
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
WASH	Water, Sanitation, and Hygiene

1.0. INTRODUCTION

1.1. Background and Context

Ekondo-Titi, a coastal sub-division in Ndian Division of Cameroon's South-West Region, has been significantly affected by the protracted North-West and South-West (NWSW) crisis, which began in 2016. The crisis has resulted in widespread displacement, loss of livelihoods, and the deterioration of already limited public infrastructure. Continued armed confrontations, movement restrictions, and insecurity along key access routes have further isolated communities in Ekondo-Titi, reducing access to essential services and humanitarian assistance.

The sub-division is characterized by dispersed rural and riverine communities, many of which are difficult to reach due to poor road networks and seasonal access constraints. The population includes host communities, internally displaced persons (IDPs), returnees, and vulnerable groups such as women, adolescent girls, and unaccompanied and separated children (UASC). Livelihoods are largely dependent on fishing, small-scale farming, and petty trade, all of which have been severely disrupted by insecurity and displacement. As a result, many households face heightened economic vulnerability and food insecurity.

Within this fragile humanitarian context, women and girls face increased exposure to gender-based violence (GBV), including risks associated with unsafe shelter conditions, limited privacy, and the need to travel long distances to access water, markets, and basic services. Female-headed households are particularly affected, often lacking adequate protection and support systems. The presence of UASC especially adolescent girls further heightens protection concerns, given the absence of structured mechanisms for identification, referral, reunification, and case management.

Access to essential GBV response services in Ekondo-Titi remains extremely limited. Functional health facilities are scarce and lack the capacity to provide survivor-centred care, including clinical management of rape (CMR) and psychosocial support. There are no established, confidential reporting mechanisms or formal referral pathways linking survivors to health, protection, legal, or shelter services within the sub-division. As a result, survivors often rely on informal community networks, which may not guarantee safety, confidentiality, or appropriate care.

In response to these challenges, TeenAlive Association, in collaboration with UNFPA and with funding from ECHO, conducted a GBV Safety Audit across selected communities in Ekondo-Titi. The audit aimed to systematically identify protection risks, assess gaps in service provision, and capture the lived experiences of women and girls. The findings are intended to inform practical, context-specific interventions that strengthen prevention, mitigation, and response to GBV while promoting safer and more dignified living conditions for affected populations.

1.2. Purpose and Objectives

The safety audit in Ekondo-Titi was designed to provide a clear and practical understandings of the risks faced by women and adolescent girls in a context shaped by conflict, displacement, and limited access to essential services. The purpose of this safety audit was not limited only in documenting these risks, but to support humanitarian actors in designing responses that are timely, coordinated, and rooted in the lived experiences of affected communities.

Specific Objective of the safety audit

1. Document key safety concerns related to GBV affecting women, girls, and marginalized populations in targeted areas.
2. Investigate physical, cultural, and systemic barriers that hinder access to GBV and sexual and reproductive health (SRH) services.
3. Review the functionality and perceived safety of referral pathways and service delivery points.
4. Develop practical recommendations in collaboration with affected communities and service providers to enhance GBV mitigation efforts.

1.3. Scope of the Safety Audit

1.3.1. Geographical scope

The GBV Safety Audit was conducted across selected villages and informal settlements within Ekondo-Titi Sub-Division, Ndian Division. The areas covered include Beach, Lobe, Njenku, Palm City, and Ekondo-Titi Town.

These locations were purposively selected based on:

- Reported levels of vulnerability and exposure to protection risks

- Presence of internally displaced persons (IDPs) and returnee populations
- Limited access to basic services, including health, protection, and shelter
- Accessibility constraints and geographic isolation

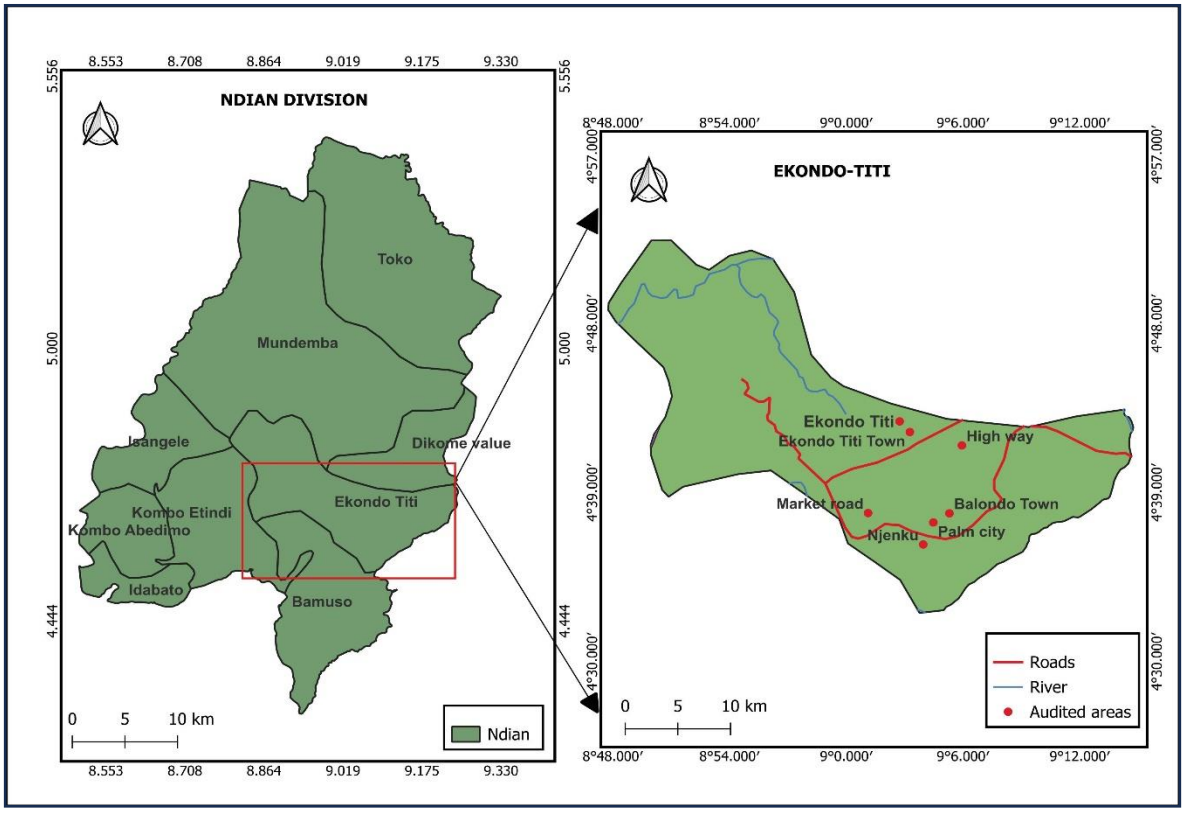

Figure 1: Map of Study Area

1.3.2. Population Scope

The audit primarily focused on identifying and analyzing Gender-Based Violence (GBV) risks and related protection concerns affecting women, girls, and other vulnerable groups. Key thematic areas included:

Forms of GBV:

- Sexual violence, harassment, and exploitation
- Intimate partner violence (IPV) and domestic abuse

Environmental and infrastructure-related risks:

- Unlit pathways, isolated areas, and unsafe access routes
- Overcrowded and inadequate shelter conditions

Access to services:

- Barriers to accessing health care, including clinical management of rape (CMR)
- Limited availability of psychosocial support and protection services

Systems and coordination gaps:

- Absence or weakness of referral pathways for GBV survivors
- Limited coordination among service providers

In addition, the audit explored broader safety and protection concerns, including:

- Protection from Sexual Exploitation and Abuse (PSEA) risks
- Movement restrictions due to insecurity
- The influence of substance abuse, economic hardship, and social stressors on GBV dynamics

1.3.3. Population Scope

The safety audit engaged a diverse cross-section of the population to capture a wide range of experiences, perceptions, and risk profiles. The groups consulted included:

- **Women and adolescent girls**

Primary focus group, given their heightened exposure to GBV risks and barriers to accessing services

- **Men and adolescent boys**

Engaged to understand community norms, perceptions of GBV, and contributing risk factors

- **Unaccompanied and Separated Children (USAC)**

Particularly girls, who face elevated protection risks and limited access to formal support systems

- **Persons with Disability and Other Vulnerable groups**

Including individuals with limited mobility, the elderly, and female-headed households, who often experience compounded barriers to safety and service access

The audit included participants from internally displaced, returnee, and host community populations, ensuring that diverse vulnerabilities and coping mechanisms were adequately represented.

1.4. Report Objectives and Dissemination Plan

1.4.1. Report Objective

This report is intended to guide practical, evidence-based action in response to the protection risks faced by women and girls in Ekondo-Titi Sub-Division. It consolidates community perspectives, field observations, and service mapping data to provide humanitarian actors with a clear understanding of existing vulnerabilities, service gaps, and priority areas for intervention.

Specifically, the report aims to:

- Inform humanitarian programming and sectoral planning by highlighting key GBV risks and contextual drivers affecting women, girls, and other vulnerable groups
- Strengthen advocacy efforts by providing credible, field-based evidence to support resource mobilization and increased investment in GBV prevention and response
- Support coordination and decision-making among humanitarian actors through the identification of service gaps and priority needs
- Serve as a baseline for monitoring and follow-up, enabling stakeholders to track progress on risk mitigation actions and improvements in service delivery over time

1.4.2. Dissemination Plan

To ensure that the findings translate into meaningful action, the report will be disseminated through a structured and inclusive approach targeting key stakeholders at community, operational, and coordination levels.

The dissemination strategy will include:

- Sharing the report with coordination platforms and partners, including the GBV Sub-Cluster, UNFPA, Protection Cluster, OCHA, and relevant sectoral actors (Health, WASH and Shelter), to inform joint planning and response efforts

- Presenting key findings during coordination meetings and technical working groups, to support integration of GBV risk mitigation measures across sectors
- Organizing community feedback and validation sessions with community leaders, women's groups, and field staff to ensure that findings reflect lived realities and that recommendations are contextually appropriate and locally owned
- Engaging implementing partners and local organizations to incorporate findings into program design, adaptation, and implementation
- Using the findings for advocacy and resource mobilization, including donor briefings and proposal development, to address identified gaps in services and protection mechanisms

This dissemination approach is designed to promote accountability, ownership, and coordinated action, ensuring that the voices captured through the audit lead to tangible improvements in the safety, dignity, and well-being of affected populations.

2.0. Methodology

2.1. Pre-Audit Assessment and Desk Review

Prior to the deployment of field teams for data collection, a comprehensive desk review was conducted to ensure a strong understanding of the local context and to adapt the safety audit tools to the realities of Ekondo-Titi Sub-Division. This preparatory phase was critical in grounding the assessment in existing evidence while aligning the methodology with established standards on GBV data collection and ethical engagement.

The review process drew on a range of existing documentation, including findings from the first and second phases of the GBV Safety Audit previously conducted in the area, as well as a recent GBV risk assessment undertaken within the sub-division. These documents provided important insights into recurring protection concerns, population vulnerabilities, and previously identified service gaps, allowing the team to build on existing knowledge rather than duplicate efforts.

In addition, relevant GBV and protection assessment reports from both local and international actors were examined to understand broader trends and contextual dynamics affecting women and girls. Service mapping data was also reviewed to identify available service providers, referral options, and geographical disparities in access to care. This was complemented by

guidance from UNFPA on conducting safety audits and ensuring ethical, survivor-centred facilitation, which informed the approach to data collection and engagement with participants.

The desk review was further enriched by local knowledge gathered through prior field presence, coordination meetings, and engagement with community stakeholders and partner organizations. This helped to validate secondary data and ensure that the tools and approach were contextually appropriate.

Following the desk review, the assessment team conducted internal sessions to thoroughly review and familiarize themselves with the data collection tools. This process ensured consistency in understanding, strengthened the team's capacity to apply the tools effectively, and promoted adherence to ethical standards throughout the safety audit process.

2.2. Overall Approach and Tools

The GBV Safety Audit in Ekondo-Titi employed a qualitative, participatory mixed-methods approach, in line with recommended methodologies for safety audits in humanitarian settings. This approach was designed to capture both lived experiences and observable environmental risks, ensuring that findings are grounded in community perspectives while supported by direct field observations. The methodology was adapted to the operational realities of Ekondo-Titi, including access constraints, movement restrictions, community trust dynamics, and the presence of internally displaced populations.

A combination of complementary data collection tools was used to enable triangulation of findings and enhance the reliability of the results.

Direct Observation (Safety Walks):

Systematic observations were conducted using the *"Safety Audit – Observation Checklist NWSW"* to assess the physical environment and identify risk factors associated with GBV. Assessment teams carried out safety walks across key locations such as market routes, water points, latrine areas, and shelter zones. Particular attention was given to infrastructure conditions, including lighting, visibility, spatial layout, fencing, and access routes. These observations helped identify environmental risks such as unlit pathways, isolated areas, and overcrowded facilities that may increase exposure to violence.

Key Informant Interviews (KIIs):

Semi-structured interviews were conducted with a range of stakeholders, including community leaders, service providers, and local authorities, using the *"ECHO_CERF_Key Informant Questions_mgn.docx"* guide. These interviews provided in-depth insights into protection concerns, service availability, referral practices, and community-level responses to GBV. KIIs also explored barriers to reporting, perceptions of safety, and coordination among actors involved in GBV prevention and response.

Focus Group Discussions (FGDs):

Focus Group Discussions were conducted with separate groups of women, men, adolescent girls, and adolescent boys using the *"ECHO_CERF_Focus Group Discussion Tool GBV_mgn.docx."* Discussions were facilitated in safe and private environments to ensure participant comfort and confidentiality. Facilitation was guided by the *"Safety Audits – Tipsheet for Taking FGD_mgn.docx"*, ensuring a survivor-centred and ethically sound approach. In addition, micro-narratives were collected using prompts from the *"Safety Audits – Sample Prompt Questions_mgn.docx"* to capture personal experiences and deeper insights into safety concerns and coping mechanisms.

Service Mapping

A service mapping exercise was conducted through interviews with service providers using the *"Service Mapping Tool_mgn.docx."* This process aimed to identify available GBV-related services, including health care, psychosocial support, legal assistance, and safe shelter options. It also assessed service accessibility, operating capacity, staffing, and the existence and functionality of referral pathways, with particular attention to confidentiality and survivor-centred care.

2.3. Site/Participant Selection and Demographics

The selection of assessment sites within Ekondo-Titi Sub-Division was guided by evidence from previous assessments, service mapping data, and consultations with local actors. Priority was given to locations with high reported levels of vulnerability, particularly areas affected by displacement, limited access to basic services, and heightened protection risks for women and girls. Communities such as Beach, Lobe, Njenku, Palm City, and Ekondo-Titi Town were therefore selected due to the presence of internally displaced persons (IDPs), documented GBV risks, and infrastructural challenges such as poor lighting, overcrowded shelters, and

restricted access to safe services. Accessibility and security considerations were also taken into account to ensure that data collection could be conducted safely and ethically.

Participant selection followed a purposive sampling approach to ensure representation across key demographic and vulnerability categories. Participants were selected to reflect diversity in displacement status (IDPs, returnees, and host communities), gender, age groups, and specific vulnerabilities, including persons with disabilities and individuals in high-risk living conditions. This approach ensured that the assessment captured a wide range of experiences and perspectives related to safety and GBV risks.

Ekondo-Titi was also selected as a priority location due to the existing operational presence of UNFPA in the South-West Region, which provides a strategic opportunity to build on ongoing interventions, strengthen coordination, and ensure that findings from the audit directly inform programmatic responses and resource allocation.

2.3.1. Socio-Demographic Profile

Overall Number of Respondents

Table 1: Socio-demographic Profile

Response	n	%
Female	31	50.0%
Male	31	50.0%
Total	**62**	**100%**

Key Informant Interviews (KII) -Gender of Respondents

Response	n	%
Female	8	42.1%
Male	11	57.9%
Total	**19**	**100%**

Key Informant Interviews (KII) — Category of Key Informant Reached

Category of Key Informant	n	%
Service Providers	3	15.8%
Medical Personnel	3	15.8%
Law Enforcement	3	15.8%
Spiritual Leaders	3	15.8%
Traditional Leaders	3	15.8%
Representatives of Vulnerable People	2	10.5%
Local Authorities	2	10.5%
Total	**19**	**100%**

Focus Group Discussion (FGD) — Respondents by Group

FGD Group	n	%
Adult Women	10	23.3%
Adolescent Girls	13	30.2%
Adult Men	10	23.3%
Adolescent Boys	10	23.3%
Total	**43**	**100%**

2.4. Data Analysis

Data collected through the GBV Safety Audit was analyzed using a combination of qualitative and quantitative methods to ensure a comprehensive and evidence-based understanding of risks and service gaps in Ekondo-Titi.

Qualitative data from Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs) was transcribed and subjected to thematic analysis using a structured coding framework. This process enabled the identification of recurring themes, patterns of risk, and key community concerns related to GBV and safety. The analysis paid particular attention to differences across gender, age, and vulnerability groups, allowing for a nuanced interpretation of experiences. Direct quotes from participants were incorporated throughout the report to illustrate lived realities and ensure that community voices remain central to the findings.

Quantitative data generated through the *"Safety Audit – Observation Checklist NWSW.pdf"* and service mapping tools (including datasets such as *"SAFETY AUDIT EXCEL FILE_NWSW.xlsx – survey."*) was systematically cleaned, organized, and aggregated using Excel. This facilitated the quantification and visualization of environmental risk factors, infrastructure conditions, service availability, and barriers to access across the assessed locations.

Findings from all data sources were triangulated to enhance validity and reliability. This involved cross-checking information obtained from FGDs, KIIs, direct observation, and service mapping to identify consistencies, discrepancies, and emerging trends. The integration of qualitative insights with quantitative evidence provided a well-rounded analysis, ensuring that both statistical patterns and lived experiences informed the conclusions and recommendations of the audit.

2.5. Ethical Consideration

The GBV Safety Audit in Ekondo-Titi was conducted in line with established ethical standards and survivor-centred principles to ensure the safety, dignity, and confidentiality of all participants. Prior to participation, informed consent was obtained from all individuals through both verbal and written processes. Participants were clearly informed about the purpose of the assessment, how the information would be used, and their right to decline to answer any question or withdraw from the process at any time without any consequences.

To promote safety and comfort, all Focus Group Discussions (FGDs) were segregated by sex and age, and sessions were conducted in secure, private locations to ensure confidentiality. Data collected throughout the assessment was fully anonymized, with no personally identifiable information recorded, thereby protecting the identity of participants.

All facilitators and enumerators received training on ethical data collection, GBV guiding principles, and minimum standards, including confidentiality, respect, non-discrimination, and the principle of "do no harm." They were also equipped with the skills to handle sensitive disclosures of GBV in a safe and appropriate manner. This included providing information on available services and facilitating referrals where needed, in line with established protocols and survivor consent.

Participants were continuously reminded of their voluntary participation, including their right to pause or withdraw from discussions if they felt uncomfortable at any stage. This ensured that engagement remained respectful and responsive to individual boundaries.

2.6. Partnerships and Coordination

This GBV Safety Audit was conducted as a collaborative, multi-agency effort led by TeenAlive in partnership with UNFPA, ensuring both technical rigor and alignment with national and international GBV coordination frameworks. The partnership brought together complementary expertise in GBV prevention and response, community engagement, and humanitarian programming, contributing to the overall quality and credibility of the assessment.

The audit process involved close coordination with community leaders, local authorities, and service providers across the selected localities in Ekondo-Titi. Their engagement was critical in facilitating safe access to communities, supporting participant mobilization, and providing contextual insights into local protection dynamics and service availability.

In addition, the process included collaboration with actors from multiple sectors, including protection, health, and community-based organizations, to ensure a holistic understanding of GBV risks and service gaps. This multi-sectoral engagement helped strengthen joint ownership of the findings and promoted alignment with ongoing humanitarian interventions in the area.

Coordination with existing platforms and partners also ensured that the audit findings are well-positioned to inform GBV Sub-Cluster discussions, inter-sectoral planning, and response prioritization.

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

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

The observation component of the GBV Safety Audit conducted in Ekondo-Titi Sub-Division highlights significant safety and security concerns across the assessed locations of West End, Ekondo Titi, and Njenku. Using the standardized NWSW Safety Audit Observation Checklist, the findings reveal that women and girls are exposed to heightened protection risks due to gaps in physical infrastructure, weak security presence, and limited access to essential services.

Across all sites, poorly lit public spaces, isolated pathways, and inadequate shelter conditions were commonly observed, increasing vulnerability particularly during early morning and evening hours. In addition, the limited visibility of formal security actors and the absence of community-based safety mechanisms contribute to an environment where risks of harassment and violence are amplified.

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

Observations across all three locations in Ekondo-Titi Sub-Division revealed serious and consistent deficiencies in the physical safety of residential and communal spaces. The audit findings are summarized in Table 1 below.

Table 2: Physical Layout and Infrastructure

Indicator	West End	Ekondo Titi	Njenku	% Yes
1.1 Night lighting (exists/sufficient)	No	No	No	0%
1.2 Overcrowding is a problem	Yes	Yes	Yes	100%
1.3 Homes/Tents seem safe	No	No	No	0%
1.4 Female-headed households present	Yes	Yes	Yes	100%
1.5 Privacy in homes/tents	No	No	No	0%
1.6 Civilians in exposed/risky locations	Yes	Yes	Yes	100%
1.7 Houses of civilians damaged	Yes	Yes	Yes	100%
1.8 Public transportation functional/accessible	Yes	No	Yes	67%

"Image captured during observation and transect walk in Ekondo-Titi, highlighting an abandoned building identified as a potential GBV hotspot. The site poses safety concerns due to its secluded nature, limited lighting, and absence of community surveillance."

Night lighting was entirely absent across all three sites (0% of sites with adequate lighting). This represents a critical protection gap, as the absence of lighting on pathways and around

residential areas significantly elevates the risk of sexual and gender-based violence (SGBV), particularly for women and girls moving at night to access latrines, water points, or other services.

Overcrowding was reported as a problem in all three locations (100%). Overcrowded living conditions reduce privacy, increase tension within households, and can heighten exposure to intimate partner violence and other protection risks. Compounding this, privacy within homes and tents was reported as inadequate across all three sites (0% with adequate privacy). The absence of physical barriers or private spaces undermines dignity and increases vulnerability.

None of the sites observed homes or tents as structurally safe (0% safe), and civilian houses were observed to be damaged across all three locations (100%). These findings reflect the broader displacement-related housing crisis in the sub-division. Additionally, civilians were found to be living in exposed or risky locations in all three sites (100%), including areas near forests, which increases the risk of GBV incidents in isolated surroundings.

Female-headed households were present across all three locations (100%), indicating a significant proportion of particularly vulnerable households. These households tend to have fewer resources, lower bargaining power, and heightened exposure to protection risks.

Public transportation was functional and accessible in West End and Njenku, but not in Ekondo Titi (67% overall). The lack of reliable transport restricts women's and girls' mobility, limiting access to markets, health facilities, and other critical services.

3.1.1. Water, Sanitation, and Hygiene (WASH)

WASH infrastructure presents a mixed but predominantly concerning picture across Ekondo-Titi (see Table 2). While basic facilities exist, the safety and functionality of sanitation structures are severely inadequate.

Table 3: WASH

WASH Indicator	West End	Ekondo Titi	Njenku	% Yes
3.1 Water points accessible to women	Yes	Yes	No	67%
3.2 Security concerns at water points	No	No	Yes	33%
3.2.2 Concern: time/frequency of distribution	Yes	Yes	Yes	100%

3.3 Women involved in water monitoring	No	No	No	0%
3.4 Bathhouses available	Yes	Yes	Yes	100%
3.4 Latrines available	Yes	Yes	Yes	100%
3.4.1 Bathhouses separated (M/F)	Yes	Yes	No	67%
3.4.1 Latrines separated (M/F)	Yes	Yes	No	67%
3.4.2 Light around bathhouse	No	No	No	0%
3.4.2 Light around latrine	No	No	No	0%
3.4.3 Bathhouses have doors	No	No	No	0%
3.4.3 Latrines have doors	No	No	No	0%
3.4.4 Bathhouses have locks	No	No	No	0%
3.4.4 Latrines have locks	No	No	No	0%

Water collection points were reported as safely and easily accessible to women in West End and Ekondo Titi, but not in Njenku (67%). In Njenku, security concerns related to the water point were confirmed (including issues around timing and frequency of distribution), indicating that women and girls may have to travel at unsafe hours or distances to access water a well-documented trigger for SGBV incidents.

Women are not involved in water distribution or monitoring in any of the three sites (0%). The exclusion of women from this governance role undermines community accountability mechanisms and perpetuates protection gaps.

Bathrooms and latrines were present in all three locations (100%). However, gender separation of facilities was only reported in West End and Ekondo Titi, with Njenku lacking separated facilities for men and women (67% separation). More critically, none of the sanitation facilities across any of the three sites had lighting around them (0%), had functional doors (0%), or had locks (0%). This means that women and girls face serious safety risks when using these facilities, particularly at night. Unlit, unlocked latrines without doors are consistently identified as hotspots for sexual violence in humanitarian settings.

The enumerator noted in West End that *"sanitation is not all good due to abandonment of some facilities,"* pointing to a maintenance deficit that further compounds the functional gaps observed. These findings indicate an urgent need for rehabilitation of sanitation facilities with a gender and protection lens.

3.2. Security Presence and Management

The security environment in Ekondo-Titi Sub-Division presents a mixed picture. While no formal armed actors were observed within immediate gathering points, the presence and management of security checkpoints raise notable protection concerns, particularly for women and girls.

Table 4: Security Presence and Management

Security Indicator	West End	Ekondo Titi	Njenku	% Yes
5.1 Armed actors within gathering point	No	No	No	0%
5.2 Security checkpoints present	No	Yes	Yes	67%
5.3 Women represented on police/armed actors	Yes	Yes	Yes	100%

Armed actors were not observed within any of the three gathering points (0%). This is a positive finding, suggesting that civilian spaces have not been directly militarized at the point of audit. However, security checkpoints were observed in two of the three sites Ekondo Titi and Njenku (67%). The presence of checkpoints without clear information on restrictions, combined with the general insecurity context of the North West and South West Regions, restrict the freedom of movement of women and girls, expose them to harassment, or create barriers to accessing humanitarian services.

Enumerators notes uniformly describe security as "good" and "stable" across all three locations. However, these assessments should be contextualised against the broader backdrop of armed conflict in the region and the structural risks embedded in the physical environment (unlit paths, exposed locations, absence of locking facilities), which cumulatively elevate protection risks regardless of the formal security presence.

3.3. Access to Resources

Access to key community resources and services is a critical dimension of safety for women and girls, as the journeys made to collect resources often expose them to heightened risks. Table 4 summarizes findings across community services and resource access indicators.

Table 5: Acess to Resources

Access to Resources Indicator	West End	Ekondo Titi	Njenku	% Yes
6.1 Schools accessible for women/girls	Yes	Yes	Yes	100%
6.2 Markets/shops accessible for women/girls	Yes	Yes	Yes	100%
6.3 Religious institutions in the area	Yes	Yes	Yes	100%
6.4 Safe spaces for children (CFS)	No	No	No	0%
6.5 Safe spaces for women	Yes	No	Yes	67%
6.5.1 Medical services at safe space	Yes	Yes	Yes	100%
6.5.2 Psychosocial support	Yes	Yes	Yes	100%
6.5.3 Legal services	No	No	No	0%
6.6 Civil documentation/registration available	Yes	No	No	33%
6.7 Legal assistance services	Yes	No	No	33%
6.8 Services for PWDs	No	No	Yes	33%

Findings from the observation indicate that basic community infrastructure is relatively present across Ekondo-Titi Sub-Division, with markets, shops, schools, and religious institutions accessible in all three assessed locations (100%). These structures provide important entry points for community engagement, service delivery, and awareness-raising on protection issues.

However, access to specialized services for women and girls remains uneven and limited. Safe spaces were available in West End and Njenku but absent in Ekondo Titi (67%). While medical and psychosocial support services were reportedly accessible in all locations (100%), legal services within safe spaces were entirely unavailable (0%), highlighting a critical gap in support

for GBV survivors seeking justice and protection. Additionally, empowerment services such as vocational training, recreational activities, and skills development opportunities were largely absent across all sites.

Access to civil documentation and legal assistance services was significantly constrained, with both only reported in West End (33%). This limited availability raises concerns about the ability of women and children particularly those displaced to secure their rights and access essential services. Similarly, services tailored to persons with disabilities were identified only in Njenku (33%), indicating insufficient inclusion of vulnerable groups across the sub-division.

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

Key informants and FGD participants consistently identified a pattern of multiple and overlapping GBV types in Ekondo-Titi. The data reveals that GBV is not experienced as an isolated phenomenon but rather as an interconnected set of risks that pervade multiple aspects of daily life for women and girls.

4.1. Prevalence and Types of Violence

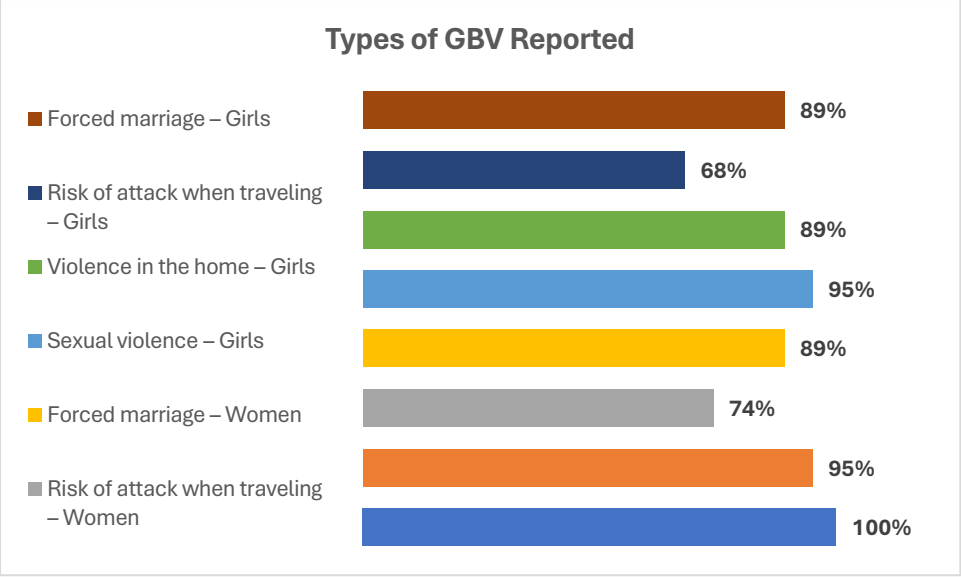

Figure 2: Prevalence and Type of Violence

Sexual violence emerged as the most prevalent and consistently reported form of GBV across all key informant interviews. All respondents (100%, n=19/19) identified sexual violence as a major safety concern for adult women, while 95% (n=18/19) highlighted it as the primary risk affecting adolescent girls. This near-universal reporting across diverse stakeholders including

health workers, security personnel, traditional leaders, and community members demonstrates the widespread and systemic nature of sexual violence in the sub-division.

Violence within the home, including intimate partner violence (IPV) and domestic abuse, was the second most frequently reported concern. It was cited by 95% of key informants for adult women and 89% for adolescent girls

Forced marriage was also widely identified as a significant form of violence, reported by 89% of key informants for both women and girls. This points to deeply rooted socio-cultural practices that restrict girls' autonomy and increase their exposure to further abuse within marital settings.

Across all four FGDs, participants consistently confirmed the occurrence of GBV within their communities, reinforcing patterns identified through other data sources. Community voices provide important context on how and where these forms of violence occur, particularly for women and girls.

Participants openly highlighted sexual violence as a major concern. In Njenku, male participants noted that *"sexual violence affects our girls to become pregnant,"* pointing to its direct and visible consequences on adolescent girls. Similarly, adolescent girls emphasized the environmental dimension of risk, stating that *"sexual violence happens in abandoned houses,"* which underscores how unsafe and unmonitored spaces contribute to heightened vulnerability.

In addition to sexual violence, adolescent girls in Palm City uniquely identified economic denial of resources as a form of violence affecting them. This reflects the presence of economic coercion and deprivation, expanding the understanding of GBV beyond physical and sexual forms to include control over access to basic needs and resources.

4.2. High-Risk Locations, Times, and Scenarios

Triangulation of findings from Key Informant Interviews (KIIs), Focus Group Discussions (FGDs), and the observation checklist provides a consistent and comprehensive understanding of high-risk locations and situations for GBV in Ekondo-Titi Sub-Division. The alignment across these three data sources strengthens the credibility of the findings and highlights recurring patterns in where and how violence occurs.

The table below presents a cross-analysis of these data sources, identifying the most critical risk environments and scenarios affecting women and girls.

Table 6: High Risk Location, Time and Scenerio

High-Risk Location	Risks (FGD/KII)	Time of Day	Corroborating Observation	Risk Level
Home / Domestic space	IPV, physical & sexual violence	Any time; night higher risk	Overcrowding (100%), no privacy (0%), damaged homes (100%)	**Critical**
School premises & routes	Sexual violence against girls	School hours & travel routes	Schools accessible but no child-friendly spaces; unlit paths	**High**
Latrines & bathing facilities	Sexual assault; lack of privacy	Night (especially)	0% of latrines have doors, locks or lighting; no separation in Njenku	**High**
Water collection points	Harassment; transactional sex dynamics	Morning / afternoon	Security concern in Njenku; women excluded from water governance	**Moderate-High**
Market & travel routes	Attack when traveling;	Any time; evenings higher risk	Women travel alone (100%); no transport in Ekondo Titi; unlit	**Moderate-High**
Abandoned buildings	Sexual violence in unoccupied structures	Night / evenings	FGDs: Njenku Male FGD named abandoned houses explicitly	**Moderate-High**
Distribution points	Overcrowding; inequitable access	Distribution events	No complaint mechanisms in 2/3 sites; no sex-separated lines	**Moderate**

Triangulated findings from KIIs, FGDs, and observation data identify the home as the highest-risk environment for women and girls. All key informants (100%) reported sexual violence occurring within the home, a finding strongly reinforced by observation data showing widespread overcrowding, lack of privacy, and damaged housing across all sites. These conditions, combined with displacement-related stress, contribute to an unsafe domestic environment where violence is both hidden and normalized.

Schools and routes to schools were the second most frequently cited high-risk context (79%, 15/19 KIs). Although schools are physically accessible in all locations, this does not equate to safety. FGD insights from adolescent girls confirm that GBV remains a major concern in their communities, indicating that risks persist both within and on the way to these facilities.

Abandoned and unoccupied structures emerged as critical risk hotspots. Community members, particularly in Njenku, highlighted that incidents of sexual violence occur in "abandoned houses" and isolated areas. These findings align with observation data showing the presence of damaged and unused buildings across all sites. The lack of monitoring and absence of protective mechanisms in such spaces make them particularly dangerous for women and girls.

Sanitation facilities also present significant risks. Observations confirmed that latrines and bathing areas across all sites lack basic safety features such as doors, locks, and lighting. These conditions, coupled with their often isolated placement, make them high-risk locations for sexual assault, especially during nighttime hours.

Across all FGDs, restrictions on freedom of movement were consistently reported, driven by fear of violence. Participants described an environment where women and girls are unable to move freely due to insecurity and the threat of harm. As one adolescent girl expressed, *"There should be security everywhere violence happens in abandoned houses and girls are not safe."* This pervasive fear effectively confines women and girls, limiting their access to services, education, and livelihoods, and further increasing their vulnerability to GBV.

4.3. Perceived Vulnerable Groups and Contributing Factors

Key informants identified multiple groups facing heightened risk of protection violations, reflecting a nuanced understanding of vulnerability within the community. These risks are shaped by intersecting factors such as age, gender, displacement status, disability, and socio-economic conditions.

The findings highlight that vulnerability is not uniform but layered, with certain groups particularly women and girls facing compounded risks due to overlapping forms of marginalization. This underscores the need for targeted and inclusive protection interventions that address the specific needs of the most at-risk populations.

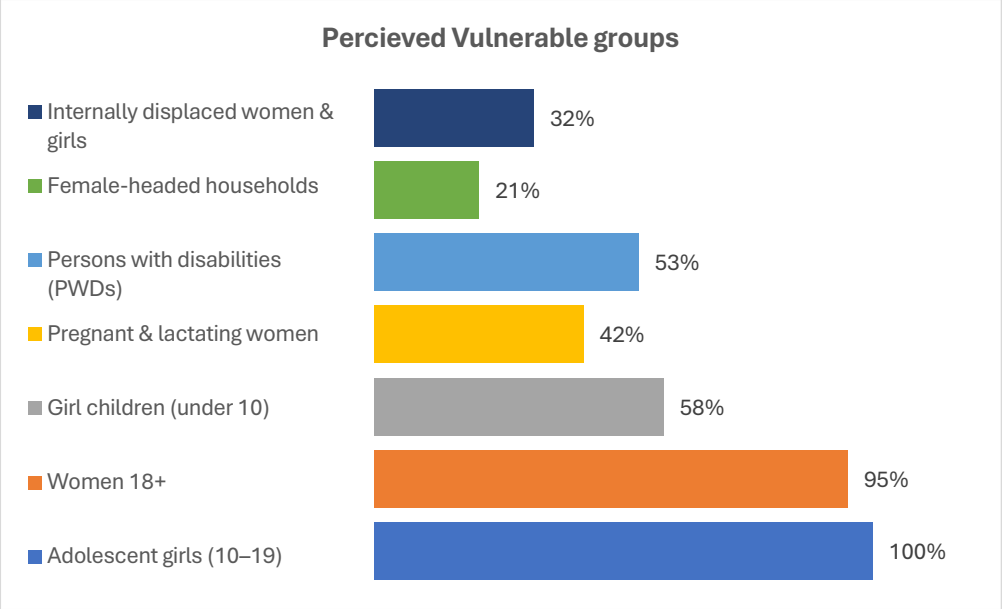

Figure 3: Perceived Vulnerable groups

Key Informant Interview (KII) responses in Kumba demonstrate a strong and consistent perception of vulnerability among specific population groups, particularly women and girls.

Adolescent girls (10–19 years) were identified as the most vulnerable group by all respondents (100%), followed closely by adult women aged 18 years and above (95%). This near-unanimous consensus reflects a shared understanding within the community that females especially younger age groups face the highest exposure to protection risks, including gender-based violence.

Persons with disabilities (PWDs) were identified by 53% of key informants, indicating recognition of their heightened vulnerability due to factors such as limited mobility, dependence on caregivers, and barriers to accessing services. However, observation data shows that targeted services for PWDs are available in only one of the three assessed sites, pointing to a significant service gap.

Pregnant and lactating women were highlighted by 42% of respondents as a high-risk group. Their vulnerability is linked to restricted mobility, increased health and support needs, and reduced ability to escape or respond to threats.

Internally displaced women and girls were identified by 32% of respondents as particularly at risk. Their vulnerability is compounded by displacement-related factors, including loss of social support networks, exposure to trauma, and limited access to resources and basic services.

4.4. Contibuting Vulnerabilty Factors

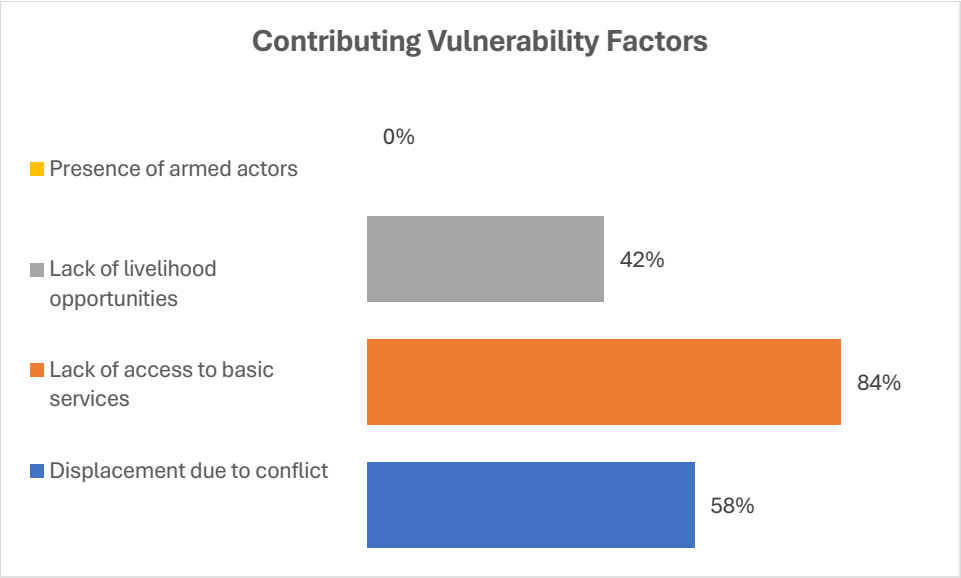

Figure 4: Contributing factors to vulnerability

Key informants identified critical structural drivers that heighten vulnerability to GBV and broader protection risks in Ekondo-Titi Sub-Division. Limited access to basic services particularly health, education, and water emerged as the most significant factor, cited by 84% of respondents. Displacement due to conflict was the second most reported driver (58%), followed by lack of livelihood opportunities (42%). These findings align with observation data showing service gaps and difficult living conditions, and further correspond with reports of transactional sex as a coping mechanism driven by economic hardship.

While the presence of armed actors was not explicitly identified as a leading vulnerability factor in the structured responses, additional data reveals a more concerning dynamic. Findings indicate that military personnel, police, peacekeepers, and, in some cases, informal militia groups have access to communities. Moreover, all key informants (100%) reported incidents of sexual abuse and exploitation involving members of these groups. This contrast suggests a disconnect between formal responses and lived realities, pointing to possible underreporting or sensitivity around acknowledging security actor-related GBV risks.

4.5. Community-Identified Coping Mechanisms and Gaps

Despite the limited presence of formal protection systems, communities in Ekondo-Titi Sub-Division have adopted various informal coping strategies to manage and respond to GBV risks.

These mechanisms reflect local resilience and the efforts of community members to fill critical protection gaps in the absence of structured services.

Understanding these responses is essential for two reasons: it highlights existing community strengths that can be reinforced through programming, and it helps identify areas where these informal systems are insufficient, inconsistent, or potentially harmful. This provides a foundation for designing interventions that both support positive coping strategies and address critical protection gaps.

4.5.1. **Existing Coping Mechanisms**

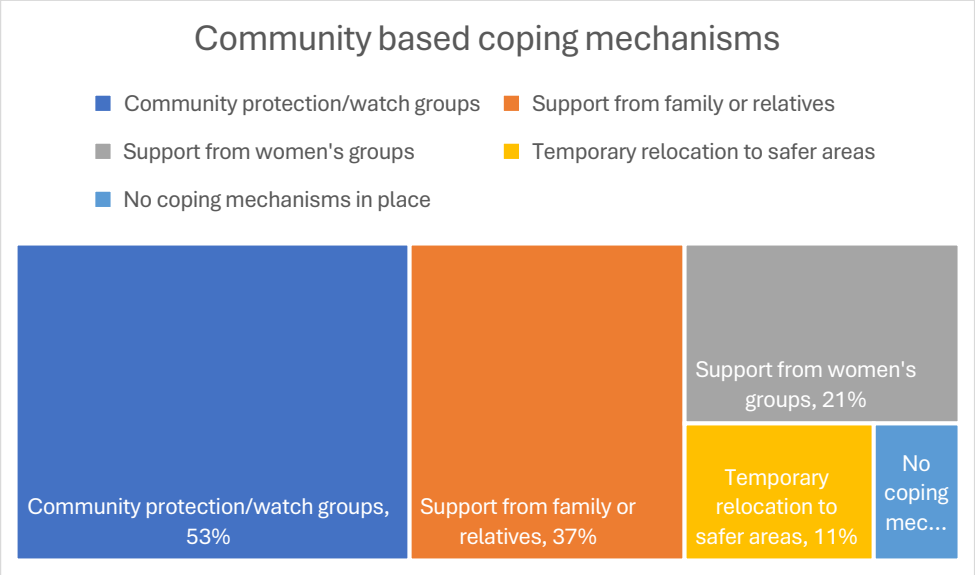

Figure 5: Community-based coping Mechanisms

Key Informant Interview (KII) data indicates that reporting to community leaders is the primary community-level response mechanism in Kumba, cited by 89% of respondents. While this reflects the central role of traditional leadership structures in addressing community issues, it also presents limitations. In contexts shaped by gender inequality, such mechanisms may not always ensure survivor-centered outcomes or prioritize the safety and rights of women and girls.

This reliance on community leadership is complemented by the significant role of religious institutions, cited by 84% of respondents. The presence of these institutions across all assessed sites reinforces their importance as accessible sources of guidance, mediation, and support within the community.

Community protection and watch groups were identified by 53% of respondents as an active coping mechanism. These groups contribute to informal surveillance and early warning within communities. However, their effectiveness is constrained by a lack of formal training, resources, and institutional support. Despite these limitations, they represent a key entry point for strengthening community-based protection initiatives.

Focus Group Discussion (FGD) findings provide additional insight into how individuals cope with risk:

- Male participants described avoiding night-time movement, noting that girls *"stay away from walking at night"* as a way to reduce exposure to violence. While this strategy may offer short-term protection, it reflects a restriction on freedom of movement and access to opportunities.
- Other participants reported seeking safety through relocation, including moving to perceived "safe places" or relying on family support following incidents of violence.
- Adolescent girls highlighted livelihood-based coping strategies, such as petty trading ("buying and selling"), farming, and taking on additional work to manage economic pressures. While necessary for survival, these activities may expose them to unsafe environments and increased risk.

4.5.2. Identified Gaps in Coping Mechanisms

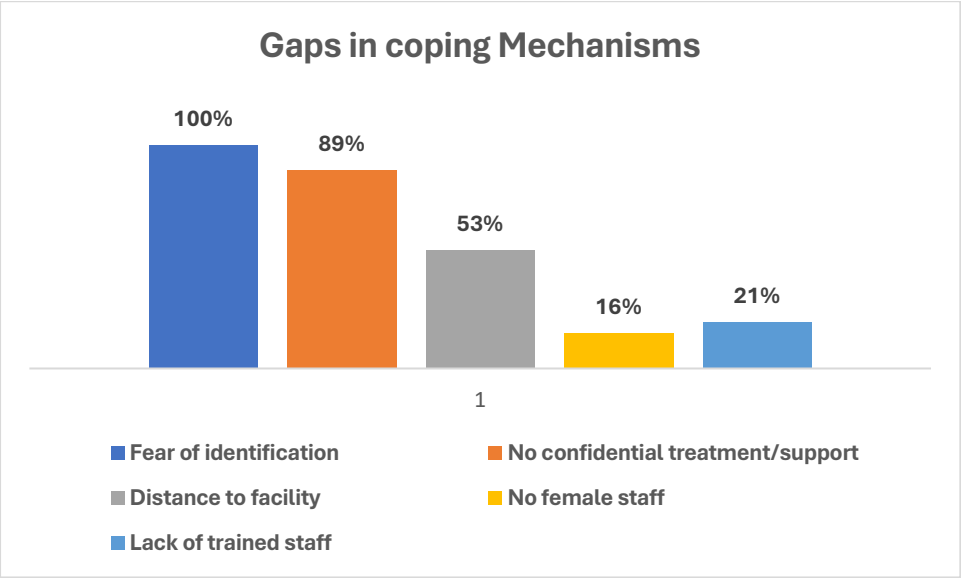

Figure 6: Identified Gaps in Coping Mechanisms

The findings reveal significant gaps in the community-based protection ecosystem in Ekondo-Titi Sub-Division, despite the presence of some basic services. While all key informants (100%) reported the availability of psychosocial and health services for survivors, access remains severely constrained. Fear of identification (100%), lack of confidentiality in service provision (89%), and long distances to facilities (53%) were consistently cited as barriers, effectively limiting the usability of these services. This indicates that availability does not equate to accessibility, leaving many survivors without safe and timely support.

Legal assistance and civil documentation services are notably limited, both geographically and functionally. Legal services were reported only in West End (1/3 sites), with similar restrictions observed for civil documentation. This creates a critical justice gap, as survivors often require legal support for protection orders, redress, and access to rights such as inheritance or identity registration. The absence of these services compounds vulnerability and weakens pathways to accountability.

Community-based protective structures, particularly women-led groups, appear to be weak, underdeveloped, or insufficiently recognized. Only 21% of key informants identified women's groups as a coping or support mechanism. Given the central role such groups typically play in GBV prevention, response, and survivor support, this limited recognition suggests either low presence, limited operational capacity, or a lack of awareness of their functions within the community.

Community voices strongly emphasize the need for empowerment and improved living conditions as core elements of protection. Adolescent girls in Palm City clearly expressed their priorities, calling for increased opportunities and support systems that would strengthen their independence and safety. Similarly, male participants in Army Camp highlighted the need for structured spaces dedicated to women's empowerment, reflecting a broader community recognition of the importance of strengthening women's agency.

Participants also linked GBV risks to broader environmental and socio-economic conditions. Community members emphasized that basic infrastructure such as adequate lighting and access to clean water is directly tied to safety. As one adolescent girl from Palm City explained, improved lighting and essential services would significantly reduce exposure to risk, particularly at night and in isolated areas. These perspectives reinforce the understanding that GBV

prevention must extend beyond service provision to include improvements in physical infrastructure and livelihoods.

Of particular concern is the situation in Njenku, where one key informant reported that no coping mechanisms are in place. This suggests the presence of a near-total protection vacuum. When considered alongside observation findings such as water access challenges and the absence of child-friendly or safe spaces this highlights Njenku as a priority area requiring urgent and targeted intervention.

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

This section presents the key findings from the GBV Safety Audit Phase conducted in Ekondo-Titi Sub-Division, with a focus on assessing the availability, accessibility, acceptability, and quality (AAAQ) of GBV-related services. The analysis is based on data collected through Key Informant Interviews (KIIs) and 4 Focus Group Discussions (FGDs) conducted across the communities of High Way, Palm City, Balondo Town, Market Road, and Ngenku.

The AAAQ framework was applied to evaluate not only the existence of services, but also the extent to which they are physically, socially, and financially accessible, culturally appropriate, and of sufficient quality to effectively meet the needs of GBV survivors and at-risk populations.

Findings indicate that displacement is a defining feature of the context, with 94.7% of KII respondents confirming that the affected population is displaced due to the ongoing crisis. This has significant implications for both the demand for and access to GBV services.

Across all KIIs (100%), adolescent girls (10–19 years) and adult women (18+) were identified as the most vulnerable groups, highlighting a strong consensus on gender- and age-related risk exposure. Additional vulnerable groups identified include persons with disabilities (57.9%), pregnant and lactating women (36.8%), and internally displaced persons (31.6%), reflecting intersecting vulnerabilities that further limit access to protection and services.

5.1. Availability: Findings from Service Mapping

Service mapping conducted in Ekondo-Titi Sub-Division reveals a highly limited and constrained service landscape for GBV survivors. Notably, few formal or dedicated GBV service provider

was directly identified within the sub-division during this assessment cycle, indicating a significant gap in the availability of specialized, survivor-centered services.

The primary operational presence in the area is TeenAlive Association, the implementing partner for this assessment, which provides protection activities, awareness-raising, and community-based programming. Additional support is offered by Safety Net, which implements cash assistance for income-generating activities (IGA), Caritas, which provides awareness-raising and general protection services and CBCHS, which provide medical serivices.

While these organizations contribute to community-level support and prevention efforts, the absence of dedicated GBV service providers particularly those offering clinical management of rape, specialized psychosocial care, legal assistance, and safe shelter limits the overall availability of comprehensive GBV response services in Ekondo-Titi.

Despite the absence of mapped specialized GBV providers, KII respondents reported the following service availability across communities in Ekondo-Titi:

Table 7: Service Availability in Ekondo-Titi

Service Type	Available to Women (n=19)	Available to Girls (n=19)	% Respondents (Women)	Assessment
Health care	18	18	94.7%	Available primary health level only
Education	17	19	89.5%	Available
Women-friendly spaces	14	12	73.7%	Partially available
Latrines	11	11	57.9%	Partially available adequacy unknown
Hygiene/Dignity kits	4	6	21.1%	Very limited
Shelter	1	1	5.3%	Critical gap

Food aid/distributions	0	1	0%	**CRITICAL GAP**
Non-food items (NFIs)	0	0	0%	**CRITICAL GAP**
Clean water	0	0	0%	**CRITICAL GAP**
Legal services	—	—	—	**CRITICAL GAP entirely absent**
Dedicated CMR (24/7)	—	—	—	**CRITICAL GAP not available**

While health care and education services were the most commonly acknowledged in Ekondo-Titi, these do not constitute specialized GBV response services. Critical gaps were identified across essential components of GBV care. Notably, there are no dedicated Clinical Management of Rape (CMR) services available neither on a 24-hour basis nor otherwise and no reported legal support services within the sub-division. In addition, shelter services are virtually non-existent, with only 5.3% of respondents indicating any form of availability. This represents a significant gap, particularly for survivors in need of immediate safety and protection.

All four Focus Group Discussion (FGD) groups reported receiving some form of humanitarian assistance, primarily health-related distributions. However, qualitative findings reveal concerns regarding the equity and consistency of these distributions. Participants across multiple FGDs highlighted that assistance is not evenly distributed and may not adequately reach the most vulnerable populations.

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

Access to GBV services in Ekondo-Titi is severely constrained by physical, social, financial, and security barriers. The cumulative effect of these barriers means that even where services nominally exist, women and girls in Ekondo-Titi face significant obstacles to reaching and using them.

5.2.1. Physical Accessibility

Physical access to GBV services remains a major barrier for women and girls in Ekondo-Titi Sub-Division. Restrictions on movement further compound these access challenges. Participants in multiple FGDs described a pervasive lack of safe mobility, driven by fear and insecurity. As noted by male participants in Njenku, movement is limited *"due to fear of bad things happening,"* while others emphasized that there is "*no freedom of movement*." Only adolescent girls in Palm City reported relatively safer movement, indicating that security conditions vary by location but remain broadly constrained.

At the same time, all key informants (100%) confirmed that women and girls regularly travel outside their communities alone, primarily to earn income. This necessity exposes them to heightened risks, particularly along transit routes. The risk of attack while traveling was identified as a major safety concern (68.4% for adult women), and the fact that women often travel unaccompanied further increases their vulnerability.

5.2.2. Social and Cultural Barriers

Social and cultural norms significantly influence both GBV risk and access to services in Ekondo-Titi Sub-Division. Community perceptions and gender expectations can limit women's and girls' ability to seek support or assert their rights. For instance, a statement from a male participant in Njenku*"Women should not see themselves as men"* reflects deeply rooted traditional gender roles that may discourage women from acting independently or accessing services without male approval.

Harmful practices such as forced marriage remain widely prevalent and socially reinforced. This was identified as a major safety concern by 94.7% of key informants for adult women and 89.5% for girls. The normalization of such practices suggests that certain forms of GBV are embedded within social norms, which can reduce reporting and limit help-seeking behavior among survivors.

At the same time, all key informants (100%) acknowledged the presence of informal women's networks within communities. While these networks represent an important social support system, their effectiveness is constrained by the absence of formal referral pathways and specialized services. As a result, they are unable to fully meet the needs of survivors requiring comprehensive care.

Religious institutions also play a central role as coping and support channels, relied upon by 94.7% of respondents. However, dependence on these structures may influence how GBV is

perceived and addressed, as responses can be shaped by religious beliefs and attitudes. This may, in some cases, limit open disclosure or the pursuit of formal support services.

5.2.3. **Financial Barriers**

Widespread economic hardship significantly limits access to services for women and girls in Ekondo-Titi Sub-Division. With food assistance reported as entirely unavailable and non-food items (NFIs) equally absent, many households are forced to rely on survival-level coping strategies. Across all FGDs, participants identified small-scale trade, subsistence farming, and irregular or informal labor as their primary sources of income, reflecting fragile and unpredictable livelihoods.

Community voices further emphasize the severity of these constraints. *Participants in the Army Camp FGD highlighted the urgent need for financial support*, underscoring that economic challenges are a central concern affecting daily life and wellbeing.

In this context, services that require transportation costs, time away from income-generating activities, or any form of user fees become effectively inaccessible. For many women and girls, the immediate need to secure food and basic necessities takes precedence over seeking care or support, even in situations of violence. This creates a structural barrier where financial limitations directly translate into reduced access to essential protection and GBV response services.

Table 8: Access Barrier to Services

Barrier Type	Evidence from Data	Severity	Source
Restricted movement	3/4 FGD groups reported no freedom of movement due to insecurity	**HIGH**	FGD
Solo travel exposure	100% of KII respondents: women travel alone; 68.4% flag travel as safety risk	**HIGH**	KII
Economic barriers	0% food aid; 0% NFIs; all FGDs report subsistence-level livelihoods	**HIGH**	KII/FGD
Social/gender norms	94.7% forced marriage concern; patriarchal attitudes noted in FGD	**HIGH**	KII/FGD

Information gaps	No formal referral pathway; women rely on community leaders & religious figures	MEDIUM	KII

5.3. Acceptability & Quality: Community Perceptions of Services

5.3.1. Perceptions of Health and Support Services

While all key informants (100%) confirmed the presence of health services in Ekondo-Titi Sub-Division, there is no clear evidence that these facilities provide survivor-centred, trauma-informed GBV care. Critical components such as Clinical Management of Rape (CMR) protocols and the availability of female health providers were not identified. The absence of these elements represents a significant barrier, as survivors in conflict-affected settings are often reluctant to seek care without confidential, gender-sensitive, and specialized support.

FGD findings suggest a general awareness of formal support structures, but limited depth of engagement. Participants acknowledged that such structures exist and are used; however, responses lacked specificity, indicating that awareness does not necessarily translate into consistent or effective utilization. Community members also highlighted gaps in tailored services, with participants in Army Camp calling for the establishment of a dedicated women's empowerment centre pointing to the need for safe, structured, and female-focused spaces within the sub-division.

5.3.2. Perceptions of Distributions and Humanitarian Response

Recurring concerns across three of the four FGD sessions highlight strong community perceptions of inequity in humanitarian distributions. *Participants in the Njenku Male FGD noted that "treatment was not equal,"* while those in the *Army Camp Male FGD emphasized that there was "no equal treatment, no favour."* Similarly, participants in *Njenku called for "equal rights given to all."* These consistent accounts suggest that distribution processes are widely perceived as lacking transparency and not being guided by clear, needs-based targeting criteria. Such perceptions risk fueling community tensions and undermining trust in humanitarian actors and service providers.

In addition, the adolescent girls' FGD in Palm City underscored critical gaps in basic safety-related infrastructure, stating: *"We need security lights and good water."* This reflects not only

unmet protection needs particularly in relation to safe access to services and movement at night but also significant deficiencies in essential WASH services. The absence of clean water was further confirmed by all 19 KII respondents, reinforcing the finding that access to safe water remains a universal and urgent concern across the assessed communities.

5.4. Gaps in Referral Pathways and Coordination

Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs) conducted in Ekondo-Titi consistently reveal that community response to GBV is predominantly reliant on informal, community-based mechanisms. In the absence of a formal and functional GBV referral pathway, survivors are more likely to seek support through family members, community leaders, or other local actors rather than structured service providers.

This reliance on informal systems represents one of the most critical structural gaps identified in the assessment. Without an established referral pathway, there is limited coordination between available services, no standardized process for safe and confidential referrals, and a heightened risk that survivors may not receive timely, appropriate, or survivor-centred care. This gap significantly constrains access to essential services including health, psychosocial support, legal assistance, and protection while also increasing the risk of underreporting and inadequate response to GBV cases.

5.4.1. Absence of Formal Referral Mechanisms

No formal or documented referral pathway for GBV survivors was identified in Ekondo-Titi. There is no established protocol linking community-level identification of survivors to essential services such as health care, psychosocial support, legal assistance, or safe shelter. Findings from the service mapping further confirm that all formal GBV service providers are located in distant urban centres, with no operational presence at the interior areas. As a result, even when survivors are identified and express willingness to seek support, there is no clear, safe, or standardized mechanism to facilitate timely referral and access to appropriate care.

The absence of legal services is particularly critical. No organization was identified as providing legal aid, access to justice, or formal legal referral within or in proximity to Ekondo-Titi. This represents a major gap in the GBV response system, effectively removing a key component of the survivor-centred approach. Without access to legal support, survivors are left without viable

pathways to pursue justice or accountability, further compounding their vulnerability and reinforcing cycles of impunity.

6. GBV Risk Mitigation Matrix

Table 9: GBV Risk Mitigation Matrix

Identified Risk (Finding)	Contributing Factors	Proposed Mitigation Actions	Responsible Sector/Actor	Priority	Monitoring Indicator
High prevalence of sexual violence and physical violence against women and adolescent girls (KII: 100% of respondents; FGD: 100% report sexual + physical violence; Q17: occurs at home, school, latrines, while collecting firewood)	Conflict-induced displacement; presence of military/informal militia; freedom of movement restricted due to insecurity; abandoned buildings used as assault sites; girls traveling alone	1. Establish community-based GBV rapid reporting system (toll-free number, community focal points) 2. Deploy GBV-trained community protection volunteers in high-risk locations 3. Conduct targeted awareness campaigns on sexual violence prevention for men and boys 4. Establish regular community safety patrols in high-risk areas (abandoned buildings, market routes)	Protection/GBV Sub-Cluster, UNHCR, Local NGOs, Community Leaders	H	# of GBV incidents reported per month; # community protection volunteers deployed; # of awareness sessions conducted; # of high-risk locations patrolled
Risk of GBV at and around latrines and bathing facilities (KII Q17: latrines cited as GBV context; OBS: No light around latrines – 3/3 sites; no locks – 3/3 sites; mixed-use facilities in 1 of 3 sites)	No lighting around sanitation facilities; latrines lack functional locks and doors; inadequate gender separation; abandoned/dilapidated facilities in West End area	1. Install solar-powered lights at all latrines and bathing facilities and along access paths 2. Install/repair functional internal locks and solid doors on all latrines and bathhouses 3. Ensure full gender separation of sanitation facilities across all 3 sites 4. Decommission/rehabilitate dilapidated facilities in West End and Njenku	WASH Cluster, Shelter/NFI Cluster, Site Management, TEENALIVE	H	% of latrines/bathhouses with functional locks; % with adequate lighting; % fully gender-separated; # of facilities rehabilitated
Forced marriage and early marriage of girls and adolescent girls (KII Q10: 95% identify forced marriage as key concern for women; Q11: 89% for adolescent girls)	Displacement and economic hardship driving families to marry off daughters; lack of livelihood opportunities; inadequate legal protection enforcement; limited girl-child education access	1. Conduct community dialogues with traditional/religious leaders on harmful practices 2. Establish girls' protection clubs in all schools to build life skills and awareness 3. Strengthen legal referral mechanisms for forced	Protection/GBV, Child Protection, Legal Services, Education Cluster	H	# of community dialogues held; # of girls in protection clubs; # forced marriage cases referred to legal services; # of women/girls accessing livelihood programs

		marriage cases to police/judiciary 4. Expand conditional cash transfer / livelihood programs targeting female-headed households			
Risk of attack when traveling / restricted freedom of movement for women and girls (KII Q10: 74% report risk of attack while traveling; FGD: majority report inability to move freely due to insecurity and fear of armed individuals)	General insecurity; presence of armed actors (military, police, informal militia); lack of street lighting; isolated routes to markets, schools, and water points	1. Engage authorities to establish dedicated female safety patrols on key travel routes 2. Implement group travel/buddy systems for women and girls going to markets and water points 3. Install solar street lighting on key mobility corridors identified by community women 4. Map safe routes collaboratively with women and share community safety maps	Protection/GBV, WASH, Municipal Authorities, Police, Site Management	H	# of women reporting feeling safe while traveling (% change); # of safety patrols on key routes per week; # of solar lights installed on travel routes
Sexual abuse and exploitation (SGBV) involving security/armed actors (KII Q22: 100% of respondents report SGBV involving security force members; military and police have community access per Q21)	Presence of military, police, and peacekeeping forces with unregulated community access; impunity for perpetrators; power imbalance; no accountability mechanisms	1. Establish confidential reporting channel specifically for SGBV by security actors (linked to national mechanisms) 2. Advocate with military/police command for enforcement of code of conduct and anti-SGBV policies 3. Train police on GBV protocols and survivor-centered approaches 4. Support survivors in accessing legal redress through referral to legal aid organizations	Protection/GBV, Human Rights, Police/Gendarmerie Command, Legal Aid	H	# of SEA cases reported; # security personnel trained on GBV/SEA; # legal referrals for SEA cases; Accountability mechanism established (Y/N)
Survivors not accessing health services / CMR due to fear and	Fear of being identified as GBV survivor; lack of confidential consultation spaces; stigma and	1. Establish/strengthen private, confidential GBV consultation rooms at all health facilities	Health Cluster, Ministry of Health, Health Facility	H	# of health facilities with dedicated GBV consultation room; # staff

confidentiality concerns (KII Q30: 100% cite fear of identification; 84% cite no confidential treatment; Q28: although 24/7 access reported, barriers persist)	social consequences; inadequate GBV-sensitive clinical protocols	2. Train all health facility staff on GBV survivor-centered care and confidentiality protocols 3. Sensitize community on confidentiality rights of survivors accessing health services 4. Ensure CMR (Clinical Management of Rape) protocols are available and practiced at all facilities	Management, GBV Sub-Cluster		trained on CMR protocols; # survivors accessing CMR services per quarter
Barriers to accessing psychosocial support (PSS) services (KII Q37: 100% cite fear of identification; 79% no confidential support; 47% distance to facility; 16% lack of trained staff)	Stigma and fear of exposure; PSS facilities not integrated into primary health points; limited trained PSS staff; inadequate confidential spaces for counseling	1. Integrate PSS services into existing health facilities and women-friendly spaces to reduce stigma 2. Train and deploy community-based psychosocial volunteers (male and female) 3. Establish mobile PSS outreach to remote locations in Njenku and West End 4. Ensure all PSS spaces meet minimum confidentiality standards	GBV Sub-Cluster, Mental Health & PSS Working Group, TEENALIVE, Health Partners	**H**	# of integrated PSS access points; # PSS volunteers trained and deployed; # survivors accessing PSS per month; # mobile PSS outreach missions
Civilians living in exposed / risky locations near risk zones (OBS Q1.6: All 3 sites confirm civilians in exposed/risky locations; Q1.7: All 3 sites confirm damaged houses)	Conflict-driven displacement into unsafe structures; damaged homes with inadequate security; overcrowding (all 3 sites); lack of alternative safe shelter	1. Conduct rapid shelter safety assessment prioritizing female-headed households and IDPs 2. Rehabilitate/reinforce damaged homes, prioritizing women and vulnerable households 3. Identify and designate safe collective shelter spaces for households in acute risk 4. Coordinate with UNHCR/shelter cluster on emergency relocation for highest-risk households	Shelter Cluster, Site Management, TEENALIVE	**H**	# of shelter assessments completed; # damaged homes rehabilitated; # vulnerable households in safe shelter; # emergency relocations

Unequal and unsafe distribution systems for food, NFIs and humanitarian aid (FGD: 'Treatment was not equal'; 'No equal treatment, no favour'; OBS Q2.3: Women face risks at distributions – 3/3 sites; Q2.4: Distribution not gender-sensitive in 2 of 3 sites; Q2.5: No complaint mechanism in 2 of 3 sites)	No gender-sensitive queue separation; overcrowding and aggressive behaviour at distributions; complaint/feedback mechanism absent in most sites; distribution not adapted to women/girls' needs	1. Establish gender-separated queues and dedicated safe distribution spaces for women, elderly and PWDs 2. Install functional complaint and feedback boxes with hotline posters at all distribution points 3. Train distribution staff on GBV risks during aid delivery 4. Conduct post-distribution monitoring with gender-disaggregated data collection	Food Security Cluster, NFI/Shelter, WASH, Site Management, GBV Sub-Cluster	**H**	# of distribution points with gender-sensitive arrangements; # with functional complaint mechanism; % of women reporting safe distribution experience; # post-distribution monitoring rounds
Limited access to economic resources and livelihood opportunities for women and girls (KII contributing factors: 84% cite lack of livelihood; FGD: community relies on odd jobs/small business; limited formal income opportunities)	Displacement and conflict; lack of formal employment; limited skills/vocational training; access barriers due to insecurity; economic denial of resources (FGD noted)	1. Establish women-targeted income-generating activities (IGA) and vocational training programs 2. Support women's savings and loan associations (VSLAs) in all three locations 3. Link women to existing cash transfer and food voucher programs 4. Conduct economic empowerment training on financial literacy and entrepreneurship	Livelihoods/Early Recovery, GBV Sub-Cluster, TEENALIVE, WFP, UNHCR	**M**	# of women enrolled in IGA/vocational training; # of VSLAs established; # of women accessing cash transfer programs; # women completing economic empowerment training
Lack of safe spaces for children and limited services for children in the community (OBS Q6.4: No child-friendly safe spaces in all 3 sites; child protection concerns evident from KII data on vulnerable groups)	No designated child-friendly spaces; limited psychosocial support for children; children witnessing violence at home; unaccompanied children reported in community	1. Establish at least one Child-Friendly Space (CFS) in Ekondo-Titi with trained facilitators 2. Integrate child protection case management into existing community structures 3. Train teachers and community workers on child protection principles and reporting 4. Ensure unaccompanied/separated children are identified and	Child Protection Sub-Cluster, Education Cluster, UNICEF, TEENALIVE	**M**	# of CFSs established; # children enrolled in CFS per month; # child protection cases identified and managed; # unaccompanied children referred

		referred to case management			
Violence in the home / domestic violence against women and girl children (KII Q14: 63% report physical violence against women; Q16: domestic violence top concern for girl children; FGD: violence occurs in homes and abandoned areas)	Conflict-related trauma and stress in households; economic pressure; inadequate GBV response for domestic violence; social norms normalizing IPV; limited access to safe shelters	1. Conduct community awareness raising on domestic violence using community-led approaches 2. Establish women's support groups to identify and refer cases of domestic violence 3. Strengthen existing safe shelters to receive domestic violence survivors 4. Engage male community leaders and religious actors in changing social norms on IPV	GBV Sub-Cluster, Protection, Community Leaders, Religious Institutions, TEENALIVE	**M**	# of community awareness sessions; # of women's support groups active; # DV cases referred to services; # male champions engaged
Inconsistent access to legal assistance and civil documentation services (OBS Q6.7: Legal services available in only 1 of 3 sites; Q6.6: Civil documentation available in only 1 of 3 sites; KII: police primary reporting destination but no legal follow-up tracked)	Limited legal aid presence in Ekondo-Titi; inadequate civil registration infrastructure; distance to legal services; lack of awareness of legal rights among survivors	1. Establish mobile legal aid clinic to reach all 3 sites on a regular schedule 2. Strengthen civil documentation support for IDPs and vulnerable populations 3. Conduct community-level legal rights awareness sessions for women and girls 4. Create GBV legal referral pathway linking police, courts, and legal aid providers	Legal Aid, Ministry of Justice, UNHCR, Protection Cluster, GBV Sub-Cluster	**M**	# of mobile legal aid visits per month; # of civil documents issued to vulnerable women/girls; # legal rights sessions held; GBV legal pathway documented (Y/N)
Inadequate coordination and referral mechanisms for GBV response across sectors (KII Q35: 18/19 report functional referral system exists but gaps in PSS, legal, and protection response noted; inconsistent service coverage across sites)	Limited multi-sector coordination in Ekondo-Titi; no formal GBV referral pathway documented; service providers not consistently linked; gaps in data sharing	1. Convene monthly GBV coordination meetings with all service providers in Ekondo-Titi 2. Develop and disseminate a formal Standard Operating Procedure (SOP) for GBV referral pathways 3. Establish shared GBV incident tracking system (anonymized) among service providers	GBV Sub-Cluster, All Cluster Partners, OCHA	**M**	# of coordination meetings held per month; SOP developed and shared (Y/N); # of cases successfully referred across services; Service mapping updated (Y/N)

		4. Conduct joint service mapping update every 6 months			
Overcrowding and inadequate privacy in shelter and communal spaces (OBS Q1.2: Overcrowding confirmed at all 3 sites; Q1.5: Privacy issues not critical but related to overcrowding context)	Large numbers of displaced persons in limited space; inadequate shelter construction standards; no dedicated private spaces for women/girls	1. Develop site management plan that incorporates gender-sensitive space allocation 2. Construct/designate privacy screens and separate areas for women and girls in communal spaces 3. Ensure NFI kits include privacy items (curtains, partitions) for affected households 4. Prioritize female-headed households for improved shelter allocation	SHELTER PARTNERS	L	% reduction in overcrowding indicators; # of private women's spaces created; # FHH benefiting from improved shelter; Site management plan with gender provisions (Y/N)

Priority Legend: *H = High (immediate action required, life-threatening risk) | M = Medium (action within 1–3 months, significant harm risk) | L = Low (action within 3–6 months, contextual risk)*

7. RECOMMENDATIONS

The findings of the GBV Safety Audit in Ekondo-Titi Sub-Division reveal a complex and deeply concerning protection landscape for women and girls. Across all three assessed locations West End, Ekondo Titi Town, and Njenku the audit has documented high levels of sexual violence, domestic abuse, forced marriage, unsafe physical environments, and critically inadequate service coverage. The following recommendations translate the findings and mitigation actions of the Risk Mitigation Matrix into clear, actionable guidance for humanitarian actors, government authorities, community leaders, and coordination bodies. They are organized by urgency, sector, coordination function, and advocacy need.

7.1. Priority Recommendations (Immediate, Life-Saving)

The following recommendations require immediate action. They address risks that are life-threatening, widespread, and confirmed across multiple data sources. Delayed response to these priorities risks irreversible harm to women, girls, and children in Ekondo-Titi Sub-Division.

HIGH	**Recommendation 1: Urgently rehabilitate sanitation facilities to eliminate GBV risk at latrines and bathhouses**		
	• Install solar-powered lighting at all latrine and bathhouse facilities across West End, Ekondo Titi Town Centre, and Njenku, and along all access paths leading to these facilities. • Install functional internal locks and solid doors on all latrines and bathhouses immediately. No sanitation facility should be accessible without this minimum safety feature. • Ensure complete gender separation of latrines and bathhouses across all three sites, prioritising Njenku where separation is currently absent. • Decommission all abandoned or dilapidated sanitation structures and initiate rehabilitation with a gender and protection lens.	**Responsible Sector:**	WASH Cluster, Shelter/NFI Cluster, Site Management,

HIGH	**Recommendation 2: Establish a community-based GBV rapid response and reporting system**		
	• Deploy a toll-free or community-accessible GBV reporting number and designate trained community focal points including both male and female volunteers in each of the three assessed locations. • Deploy GBV-trained community protection volunteers specifically to identified high-risk locations including abandoned buildings, market routes, and water collection points. • Launch targeted prevention campaigns addressing sexual violence, engaging men and boys as participants and agents of change. • Establish regular safety patrols in high-risk areas in coordination with local authorities and community protection groups.	**Responsible Sector:**	Protection/GBV Sub-Cluster, UNHCR, Local NGOs, Community Leaders
HIGH	**Recommendation 3: Address sexual exploitation and abuse (SEA) involving security actors with immediate accountability measures**		
	• Establish a confidential, accessible SEA reporting channel linked to national accountability mechanisms, ensuring survivors are protected from retaliation. • Urgently advocate with police and military command structures for strict enforcement of codes of conduct and anti-SGBV policies. • Provide mandatory training for all law enforcement and armed actors operating in Ekondo-Titi on GBV	**Responsible Sector:**	Protection/GBV, Human Rights, Police/Gendarmerie Command, Legal Aid

	protocols and survivor-centred approaches. • Ensure all documented SEA cases are referred to legal aid organizations and that survivors are supported throughout the process.		
HIGH	**Recommendation 4: Eliminate barriers to health services and Clinical Management of Rape (CMR) for survivors**		
	• Establish private, dedicated GBV consultation rooms in all health facilities serving the three assessed locations, ensuring strict confidentiality protocols are observed. • Train all health facility staff on survivor-centred care, trauma-informed practice, and GBV confidentiality obligations as a matter of urgent priority. • Implement Clinical Management of Rape (CMR) protocols in all facilities; no survivor should be turned away or left without access to post-rape care. • Conduct community sensitization on survivors' rights to confidential health care to reduce fear of identification as a barrier to service access.	**Responsible Sector:**	Health Cluster, Ministry of Health, Health Facility Management, GBV Sub-Cluster
HIGH	**Recommendation 5: Ensure the safety of women and girls traveling within and beyond the community**		
	• Engage relevant authorities to establish dedicated female safety patrols on key travel routes, particularly routes to markets, water points, and schools. • Introduce and promote group travel and buddy systems for women and	**Responsible Sector:**	Protection/GBV, WASH, Municipal Authorities, Police, Site Management

	girls accessing services outside their immediate area. • Install solar street lighting along priority travel corridors, identified in consultation with women and girls themselves. • Collaboratively map safe routes with community women and widely share community safety maps to improve informed mobility.		
HIGH	**Recommendation 6: Prioritise emergency shelter rehabilitation for households in exposed and risky locations**		
	• Conduct a rapid shelter safety assessment across all three sites, prioritising female-headed households, internally displaced persons, and households in structurally unsafe dwellings. • Rehabilitate and structurally reinforce damaged homes with immediate effect, prioritising the most vulnerable households. • Designate and equip safe collective shelter spaces for households assessed to be in acute risk. • Coordinate with UNHCR and the Shelter Cluster for emergency relocation support where household risk is immediate and cannot be mitigated in situ.	**Responsible Sector:**	Shelter Cluster, UNHCR, Site Management, TEENALIVE

7.2. Recommendations by Sector

The following sector-specific recommendations address the structural and programmatic gaps identified through the audit. They are drawn directly from the Risk Mitigation Matrix and are organized by thematic cluster.

Health Sector

- Integrate PSS services into primary health care delivery points and women-friendly spaces to reduce stigma, eliminate the need for separate travel, and improve uptake among survivors.
- Train and deploy community-based psychosocial volunteers both male and female to extend PSS reach in Njenku and West End where access to centralized services is most constrained.
- Establish mobile PSS outreach missions on a regular schedule to ensure that no community is left without mental health and psychosocial support.
- Ensure that all PSS spaces meet minimum confidentiality standards, including privacy screens, dedicated rooms, and data protection protocols.
- Strengthen the referral system between health providers and PSS organizations through formalized agreements and joint case management protocols.

WASH Sector

- Ensure that every water collection point is safely accessible to women and girls. In Njenku, where security concerns at water points have been confirmed, undertake an immediate safety assessment and engage women in the design of corrective measures.
- Meaningfully include women in water distribution governance and monitoring committees across all three locations, reversing the current finding that women are excluded from this role in 100% of assessed sites.
- Rehabilitate or replace all non-functional and abandoned sanitation facilities with gender-sensitive, fully enclosed, well-lit, and lockable structures.

Protection and Legal Services

- Establish a mobile legal aid clinic with a regular schedule covering all three assessed locations to address the near-total absence of legal services in Ekondo-Titi.
- Strengthen civil documentation support for internally displaced persons, prioritising women and girl children who are at greater risk when undocumented.
- Conduct legal rights awareness sessions across all three communities, ensuring women and girls understand their entitlements and the mechanisms available to them.

- Create a documented GBV legal referral pathway clearly linking the police, courts, and legal aid providers operating in or accessible to the sub-division.
- Strengthen legal referral mechanisms specifically for forced marriage cases, ensuring police and judicial actors can receive and process such cases in a survivor-centred manner.
- Establish girls' protection clubs in all schools to provide age-appropriate education on rights, consent, safety, and available support structures.

Child Protection

- Establish at least one Child-Friendly Space (CFS) in Ekondo-Titi Sub-Division with trained and supervised facilitators, providing a safe environment for children to learn, play, and access psychosocial support.
- Integrate child protection case management into existing community structures and train teachers and community workers on identification, mandatory reporting, and referral procedures.
- Ensure all unaccompanied and separated children are identified, registered, and referred to appropriate case management services without delay.

Livelihoods and Economic Empowerment

- Establish women-targeted income-generating activities (IGA) and vocational training programmes in all three locations to address the structural economic vulnerability driving GBV risk.
- Support the formation and strengthening of women's savings and loan associations as a community-based mechanism for financial independence.
- Link women to existing cash transfer and food voucher programmes, ensuring targeting criteria are gender-sensitive and inclusive of the most marginalized women.
- Conduct financial literacy and entrepreneurship training to build women's capacity to sustain livelihoods independently.

SHELTER

- Develop a site management plan that explicitly incorporates gender-sensitive space allocation, including private areas for women, separated sanitation, and designated safe spaces.

- Prioritise female-headed households for improved shelter allocation and ensure that NFI kits distributed to affected households include privacy-enhancing items such as curtains and partitions.

7.3. Recommendations for Coordination, response and Management

Effective GBV response in Ekondo-Titi Sub-Division requires not only sector-specific interventions but also strong coordination architecture, shared information systems, and clear management accountability. The following recommendations address these systemic needs.

- Establish a Multi-Sectoral GBV Safety Committee for Ekondo-Titi, comprising representatives from all active humanitarian clusters, local government, community leaders, and community representatives particularly women and adolescent girls. This committee should meet monthly, track implementation of the Risk Mitigation Matrix, and serve as the primary coordination forum for GBV response in the sub-division.
- Develop and formally adopt a Standard Operating Procedure (SOP) for GBV referral pathways in Ekondo-Titi Sub-Division. The SOP must define clear roles and responsibilities for each sector, specify referral steps, establish timelines, and ensure survivor safety and confidentiality at every stage. The SOP should be accessible to all service providers and community focal points.
- Establish a shared, anonymized GBV incident tracking system among all service providers operating in Ekondo-Titi. This system should enable real-time monitoring of trends, service uptake, and referral outcomes without compromising survivor confidentiality. Aggregated data should be shared at monthly coordination meetings to inform adaptive programming.
- Conduct a joint service mapping exercise every six months, involving all active organizations in the sub-division. The mapping should document service availability, geographic coverage, and capacity gaps, and should be shared with all stakeholders including community representatives.
- Assign a dedicated GBV Sub-Cluster focal point for Ekondo-Titi to ensure continuity of coordination, follow-up on recommendations, and linkage between the sub-divisional context and the broader North West and South West (NWSW) humanitarian response architecture.

- Ensure that all humanitarian programming in Ekondo-Titi integrates GBV risk mitigation as a cross-cutting requirement. Cluster leads should embed GBV risk reduction standards in project design, implementation, and monitoring for all sectors including WASH, Food Security, Shelter, and Education.
- Prioritise community participation in all coordination and management processes. Women's groups, community protection networks, and youth-led structures should be formally included in planning, monitoring, and accountability mechanisms. Their participation is both a protection imperative and a programming quality standard.

7.4. Recommendations for Advocacy

The evidence base generated by this audit provides a foundation for targeted advocacy at multiple levels. The following recommendations are directed at actors with the authority and influence to drive the policy, structural, and resource changes required to address the root causes of GBV in Ekondo-Titi Sub-Division.

- Advocate with the relevant line ministries including the Ministry of Women Empowerment and the Family, Ministry of Justice, and the Ministry of Public Health for increased allocation of resources and dedicated personnel for GBV response services in Ekondo-Titi Sub-Division, recognising the acute gap between documented need and available services.
- Advocate with humanitarian donors and funding bodies to prioritise multi-year, flexible funding for GBV programming in hard-to-reach areas of the South West Region, including Ekondo-Titi, where service coverage is critically below minimum standards. Evidence from this audit including 0% availability of dedicated CMR, legal services, and child-friendly spaces should be used to substantiate funding requests.
- Advocate with military and police command structures at the divisional and regional levels for the enforcement of codes of conduct addressing SEA. Given that 100% of key informants in the audit reported incidents of sexual abuse and exploitation involving security force members, this advocacy must be framed as a matter of urgent accountability, not merely training.
- Advocate with traditional and religious leaders in Ekondo-Titi Sub-Division to actively and publicly oppose forced marriage and other harmful practices affecting women and girls.

Given the significant influence of these leaders identified by 89% of KII respondents as key community reference points their engagement is essential to achieving sustainable behaviour change.

- Use the findings of this audit to advocate at the NWSW Humanitarian Coordination level for Ekondo-Titi to be recognised as a priority sub-division for GBV response investment. The combination of widespread violence, displacement, limited services, and a near-total absence of legal and protection infrastructure constitutes a protection emergency that requires urgent strategic attention.
- Advocate for the meaningful participation of women and girls in all community decision-making structures, including water governance, site management committees, and local councils. The current exclusion of women from water monitoring (0% across all sites) and other governance roles is both a protection risk and a rights violation that must be addressed through structural advocacy.
- Engage media and civil society organizations in sensitization efforts that challenge harmful gender norms, combat stigma around GBV disclosure, and promote the rights of survivors. A communications strategy grounded in the audit findings should be developed and implemented in partnership with community actors.

8. Monitoring and Follow-Up

The audit recommendations should be monitored consistently through a structured framework to ensure they lead to real improvements in the safety of women and girls in Ekondo-Titi. Monitoring is essential for tracking progress, guiding decisions, and adapting interventions, while also serving as a key accountability mechanism to affected communities. Regular follow-up and stakeholder engagement are critical to achieving meaningful and sustained impact

8.1. Establishment of a Multi-Sectoral Safety Monitoring Committee

A dedicated Multi-Sectoral Safety Committee should be established for Ekondo-Titi Sub-Division. The committee should include representatives from all active humanitarian organizations, local government authorities, women's group leaders, community protection focal points, and adolescent girl representatives. This body will serve as the primary accountability mechanism for the implementation of the Risk Mitigation Matrix and the recommendations in Section 7

- The Committee should convene on a monthly basis and review progress against agreed indicators for each mitigation action.
- Meeting minutes, action trackers, and indicator updates should be shared with the GBV Sub-Cluster and relevant cluster coordinators after each session.
- The Committee should have a formal mechanism for escalating unresolved issues to higher-level coordination bodies, including the NWSW Inter-Cluster Coordination Group.
- Community representatives particularly women must be full, active members of the Committee, not observers. Their participation should be supported through appropriate facilitation, transportation, and reimbursement where necessary.

8.2. Indicator-Based Monitoring of the Risk Mitigation Matrix

Each risk identified in the GBV Risk Mitigation Matrix is accompanied by specific monitoring indicators. These indicators form the basis of a structured monitoring system that should be operationalised from the outset of implementation. Progress against each indicator should be tracked by the designated responsible sector or actor and reported to the Multi-Sectoral Safety Committee.

Key monitoring indicators by thematic area include:

- **Safety Infrastructure:** % of latrines and bathhouses with functional locks, doors, and lighting; number of solar lights installed on travel routes and around WASH facilities.
- **GBV Reporting & Response:** Number of GBV cases reported per month through the rapid reporting system; number of community protection volunteers deployed; number of SEA cases formally referred.
- **Health & CMR:** Number of health facilities with dedicated GBV consultation rooms; number of staff trained on CMR protocols; number of survivors accessing CMR per quarter.
- **PSS:** Number of integrated PSS access points; number of community-based PSS volunteers trained and deployed; number of mobile PSS outreach missions per month.
- **Legal Services:** Number of mobile legal aid clinic visits per month; number of civil documents issued to vulnerable women and girls; GBV legal referral pathway formally documented (Yes/No).

- **Distributions:** % of distribution points with gender-sensitive arrangements; % of distributions with a functional complaint and feedback mechanism.
- **Child Protection:** Number of Child-Friendly Spaces established; number of children enrolled monthly; number of unaccompanied children referred to case management.
- **Coordination:** Number of GBV coordination meetings held per month; SOP developed and shared (Yes/No); joint service mapping updated (Yes/No).

8.3. Community-Level Feedback and Accountability

Accountability to affected populations is a fundamental principle of humanitarian response. Women, girls, men, and boys in Ekondo-Titi Sub-Division must be able to see, understand, and comment on the actions being taken in response to the risks documented in this audit.

- Results of the audit in simplified, accessible language should be shared with community members in each of the three assessed locations within 60 days of finalisation. Community meetings should be facilitated by TEENALIVE and local community leaders to present findings and invite feedback on the proposed actions.
- Complaint and feedback mechanisms including physical complaint boxes and designated feedback numbers should be installed in accessible community spaces and at all distribution points, enabling community members to report concerns about service quality, safety incidents, or implementation failures.
- At least one community feedback session should be integrated into every quarterly monitoring cycle, ensuring that community voices continuously inform and shape the response.
- Any community member who participated in the audit whether as a key informant or FGD participant should be considered a stakeholder in the monitoring process and invited to contribute feedback on progress.

9. Conclusion

The GBV Safety Audit conducted in Ekondo-Titi Sub-Division presents an unambiguous and deeply concerning picture of the protection environment for women and girls in this conflict-affected community. Across all three assessed locations West End, Ekondo Titi Town Centre, and Njenku the audit has documented systematic, overlapping, and mutually reinforcing risks

that expose women and girls to gender-based violence on a daily basis, with little access to services, inadequate infrastructure, and insufficient mechanisms for accountability.

The scale and consistency of the findings demand urgent attention. Sexual violence was identified by 100% of key informants as the most prevalent GBV risk facing adult women, and by 95% for adolescent girls. Forced marriage was flagged as a major concern by nearly 90% of respondents. Domestic violence within the home itself an environment characterized by overcrowding, structural damage, and absence of privacy emerged as a primary concern across all groups consulted. These are not isolated incidents; they reflect a systemic reality in which GBV is normalized, underreported, and inadequately addressed.

The physical environment compounds these risks at every turn. Not a single latrine or bathhouse across the three assessed sites has a functional door, lock, or light. Night lighting is entirely absent in all locations. Civilians including a high proportion of female-headed households are living in damaged, exposed, and structurally unsafe dwellings. These are not minor gaps; they are conditions that directly create the circumstances in which violence occurs and survivors remain invisible.

Service availability is critically below minimum standards. There are no dedicated Clinical Management of Rape services. There are no legal aid providers within the sub-division. Civil documentation services are available in only one of three assessed sites. Child-friendly spaces do not exist in any location. While health care and psychosocial support are nominally available, fear of identification, lack of confidentiality, and distance prevent the majority of survivors from accessing them.

The response to GBV in Ekondo-Titi Sub-Division remains fragmented, underfunded, and overwhelmingly dependent on informal community mechanisms that, while resilient, are insufficient to meet the scale and severity of documented need. There is no formal GBV referral pathway. There is no multi-sectoral coordination mechanism. In Njenku, one key informant reported that no coping mechanism of any kind is in place a stark marker of the degree to which this community has been left behind.

Against this backdrop, the urgency for action cannot be overstated. The Risk Mitigation Matrix, recommendations, and monitoring framework presented in this report provide a clear, evidence-based roadmap for response. They are not aspirational they are the minimum

required to begin closing the gap between the protection needs documented and the protection systems currently in place.

The communities of Ekondo-Titi Sub-Division have demonstrated extraordinary resilience in the face of protracted crisis. Women continue to find ways to protect themselves and their children. Community leaders continue to respond. Adolescent girls continue to articulate, with clarity and courage, what they need to be safe. This audit has heard them. The responsibility now lies with humanitarian actors, government authorities, donors, and coordination bodies to translate this evidence into action swiftly, systematically, and with the full participation of the women and girls whose safety is at stake.

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")