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PREVENTING AND RESPONDING TO GENDER-BASED VIOLENCE IN CHILDREN AND ADOLESCENTS IN CAMEROON

BACKGROUND

Cameroon faces several challenges related to gender-based violence (GBV). Over half of women aged 15 years and older reported violence (physical, sexual, and/or emotional) in the 2011 Demographic Health Survey (DHS).¹ Among 20% of women aged 15-49, their first sexual experience was coerced.² For women who had sex for the first time before age 15, 30% reported that this experience was coerced.³ Other data from Cameroon revealed that 5.2% of women and girls are survivors of rape and incest in Cameroon and among these survivors, 12% suffered rape before the age of 10.⁴

Violence has a severe negative impact on children and adolescent's health and development, including a child or adolescent's risk of acquiring HIV. From a gender perspective, females are more infected with HIV/AIDS than males and constitute about 55% of cases in Cameroon.⁵ According to the DHS 2011, the prevalence rate of HIV infection among adolescents aged 15 to 19 years is 2.0% among girls and 0.4% among boys.⁶ Several factors contribute to the Cameroonian young girl being more vulnerable to HIV infection.⁷ Gender inequity in education and restrictive social norms are directly linked to lower access to sexual health services, including HIV testing, prevention, and treatment. While the government has committed to reducing gender inequality, there is an equal need to ensure that Cameroon's health systems can adequately respond to violence amidst the HIV epidemic.

ABOUT THE GBV PROJECT

The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) has been awarded a grant from U.S. Centers for Disease

Regions	Districts	Health facilities
Center	Nkolndongo	CASS Nkoldongo
	Cite Verte	Hopital Central
	Djoungolo	HGOPY
Littoral	Deido	Laquintinie
	New Bell	Mboppi Baptist Hospital
	Nylon	Hôpital de District de Nylon

Control (CDC) / U.S. President's Emergency Plan for AIDS Relief (PEPFAR) through the Delivering Technical Assistance (DELTA) Project to support the Government of Cameroon in strengthening a response to GBV. This GBV project is a one-year project which aims to contribute to the reduction of GBV among children and adolescents. This work will focus on six sites in two of Cameroon's regions, as shown in the table. EGPAF's portfolio in Cameroon already includes projects focused on the prevention of mother-to-child HIV transmission (PMTCT) and pediatric care and treatment, alongside services to prevent, identify and treat tuberculosis and addressing integrated services needs such as GBV. EGPAF is currently working in five regions of Cameroon (Center, Littoral, North-west, Southwest, and West), covering 163 sites distributed in 53 districts, with over 280 highly-trained staff. Building on existing project work and partnerships with all national stakeholders,

EGPAF will contribute to the improvement of post-violence care, ensure quality service delivery, and improve access to integrated services by survivors. This will increase the number of children, adolescents, and adults who receive high-quality HIV, violence prevention, and post-rape care.

GBV PROJECT OUTPUTS

Output 1: Create an enabling policy and regulatory environment at the national level

EGPAF will work with the Ministry of Health (MINSANTE) and the Ministry of Women's Empowerment and the Family (MINPROFF) to update policy and programmatic guidelines and introduce tools that enable systematic GBV screening in supported sites. First a landscape analysis will be conducted to identify the gaps in policy and programmatic tools for the program and subsequently EGPAF will assist the MOH in the development of programmatic tools and documents needed to optimize post-violence care.

Output 2: Ameliorate service delivery models for post violence care

In collaboration with MINSANTE, EGPAF will conduct an assessment in project sites to determine available GBV services and provider needs. Following analysis and discussions with stakeholders, EGPAF will develop a minimum GBV care package and make it available in the supported sites to improve survivor access to high-quality care. Fifty health care providers will be trained on the clinical and psychological management of GBV in these supported sites.

Output 3: Build a strong referral system to link communities and GBV services

EGPAF will develop a networking and referral plan with implementing partners and community-based organizations (CBOs) involved in the management of GBV cases. EGPAF will work in close collaboration with stakeholders to make referrals and track update of services using counter-referral tools for clinicians and CBOs.

Output 4: Increase uptake of and access to improved GBV services

In collaboration with MINSANTE and MINPROFF, EGPAF will strengthen case finding and referrals within project areas. New information, education, and communication materials will be produced to help raise awareness and improve linkages to GBV services among community-based organization (CBOs). Forty stakeholders and community leaders will be trained on the use of materials and tools in their communities to enhance referrals. An expected 150 GBV cases will be managed in the six sites.

Output 5: Improvement of the data collection system and reporting

EGPAF will support MINSANTE through *Déclarations Statistiques et Fiscales* and the National AIDS Control Committee to strengthen monitoring and evaluation systems that can capture data on GBV cases received and managed at the health facilities, leveraging an online data dashboard. This project data will inform program refinement and scale-up recommendations.

References

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3. <https://www.avert.org/professionals/social-issues/gender-inequality>
4. Considerations for Developing Comprehensive National Actions. Together for Girls, June 2015. <http://www.togetherforgirls.org/wp-content/uploads/2017/10/Considerations-for-Developing-Comprehensive-National-Actions-June-2015.pdf>

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