

Study Report

The Role of Decentralized Local Authorities in the Accelerated Implementation of the Beijing Platform for Action: A Case Study of Councils in the Northwest Region of Cameroon

Cameroon Baptist Convention Health Services Project
Division

Bamenda, Northwest Region, Cameroon



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Making It Work Gender and Disability project



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Cameroon Baptist Convention Health Services Project Division

Telephone: +237 676177732

Email: spd@cbchealthservices.org

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Pictures

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Focus Group Discussion

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Executive Summary

In the Northwest Region of Cameroon, decentralized local authorities play a critical role in advancing gender sensitive disability inclusion. However, this study reveals significant gaps in the knowledge and implementation of the Beijing Platform for Action (BPfA). Conducted between June and August 2024 with the support of the Humanity & Inclusion "Making It Work - Gender and Disability Project," the study examined the awareness and actions of local councils regarding Cameroon's commitment to BPfA. Focusing on three municipal councils (Bamenda I, II, III) and the Bamenda City Council, the study engaged 46 women, including those with disabilities, and five local government representatives.

The findings expose a lack of awareness among councils, with limited efforts to implement BPfA's 12 critical areas. Women remain underrepresented in decision-making, with only 22% holding municipal positions and no woman with a disability occupying an elective office. Economic and educational barriers persist, disproportionately affecting women with disabilities, while gender-based violence remains rampant, exacerbated by weak law enforcement and the ongoing socio-political crisis. Additionally, the lack of gender and disability disaggregated data hinders effective policy planning.

To address these challenges, the study recommends empowering local councils with targeted training on BPfA, improving documentation of gender-sensitive and disability inclusive initiatives, and fostering women's leadership, particularly among those with disabilities. It also calls on decision-makers to enforce anti-violence laws, strengthen crisis response strategies, and collect data that reflects gender and disability disparities. Women themselves are encouraged to engage in advocacy, report discriminatory practices, and pursue leadership roles.

Committed to supporting these efforts, the Cameroon Baptist Convention Health Services (CBCHS) aims to develop training programs on inclusive governance and launch awareness campaigns through media platforms. The study concludes that while progress has been made in gender equality and disability inclusion, significant work remains. Achieving BPfA's vision requires political commitment, increased resources, and inclusive policies that empower women and girls, particularly those with disabilities, in Cameroon's decentralized governance structures.

At a glance

Given the persistent discrimination against women with disabilities in every sphere of life including across the 12 critical areas of the Beijing Declaration and Platform for Action (BPfA), the project “Making It Work – Gender and Disability project” (2023-2025) implemented by Handicap International and Cameroon Baptist Convention (CBC) decided to cooperate and conduct a study aimed at establishing evidence of the knowledge and practices of decentralized local authorities of Cameroon concerning the government’s commitment to the implementation of the Beijing Platform for Action. The study was performed from June to August 2024.

Results of the study are utilized to formulate meaningful recommendations, and an advocacy plan aimed at improving the awareness and involvement of decentralized authorities in the realization of the 12 critical areas of the Beijing Platform for Action (BPfA) at the local level.

The ultimate goal of the study “Assessment of knowledge and implementation of the government’s commitment to the Beijing+30 by Decentralized Local authorities in the NW Region of Cameroon” is to empower women and girls with disabilities through the accelerated implementation of the BPfA by decentralized local authorities in the Northwest Region of Cameroon”.

Methods

The study used a qualitative multiple case study design which focused on context-specific interpretations, relationships at the micro level, and unique experiences of marginalized individuals, namely women and girls with and without disabilities. In total, 46 women and 3 local councils constituted the study population. The study used purposive sampling involving a known population with experiences most relevant for the study. Data has been further analyzed and presented in alignment with the 12 critical areas of the BPfA which enables a comprehensive examination of gender and disability initiatives, and the role of decentralized local authorities in the accelerated implementation of BPfA in the NWR of Cameroon.

Key Findings

- ◆ Even within the context of decentralization in the NWR, local Councils have limited knowledge and capacity to effectively implement Beijing commitments resulting in unsustainable interventions. There is still a significant gap in the implementation of Cameroon’s National policies and international commitments.
- ◆ Of the 137 elected positions at municipal levels in the northwest region, 22% are females with no woman with disability holding an elective position.
- ◆ The representation of women in politics and elected positions at municipal level in the Northwest region is still disproportionate. Only 22% (30 out of 137 mayors and deputy mayors) of women are in elective offices. Women with disabilities hold no decision-

making position, their participation in politics is almost invisible, and their concerns are often sidelined in local initiatives

- ◆ Interventions for women with and without disabilities have not led to a commensurate drop in poverty. Women are still disproportionately affected by poverty and existing inequalities in local communities in the region continue to exacerbate vulnerability.
- ◆ Women with disabilities in the NWR continue to face social stigma and exploitation, which negatively affects their active participation in local initiatives.
- ◆ While there is progress in the education and training of women, there is still a significant gap among women and girls with disabilities. Women and girls with disabilities face numerous and complex barriers that limit their access to formal education and vocational training. Only 1 out of 19 women with disabilities interviewed completed tertiary education.
- ◆ Even with advocacy on violence against women, girls, and persons with disabilities, the protection, reporting, and support for victims of violence remains a challenge. The enforcement of laws to combat violence against vulnerable groups is weak and the socio-political crisis exacerbates the vulnerability of women with and without disabilities.
- ◆ The socio-political crisis in the NWR has negatively affected interventions for women with and without disabilities. It has further exposed vulnerable groups to exploitation, deprivation, and violence.
- ◆ With insufficient gender and disability disaggregated data, it is difficult to assess progress and gaps or hold local authorities accountable for slow actions.

Recommendations

To Bamenda Councils

- ◆ Empower council development officers to systematically document and report on initiatives of local Councils and other decentralized structures in the NWR which align and contribute in achieving the BPfA critical areas.
- ◆ Empower women's rights organizations and Organizations of Persons with Disabilities (OPDs) including women-led OPDs to challenge harmful cultural norms and practices.
- ◆ Recognize the disproportionate effects of poverty on women with and without disabilities and ensure the assessment of individual needs to avoid interventions that consider women as a 'homogenous' group.
- ◆ Advocate and take action for more accessible schools, vocational training centers, and public places.
- ◆ Critically assess patriarchal structures, norms, and stereotypes that discriminate against individuals based on gender, disability, and socio-economic status.

- ◆ Create, promote, and ensure the sustainability of initiatives in the NWR that engage grassroots women with and without disabilities in decision-making and create opportunities for economic empowerment.

To decision-makers

- ◆ Follow-up with local health services to ensure that services especially reproductive health services are accessible to women and girls with and without disabilities. With the socio-political crisis in the NWR, the creation and access to mobile health care will ensure that women receive necessary and timely care.
- ◆ Ensure periodic leadership training to improve leadership and advocacy skills for women with and without disabilities.
- ◆ Develop and implement comprehensive educational and awareness programs in accessible formats for grassroots women and girls with and without disabilities in the NWR to enhance their understanding and meaningful participation in disability inclusive gender equality initiatives.
- ◆ Recognize the role and contributions of women with and without disabilities and not focus exclusively on their vulnerability in conflict interventions. Ensure the inclusion of gender and disability experiences and perspectives in crisis intervention reports.
- ◆ Collect and analyze gender and disability disaggregated data to identify areas of improvement.

To women with and without disabilities

- ◆ Participate in the creation of support groups for victims and survivors of violence among women and girls with and without disabilities.
- ◆ Report discriminatory practices to local authorities and actively participate in awareness raising against negative social norms, report violations of rights to legal authorities and empower younger girls to speak-out in cases of violence.
- ◆ Build self-esteem and use opportunities to actively involve in leadership role within the community.

Commitments of CBCHS

- ◆ The CBCHS will explore the opportunity to develop a training package on gender and disability mainstreaming in ongoing efforts to develop a module on inclusive local governance approaches for the National School for the Training of Local Government Administrators (NASLA); with technical support from the MIW Project. This will enhance their understanding and capacity in all the critical areas of BPfA for progressive implementation.
- ◆ CBCHS should exploit its relationship with the Cameroon Radio and Television (CRTV) and other community radio stations to develop and run a weekly radio program promoting the implementation of the 12 critical areas of the BPfA in community development.

Conclusion

The study sought to examine the role of decentralized local authorities (Councils) in the accelerated implementation of the Beijing Platform for Action in the Northwest Region of Cameroon. We reiterate that gender and disability equality largely depend on the effective implementation of Cameroon's laudable policies and international commitments across the Beijing 12 Critical Areas of the Beijing Platform for Action. Councils continue to play crucial roles in gender and disability inclusion. However, goodwill must be matched with advanced knowledge of major gender and disability commitments, enhanced capacity, political commitment, and resources for effective interventions.

Background

The Beijing Declaration and Platform for Action

The Beijing Declaration and Platform for Action which was adopted by representatives of 189 governments during the 4th World Conference of Women in Beijing (4-15 September 1995) and subsequently endorsed by the United Nations (UN) General Assembly (December 8, 1995-A/RES/50/42) is generally referred to as “a visionary agenda”, “blueprint for action” and “most comprehensive framework” for gender equality and women’s empowerment (United Nations, 1995; Ndichia, 2010; UN Women, 2015). Periodic reviews over the past 3 decades by national and international stakeholders attest to undeniable progress in the 12 critical areas (poverty, education and training, health, violence, armed conflict, economy, power and decision-making, institutional mechanism, Human Rights, media, environment, and the girl child).

Cameroon like other African Countries has made significant strides in reducing gender inequality as indicated in the subsequent Beijing review reports and in particular the [Beijing+30 report](#) published in October 2024. Key realizations were made in awareness creation on women’s rights, improving access to political decision-making, maternal health, and technology, combating gender-based violence, and improving rural women’s access to basic needs (infrastructure, financial, and land).

Rationale and objectives for this study

However, multifaceted challenges within and across countries have negatively affected the progress of the implementation of Beijing commitments. According to United Nations and UN Women Regional Africa summary report from 2015-2019, p.5, gender inequality remains a key development challenge as “no country in the world has achieved gender equality” since the adoption of the Beijing Declaration and Platform for Action. Women and girls including those living with disabilities still experience multiple and intersecting forms of discrimination aggravated by global causes –COVID Pandemic, climate change, food security, and socio-political, economic crises— (UN Women, 2015; Allotey & Denton, 2020; Esquivel & Enríquez, 2020) and other causes especially in Cameroon such as deep-rooted discriminatory cultural and religious norms, harmful traditional practices— child, early and forced marriages, Female Genital mutilation—violence against women and girls and discriminatory laws (Djapou and Chimene, 2017).

Given the persistent discrimination against women with disabilities in every sphere of life including across the 12 critical areas of the Beijing Declaration and Platform for Action (BPfA), the project “Making It Work – Gender and Disability project” (2023-2025) implemented by Handicap International and Cameroon Baptist Convention (CBC) decided to cooperate and conduct a study aimed at establishing evidence of the knowledge and practices of decentralized local authorities of Cameroon concerning the government’s commitment to the implementation of the Beijing Platform for Action. The study was performed from June to August 2024.

Results of the study are utilized to formulate meaningful recommendations, and an advocacy plan aimed at improving the awareness and involvement of decentralized authorities in the realization of the 12 critical areas of the best practice approach (BPfA) at the local level.

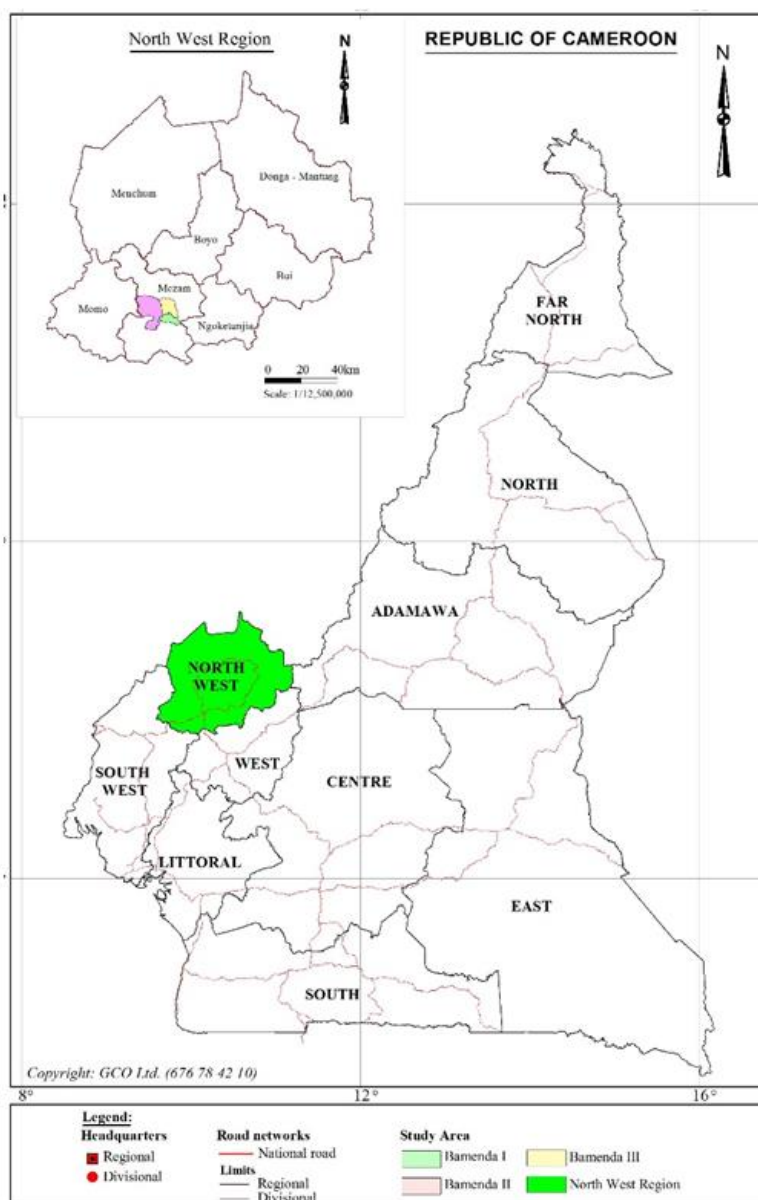
The ultimate goal of the study “Assessment of knowledge and implementation of the government’s commitment to the Beijing+30 by Decentralized Local authorities in the NW Region of Cameroon” is to empower women and girls with disabilities through the accelerated implementation of the BPfA by decentralized local authorities in the Northwest Region of Cameroon”.

The specific objectives of the study in the NW Region include:

1. To assess the knowledge of decentralized local authorities in the Northwest about the Beijing Platform for Action and Cameroon’s commitments.
2. To identify the actions that decentralized local authorities have implemented in alignment with the 12 areas of concern identified by the Beijing Platform for Action.
3. To assess the knowledge of women (including women with disability) about the BPfA.
4. To establish the involvement of women in local decision-making processes and opportunities for economic empowerment.
5. To advance recommendations to ensure the effective implementation of +30 commitments.

This 3-month study project (June 2024-August 2024) was conducted by the SEEPD Program under the administrative supervision of the Regional Delegates of Women’s Empowerment and the Family (MINPROFF), Decentralization and Local Development, and the ethical clearance was obtained from the CBCHS Institutional Review Board (IRB).

Participants in this study included purposively selected Council representatives from (Bamenda I, II, III) and Bamenda City Council in the Northwest Region which are critical actors in the implementation of national policies at the grassroots level; and women with and without disabilities –a significant portion of the population whose experiences and needs are often overlooked.



Country Context

Cameroon, a lower-middle-income country with a total population of over 27.9 million. Since 2016, Cameroon has been affected by armed conflict (between the central government and the separatist) in two English-speaking Regions (Northwest and Southwest) which has resulted in disruption of activities, displacements, deaths, raids on villages, abductions, severely affecting the local population. Women and girls with and without disabilities have been disproportionately affected particularly with the increase in gender-based violence, rape, forced prostitution, poverty exacerbating gender and disability related concerns.

Cameroon recognizes gender equality and disability inclusion as vital to achieving national growth and meeting the Sustainable Development Goals (SDGs). Measures at the national level to promote and protect the rights and dignity of women, girls, and persons with disabilities have been put in place, such as the development of a National Gender Policy Paper, the creation of the Ministry of Women's Empowerment and the Family (MINPROFF), Ministry of Social Affairs (MINAS) which is responsible for the development and implementation of government policy on prevention, assistance and protection of socially vulnerable persons, national framework for disability inclusion (Law N° 2010/002 of 13 April 2010 on the Protection and promotion of people with disabilities and Law N 2018/6233/ PM of 26 July 20183 fixing the modalities of application of Law N° 2010/002 of 13 April 2010).

At the international level, Cameroon has signed and ratified most Human rights instruments including the Convention on the Elimination of All Forms of Discrimination against Women (1979), the Convention of the Rights of the Child (CRC), the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol was signed in July 2006), the Convention of Civil, Political Rights and the BPFA (1995), and most recently, the United Nations Convention on the Rights of Persons with Disabilities (UNCPRD) in 2021 and the African Disability Protocol (ADP, 2018).

Notwithstanding the plethora of national and international commitments to gender equality and disability inclusion, practical implementation has been particularly slow at the grassroots level. Women and girls with and without disability continue to experience complex, intersecting, and multifaceted challenges due to inconsistent policy prioritization across all critical areas, gaps in policy implementation, and rigid gender and disability norms. Cameroon faces challenges with weak government impeding development (World Bank Group, 2024) and persisting discriminatory laws and practices affecting the empowerment of vulnerable groups. Report by Advocates for Human Rights (2014) to the CEDAW Committee indicates failure in effectively enforcing punishment for rape and providing basic health care for victims. Advocates argue that delayed actions by the Cameroon government in criminalizing domestic violence results in victim neglect and the persistence of harmful practices against women and girls.

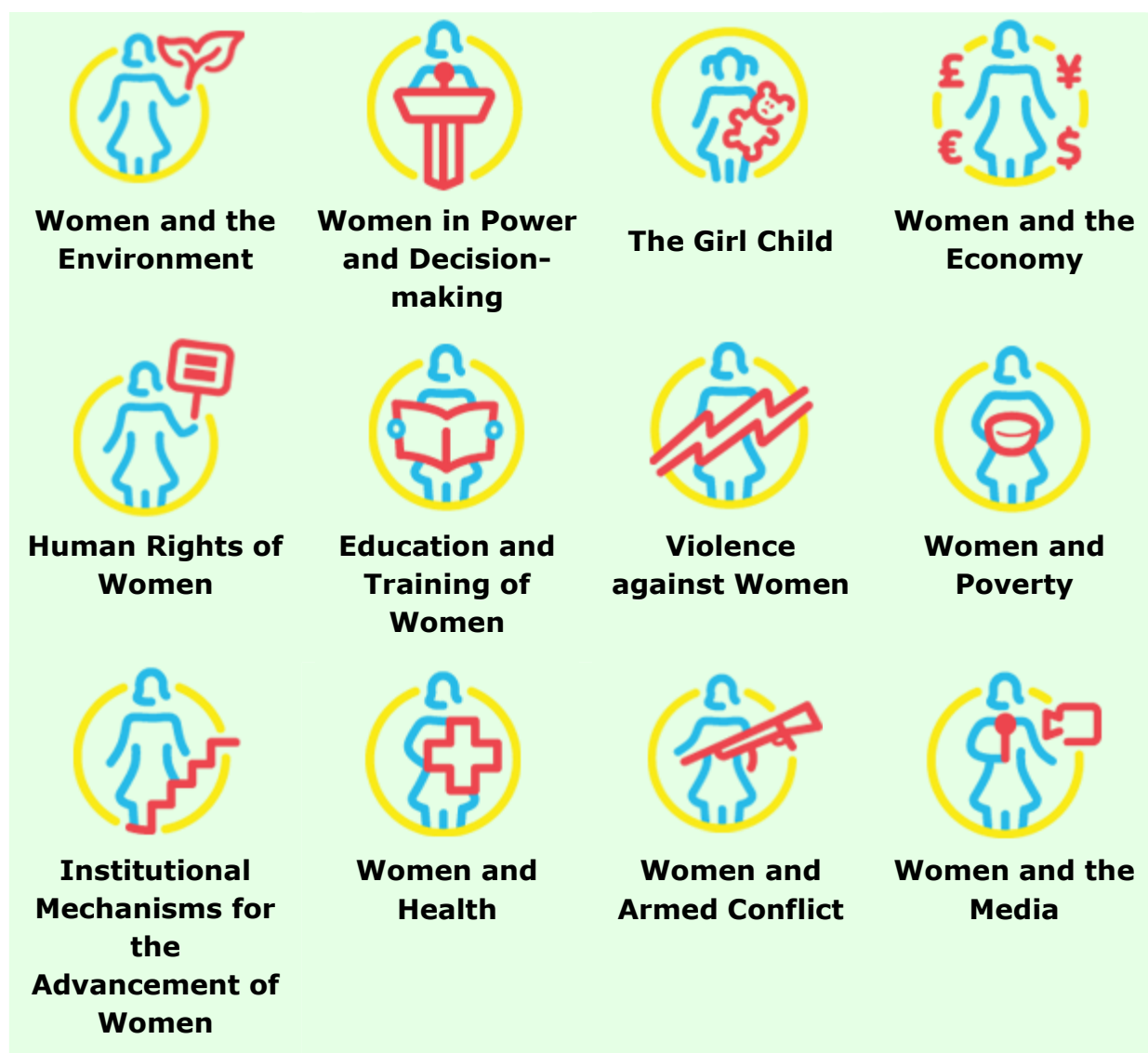
Cameroon's rank (142 out of 162) on the 2023 [Gender Inequality Index](#) may suggest slow actions in gender-sensitive policy planning and implementation. Also, Cameroon's commendable Vision 2035 Emergence Plan and the Growth and Employment Strategy Paper (GESP) focus more on economic and financial growth (Mutete et al, 2018) amidst

social inequalities. Even with gender objectives and targets to be attained by 2035, very little progress of significance has been made in social inclusion, disability inclusion, and gender equality especially at the grassroots level. Gender equality, women's empowerment, and disability inclusion are indispensable for the furtherance of decentralization efforts, local development, Cameroon's Vision 2035, African's Agenda 2063, and the Sustainable Development Goals.

Regarding disability, WHO (2023) report reveals that 16% (1.3 million people) of the global population live with significant disabilities. A greater percentage (about 80%) live in developing countries and women constitute about three-quarters of persons with disabilities— (Un Women, 2017). They experience unequal rights, limited access to vital resources, domestic violence, and reproductive health challenges (World Bank Group, 2024). In the Northwest Region of Cameroon, there is increasing disability prevalence, from about 6.2 % in 2010 (Cockburn et al. 2014) to 10.5 percent in 2014 (ICED, 2014) with a marginally higher prevalence (10.8) among women (CBM & Sight Savers, 2019). Cameroonian women with disabilities experience multiple and intersectional discrimination resulting from their low socio-economic status, gender, and perceived inability (Kiani, 2009) among other factors. Women with disabilities continue to be most discriminated against in every sphere of life and to be deprived of full enjoyment of their rights across the 12 critical areas of the Beijing Declaration and Platform for Action.

Cameroon's recent decentralization actions (which involve the transfer of authority and responsibility from the central to the local governance) aim at promoting socio-economic development, local democracy, and better service delivery. Decentralized structures are therefore accountable for the effective implementation of government policies at the local levels (Ahmad et al, 2005) which should have positive impacts on marginalized groups especially women and girls with and without disabilities who face significant barriers in participating in the central system. Pre-existing poor governance challenges which are further compounded by the absence of a framework, limited capacity and knowledge among decentralized local authorities, hinder the effective implementation of the Beijing Declaration and Platform for Action.

The 12 Critical Areas of the BPfA in the context of Cameroon



Women and Poverty

Women Watch (1997-2010) described poverty as “a complex multidimensional problem with origins in both the national and international domains”. Poverty significantly affects women especially women and girls with disabilities. Rigid social roles and structural causes in Cameroon continue to determine women’s access to opportunities, and control over resources necessary for their socio-economic empowerment. In the NWR women and girls face multiple layers of discrimination relating to their gender, economic situation, socio-political crisis, entrenched cultural norms, and disability (for women and girls with disabilities). While 39% of the Cameroonian population live below the poverty line (without enough money to meet basic needs), the percentage increases to 51% for women, with 79.2% underemployed, and 1.6% owning a property title in their name (OCHA, 2019). The percentage of poverty in Cameroon is higher for people living with disabilities (82.3 % of women and 73.2% of men) multidimensionally poor—experiencing poverty across several different areas (Pinilla-Roncancio, et al. 2020). Severely affected by conflict which started in 2016 and escalated in 2017, the NWR is ranked second poorest

region in Cameroon with a poverty rate of 66.8% (Cameroon News Agency, 2024).

Education and Training of Women

While there is considering progress in the education and training of women and girl with and without disabilities in Cameroon, disparities remain in enrollment between women and boys, as well as between those with disabilities and those without disabilities. At the primary level enrollment rate is 125% for boys and 110% for girls (OCHA, 2019), secondary school (54% for boys and 46% for girls), and 7% of full professors are women (National Institute of Statistics Cameroon, 2018). CBM report reveal that, "Girls with disabilities face compounding barriers that prevent them from attending school, including poverty, attitudes, accessibility at the school" (CBM, 2024).

Women and Health

Enjoying the highest standard of health is a Human Right necessary for the realization of women's full potentials including their participation in private and public life. In Cameroon, 438 women die per 100,000 live births due to pregnancy-related causes (World Bank Group, 2024). The crisis in the NWR of Cameroon has increased internal displacements, sexual violence, transactional sex, unsafe abortions, psychosocial stress, maternal mortality, and sexually transmitted diseases (Fonkwo et al, 2023). There are persisting inequalities and inadequacies in access to health care services, amidst the armed conflict women trek long distances to access healthcare (Alima, 2024). The situation is worse for women and girls with disabilities who need support to access health care services.

Violence against Women

Violence against women and girls impedes progress in achieving gender equality and disability inclusion. In the NWR of Cameroon, patriarchy, prevailing cultural norms, stigma especially against women and girls with disabilities, victim blaming aggravates violence against women and girls. Research in 2019 shows that 56.4 % of women in Cameroon have suffered some form of violence (The Borgen Project, 2022). The situation is concerning among women with disabilities who are "two to three times more likely to experience violence than women without a disability" (Awa et al. 2024). Violations against women's rights in the NWR includes, discrimination, denial of socio-economic and cultural rights, torture, and degrading treatment. Expressing the complexity of violence, a Cameroonian Lawyer and philosopher states; "the Cameroonian society is not only ailing but is acutely ailing from crimes of domestic violence on the one hand and the denial of the root and systemic causes that account for this violence on the other hand" (Lebledparle, 2020).

The Making It Work Policy Review updated in 2024 reveals significant exclusion of women with disabilities and inequality of Gender Based Violence (GBV) policies. According to the study, even with statistics showing that one in five women live with a disability they remain invisible in two-thirds of African GBV policies; and that is the case in Cameroon.

OCHA first semester, 2023 [GBVIMS Statistics](#) shows high numbers of incidences (2386)

of Gender Based Violence in the Northwest, Southwest, and Far North Regions of Cameroon. The highest number of GBV incidences were in the Northwest and Southwest Regions (471) in April 2023.

Women made up the overwhelming majority (97.1%) of victims.

The majority (45.5%) of GBV incidence was among Internally Displaced populations (IDPs) and mostly perpetrated by intimate partners (73.7%).

Regarding the type of incidents, denial of resources and opportunities was the highest with (37.6 %), emotional violence (21.7%), physical assault (20.2%), and sexual violence (15.5%) including rape 9.1% and sexual assault 6.5%.

Fewer survivors (29%) reported violence incidents immediately (0-3days) and many reported to service providers after more than 1 month. Survivors mostly received psychological support (93.6%), few received health and medical services (23.9%), and legal assistance (8.6%).



Interview with a woman with visual Impairment

Women and Armed Conflicts

Women and girls constitute most of the displaced population in the NWR. With the prolonged crisis in the English-speaking Regions of Cameroon, women and girls have been used “as material instruments of warfare: fighters, human shields, bargaining tools, sex slaves, informants...” (Muntoh & Ngoula, 2022). Although there is emphasis on women’s vulnerability in crisis situations, women in the NWR play instrument roles fostering peace processes as mediators, advocates for justice, caregivers, and even frontline fighters.

Women and the Economy

Even as the economic backbone of the nation, the Cameroonian women have limited access and control over resources –education and bank loans which are easily accessible to men (Nana-Fabu, 2006). Most women in grassroot communities in the NWR work in informal, and agricultural sector where work is largely unregulated. This exposes them to abuse, exploitation, unfair working conditions, job insecurity, further worsening gender and disability inequality due to their poor representation in economic decision-making.

Women in Power and Decision Making

There are complex personal and public power relations and dynamics between men and women in patriarchal Cameroonian grassroots communities. According to World Bank Group (2024), women are poorly represented in major decision making within their households (46.7% in 2018 actively participated in household decisions) and 33.9% of women were represented in Cameroon parliament in 2023. Even though women with disabilities constitute a greater percentage of OPDs—Organizations of Persons with Disabilities—members (57% compared to 43 % men), men predominantly (57%) hold leadership positions (Anon, 2019). Women with disabilities face challenges including stigma, discriminatory attitudes, limited physical accessibility to registration and voting centres, limited modifications for individuals with specific impairments (Virendrakumar et al. 2018), marginalization and lack of finances. Recent Beijing+30 Report published by Humanity & Inclusion (2024 p.6) describes African women and girls with disabilities as “powerful yet Overlooked”. According to the report, women and girls with disabilities face several overlapping and intersecting discriminations (because of gender, disability and other intersecting identities). They are persistently marginalized from decision-making, education and employment and are unequally affected by poverty and violence. Even with their invisibility in national and regional initiatives, women with disabilities continuously demonstrate agency, activism, determination and leadership.

Institutional Mechanism for the Advancement of Women

In Cameroon, the Ministry of Women’s Empowerment and the Family (MINPROFF) and Ministry of Social Affairs (MINAS) play important roles in developing and implementing government policy on gender equality, women’s empowerment, prevention, assistance, and protection of socially vulnerable persons including women and girls with and without disabilities. In the NWR the Regional Delegation of Women’s Empowerment and the Family and Social Affairs have insufficient resources (financial, human, and material) and weak mechanisms to coordinate gender and disability and ensure effective enforcement and implementation of initiatives. There is still a substantial gap in generating and disseminating gender and disability disaggregated data for planning and implementation.

Human Rights of Women

Women’s Human Rights and fundamental freedoms which are birthrights face multifaceted challenges exacerbated by socio- political and economic inequality. Women

in the NWR have limited access to basic services exposing them to Human Rights violations. Deeply held gender and disabilities biases affect opportunities for meaningful participation in decision-making in the private and public sphere, and productive economic activities. UN Women (2014, p. 88) notes that “violations of the Human Rights of women in situations of armed conflict are violations of the fundamental principles of international Human Rights and humanitarian law”. According to this report, there is need for effective response in violation against women and girls who are more vulnerable to rape (forced pregnancy, systematic rape, sexual slavery) and other forms of violations during armed conflict. Discrimination for those with intersectional identities is particularly challenging because of lack of adequate protection for disadvantaged groups including internally displaced women as in the Northwest Region. CEDAW (2014) reports recommends States to take action to ensure refugees and internally displaced women do not face discrimination and for women facing intersectional forms of disabilities, there is emphasis on access to basic services (health, education, adequate water and sanitation) without discrimination. However, the late ratification of Convention of the Rights of Persons with Disabilities -CRPD (2023) and the non-acceptance of optional protocol that prevents individual complaints on the basis of disability reveals slow disability actions.

Women and the Media

While advances in information technology have increased women’s media engagement and representation in Cameroon, they continue to face unique challenges. With limited gender and disability sensitivity, the media reinforces stigma, stereotypes, discriminatory cultural norms limiting opportunities for women and girls with and without disabilities. Women with disabilities face multi-layered challenges as they are sidelined in gender and disability related initiatives, deprived of social and economically empowering intervention, and lack of political representation (MIW, CBCHS at al., CEDAW Committee, 2023).

Women and the Environment

Women and girls with and without disabilities continue to play essential roles in environmental sustainability in Cameroon. While women constitute a greater percentage of the agricultural workforce in Cameroon (71.6%-OCHA, 2019), they are largely absent in major decision-making bodies on environmental, agricultural, conservation, protection, and rehabilitation management.

The Girl Child

The Convention on the Rights of the Child note that, "States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or status". Girls with and without disabilities in the NWR faced several challenges such as sexual violence, rape, early and forced marriage, limited access to education and vocational training, poverty which affects their physical wellbeing and mental health.

To further enhance understanding of the gender situation in Cameroon, Annex1 contains key sex-disaggregated data and Gender statistics adapted from World Bank (2024) and the Gender Data Portal.

About the Cameroon Baptist Convention Health Services (CBCHS)

The Cameroon Baptist Convention Health Services (CBCHS) is a non-profit faith-based healthcare organization that has been in operation since 1936. With services spread over 9 of the 10 Regions of Cameroon, CBCHS responds to the health and social needs of everyone especially the poorest of the poor in both rural and urban settings. As a major partner of the government of Cameroon, at national level, CBCHS shares specific partnership agreements with the Ministries of Health (MoH), Social Affairs, (MINAS), Women Empowerment and the Family (MINPROFF), Decentralization and Local Government (MINDDEVEL), Basic Education (MINEDUB), Secondary Education (MINESEC), Employment and Vocational Training (MINEFOP), Youth Affairs and Civic Education (MINJEC), National Employment Fund among others.

At the level of the Northwest region, CBCHS partners with Organizations of Persons with Disabilities (OPDs) including but not limited to the Coordinating Unit of Associations of Persons with Disabilities (CUAPWD), and the Northwest Association of Women with Disabilities (NWAWD); regional authorities, Local Councils; traditional Units; Media Organs; religious groups; the Centre for Inclusion Studies (CIS), Women's Initiative for Health Education and Economic Development, Cameroon (WINHEEDCAM), Saint Joseph's Children and Adult Home (SAJOCAH), Centre for the Empowerment of Females with Disabilities (CEFED), Special Needs Education Teachers' Training Institute (SENTTI); Non-Governmental Organizations and individuals including men and women with and without disabilities.

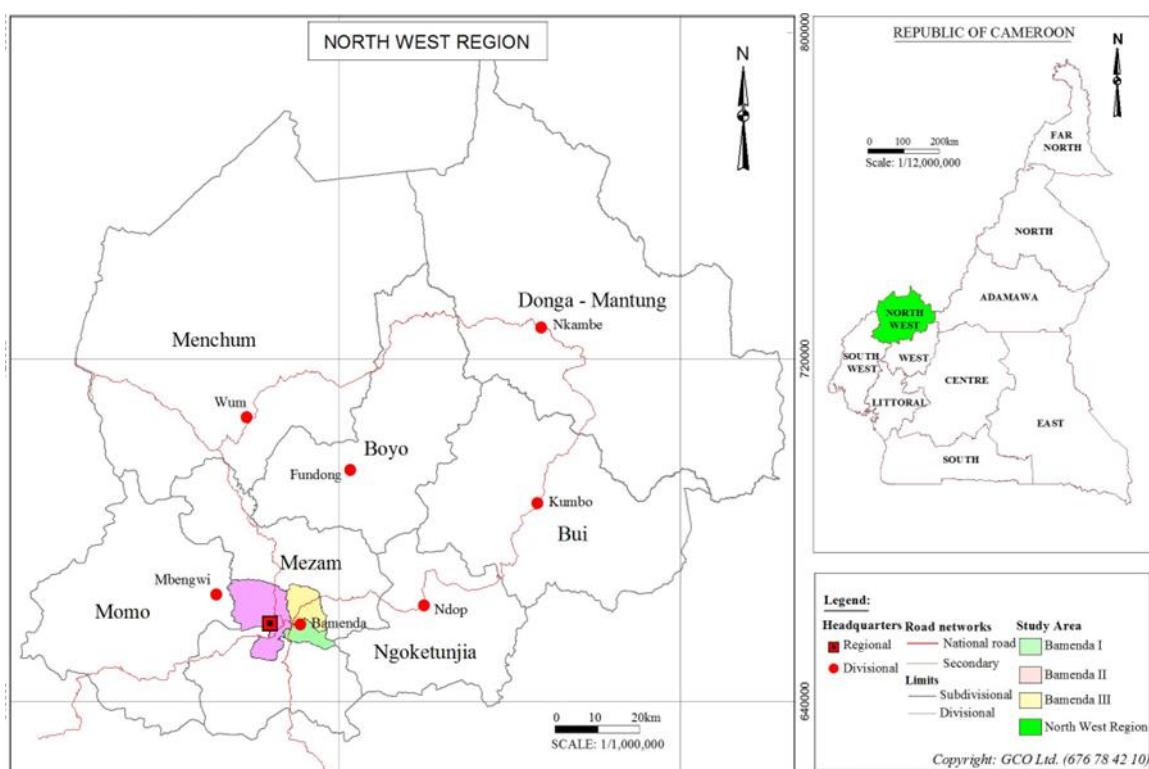
In alignment with its mission, the organization has made important strides in alleviating human suffering and contributing to social justice through the provision of accessible and equitable health and social services to all sections of the Cameroonian population. CBCHS has documented lessons learned from its experiences on past projects with the MIW Project. Among others, CBCHS successfully organized a national advocacy event bringing together various stakeholders in validating Standard Operating Procedures (SOPs) for Sexual and Gender Based Violence (SGBV). Learnings from this, other national advocacy events, and the findings of this study will be disseminated during a virtual learning event bringing together decentralized local authorities, women with and without disabilities and CSOs promoting women's rights.

Methods

Study Setting

The study was carried out in the Northwest Region NWR (one of the two English-speaking Regions within Cameroon's 10 Regions). Located at 10.5° latitude east and 6.33° longitude North of the Greenwich Meridian, the region comprises seven divisions (Boyo, Bui, Donga-Mantung, Menchum, Mezam, Momo, and Ngokentunjia) and 34 subdivisions (IGI Global, 2021). In the NWR where patriarchal structures and systems overtly discriminate against men and women living with disabilities (CBM, 2022), the examination of local governance through the lens of gender and disability intersection reveals both opportunities and challenges.

Therefore, understanding the knowledge, roles, and effectiveness of decentralized structures will enable sustainable interventions and policy actions focusing on women in their diversities especially women and girls with disabilities.



Map of NWR indicating Study Areas

Specifically, the study was carried out in Bamenda (the capital of the NWR, the third largest city in Cameroon, and the socio-economic, political, and economic hub of the NWR). This cosmopolitan city with an estimated population of over 600,000 inhabitants is located 366kms north-west of Yaounde –the capital of Cameroon– (Ndumu, 2020). Bamenda is a city council with three Subdivisional councils (Bamenda I, II and III). The commendable 'decentralization' in Cameroon may not be matched with complete transfer of power. With power (financial and decision making) still largely controlled by the central system, the Councils operating on an annual budget of about five million (5,000,000 USD), with about 30% reserved for major developmental projects with the city and

peripheries facing complex challenges (Ndumu, 2020). The limited resources (financial, human, technical, and equipment) is further worsened by the ongoing socio-political crisis in the English-speaking Regions of Cameroon (which began in 2016) and negatively affects developmental interventions (Ndumu, 2020) including services for women with and without disabilities and other vulnerable populations. With the ongoing crisis, Bamenda has become a focal point for displaced populations from more remote and vulnerable communities, thereby making it a reflection of the rest of the region and by extension, a suitable area for the study. Hence, the study in Bamenda will enhance understanding of the experiences of women with and without disabilities in conflict-affected areas and how local governance addresses gender and disability issues amidst multifaceted challenges.

Study Rationale

With historically engrained gender roles and deeply rooted cultural beliefs that persistently discriminate against women (Djapou and Chimene, 2017), the government's misplaced priorities regarding gender equality in Cameroon and other African countries (Mefire, 2017; Orock, 2007) negatively affect progress in achieving gender equality and the effective implementation of the 12 critical areas of the Beijing Declaration. In Cameroon, there is a significant gap between policy rhetoric and actual implementation.

On December 24, 2019, the Northwest region of Cameroon was granted special status through Law No. 2019/0241 which provides greater autonomy and promotes the historical, social, and cultural values of the region. Through its Bicameral Regional Assembly, the region is expected drive its own economic and social development by allowing for more localized decision-making and resource allocation. The autonomy of the regional assembly combined with the authority of councils, offers a unique opportunity for mainstreaming gender and disability in local development. The regions special status which grants it greater autonomy is an opportunity for the study to benchmark implementation Beijing Platform for Action, but also to use the findings to strengthen the capacity of decentralized authorities to promote gender and disability.

Even with the decentralization efforts, local councils in the NWR face multifaceted challenges in implementing activities especially those related to complex issues of gender and disability.

Also, despite Cameroon government's adoption of the BPfA, and other conventions on the rights of women, in the NWR women with disabilities continue to endure discriminatory practices in every sphere of life including the 12 critical areas of the BPfA. There is need to assess knowledge of BPfA, understand gaps in current practices, and propose strategies to enhance sustainable implementation of the 12 critical action points. It is also imperative to understand the knowledge and experiences of women especially women with disability in the NWR to enhance their meaningful participation in local initiatives including the Beijing + 30 platform commitments (a call to action to renew efforts in advancing gender equality)

Study Design

A qualitative design which focuses on context-specific interpretation (Auerbach and Silverstein, 2003; Patton, 2002) and facilitates the understanding of relationships at the micro level (Fletcher et al. 2020) was used for this study. It was further guided by qualitative feminist study which “gives voice” to marginalized individuals and recognizes their unique life experiences (Jankowski et al. 2017).

Specifically, the study is a qualitative collective and multiple case study. A multiple case study is commonly used in qualitative study methods in the social sciences (Bloomberg & Volpe, 2022) for in-depth study on an issue, event, or phenomenon of interest in its natural real-life context (Stake, 2010; Crowe et al., 2011). Creswell & Poth (2018) opine that in a multiple-case study, the study selects several cases to illustrate an issue or concern. The goal is to compare cases to identify common patterns, relationships, or similarities. While the cases may be similar or diverse, the focus is on patterns or relationships across cases (Yin, 2017).

The Case

The case is “a phenomenon of some sort occurring in a bounded context”; or the “unit of analysis” Miles and Huberman (1984, p. 30). This study included three municipal councils (Bamenda I, II, and III) and the Bamenda City Council – all playing key roles in local development within the framework of the 2004 and 2018 laws on decentralization. Our selection of the cases is informed by their location in Bamenda City and evidence of driving local development in policy and practice. CBCHS’ current partnership with decentralized local authorities to promote disability inclusion in local development facilitated the recruitment of study participants. Women with and without disabilities represent a population whose experiences and needs are often overlooked even within the framework of the BPfA and other initiatives that prioritize gender equality.

Sampling Size

A total of 46 women and 3 local councils (6 representatives) constituted the study population. The study population is distributed as follows; individual interviews (16 women with disabilities and 24 women without disabilities) and 1 focus group discussion (6 participants: 3 women with disabilities and 3 without disabilities). In total, 19 women with disabilities and 27 women without disabilities constituted the study population. Representatives from local government structure included 2 each from Bamenda I, II, and 1 Representative from Bamenda III Council. In total 5 council officials were interviewed.

Overview of participants' demographics

Out of the 19 women with disabilities interviewed: 7 were from Bamenda I), 5 from Bamenda II) and 7 from Bamenda III.

Regarding disability types, 14 had a mobility impairment, 4 had a visual impairment,

and 1 had a hearing impairment. Participants with disabilities were involved in various economic activities: tailoring (4), farming (7), petti-business—selling boiled eggs, vegetables, snack— (7), and studying (1).

With regards to marital status, 15 out of 19 women with disabilities were married and they had between 2 to 4 children and 4 were single.

Educational details for women with disabilities is as follows: no education (3), primary education (13), Secondary school (1), High School (1) and University (1).

Age group of women with disabilities was as follows:

- 25 - 35 years: 2 women
- 36 - 45 years: 8 women
- 46 - 55 years: 4 women
- 56 – 76 years: 5 women.

In total, 27 women without disabilities were involved in the study. 8 women were resident in Bamenda I, 9 in Bamenda II, and 10 in Bamenda III. Most women without disabilities were involved in the informal sector, tailoring (3), farming (8), small/ petti business (retail trade of vegetables and food), teaching (1), and hair dressing (2).

All women without disabilities were married and had between 4 to 8 children.

Age group of women without disabilities interviewed:

- 25 - 35 years: 2 women
- 36 - 45 years: 6 women
- 46 - 55 years: 11 women
- 56 – 76 years: 8 women.

The educational details for women without disabilities are as follows: no education (2), primary education (9), Secondary school (7), High School (6), and University (3).

All 3 councils were involved in the study. Bamenda I (2 representatives), Bamenda II (2 representatives) and Bamenda III (1 representative).

Study Participants	Total #	Location		Disability		Age	Occupation		Marital Status		# of Children	Education
		Area: B-Bamenda	#	Type	#	Age Range	Type	#	(M-Married	Single	Range	Level of Education
Women with Disabilities	19	B1	7	Mobility	14	25-35=2	Tailoring	4	12 married, 3 widows	4	2-4	no education (3), primary education (13), Secondary school (1), High School (1), and University (1)
		B2	5	Visual	4	36-45=8	Farming	7				
		B3	7	Hearing	1	46-55=4	Business	7				
						56-76=5	Student	1				
Women without Disabilities	27	B1	8			25-35=2	Tailoring	3	27		4-8	no education (2), primary education (9), Secondary school (7) High School (6), and University (3).
		B2	9			36-45=6	Farming	8				
		B3	10			46-55=11	Business	13				
						56-76=8	Teaching	1				
Councils	3 (5 rep)	B1	2									
		B2	2									
		B3	1									
Sample Total	51	5			19				42	4		

The study used purposive sampling. Purposive or non-judgmental sampling techniques facilitated the selection of a suitable population to achieve reliable outcomes (Maxwell, 2012).

Data Collection and Analysis

The data was collected by trained study assistants (10 women-1 with disability, 4 men) over two weeks from 3rd August 2024 to 14th August 2024.

Interviews and the focus group discussions were carried out in Cameroonian lingua franca (pidgin) to ensure understanding especially with no literate participants. Interviews and focus group discussion sessions were recorded, transcribed, translated, and analyzed using Microsoft Excel. There were no pre-determined categories, and findings emerged from the dataset. Codes were used to understand the knowledge and experience of study participants. This process included thorough reading of transcripts, data coding and combination into themes, and team review of themes (Braun & Clarke, 2006).

This in-depth qualitative study used semi-structured interviews to enable flexibility and more detailed information. Questions focused on demographic profile, knowledge of BPfA and the Critical Action Points, rights of women including women and girls with disabilities, challenges they face, current gender-sensitive and disability-inclusive initiatives, and policy actions.

Quality Control

All the study assistants (with backgrounds in disability and gender) attended a one-day intensive training on study procedures. This enabled clarity on the study objectives, interview guide, Beijing Platform for Action, and ethical procedures). There was close supervision during the collection of data by the Principal Investigators and the Co-investigators.

Ethical Considerations

The study had ethical approval from the CBCHS Internal Review Board and administrative clearance from the Regional Delegations for Decentralization and Local Development and Women's Empowerment and the Family.

Resonating with Miles and Huberman (1984), study involving the participation of humans is built around the principle of 'Do no harm' as there was very minimal risk. The study, guided by the Declaration of Helsinki (World Medical Association, 2013), which outlines ethical considerations for research involving human subjects, adhered to the four principles of Tom Beauchamp and Jim Childress (1983): Autonomy (respect for individual rights), Beneficence (doing good), non-maleficence ("Do no harm"), and Justice (ensuring equity).

Autonomy

Information letters (also brailled copies for participants with vision disability) were sent out and read/explained to those with limited literacy about a week before data collection to allow time for clarification or withdrawal. These letters had details about the study objectives,

procedures, and participants' rights to withdraw from the study at any time, risks, and study benefits). We obtained informed consent (signature, verbal, thumbprint, or any personal mark) from those who were willing to participate in the study.

Beneficence and Non-Maleficence (Minimizing Risk)

Participants were informed that the study was of very minimal risk and there were no financial gains in participating in the study. Transport fares were reimbursed. Participants were advised to report discomfort during the study, their rights to withdraw were made known. In addition, psychosocial services available at the counselling unit of the Nkwen Baptist Hospital, Bamenda were put at their disposal in case of some violence disclosure in particular. However, no participant required psychosocial services. The principle of maleficence further requires the study to protect the participants' right to privacy and the confidentiality of shared information. In light of this, the interviews and focus group discussions were conducted in 'safe' locations to protect the privacy of study participants and pseudonyms are used depending on participants' preferences. While confidentiality could not be guaranteed for Focus Group Discussions, participants agreed on a code of conduct and confidentiality of discussions. Audio recordings and transcripts are kept in a password-protected laptop computer accessible to key members of the study team.

Justice

Participation in the study was voluntary, with no pressure to participate. All participants knew their rights to participate, withdraw, seek psychosocial counseling, ask questions/clarification, or report to the CBC Ethics Board or external justice departments. Publication of findings will be presented in workshops, seminars, public events, and conference presentations. Media platforms, both government and private, will be used to publicize our findings with the aim of advocating for the empowerment of all women (including women with disabilities) in local development policies and practices.

12 Critical Areas of the Beijing Platform for Action in Cameroon.

Data was analyzed and presented in alignment with some of the 12 critical areas of the BPfA addressed in the study (Women, Poverty and Health; Education and Training of Women; Violence against Women, Armed Conflict, and Human Rights of Women; Women in Power and Decision-making, and the Economy; The Girl Child). This enables a comprehensive examination of gender and disability initiatives and the role of decentralized local authorities in the accelerated implementation of BPfA in the NWR of Cameroon.

Findings by study objectives

The results reveal significant gaps in knowledge and implementation of the Beijing Platform for Action in the Northwest Region of Cameroon (NWR). Several themes from the data shed light on persisting gender and disability inequality and the limited knowledge and capacity of Councils to implement structural and transformational solutions to address existing inequalities.

The first part of the findings aligns with the study objectives and the subsequent section focuses on the 12 critical areas of the BPfA addressed in the study.

Objective 1: Knowledge of Decentralized Local Authorities in the Northwest about the Beijing Platform for Action and Cameroon's Commitments.

A total of 5 council representatives from 3 councils participated in the study. According to findings, all 3 councils were actively enhancing disability and gender equality through awareness raising, projects for women and persons living with disabilities, and ensuring their active participation in council initiatives. Council officials stated that they work in collaboration with Non-Governmental Organizations (NGOs), Civil Society Organizations (CSO) and faith-based organizations in the NWR in enhancing gender and disability equality. Regarding knowledge of the BPfA, 2 council representatives had no knowledge, 1 had little knowledge, and 2 were aware of BPfA commitments. However, all representatives said they were not aware of conscious efforts by the Cameroon Government in effectively addressing all 12 critical areas of concern of BPfA.

Here are some quotes from Bamenda Council Officials:

“As a council, we are not aware of the Beijing Declaration details, I have made some personal study and understand it focuses on gender equality and inclusion”

“The council has little awareness of the Beijing commitments, and it would be valuable for the local councils to learn about it to support its implementation.”

“Although the Council is familiar with the Beijing Declaration and Platform for Action, there is need for more study to guide its implementation.”

“With knowledge of the Beijing critical areas, (Council authority) strive to ensure that our staff stay up to date with Beijing commitments. We carry out awareness sessions in local communities in partnership with traditional leaders, social and religious groups to eradicate discriminatory practices especially against women with or without disabilities.”

All council representatives in the study noted that due to the challenges of the socio-political crisis in the NWR, there have been little attention to effectively implementing national and

international commitments on gender and disability including the BPfA.

Objective 2: Actions implemented by Decentralized Local Authorities in alignment with the Commitments for implementation of the 12 Critical Areas of BPfA.

With limited knowledge, resources, and concrete implementation plans on the BPfA commitments, there are few actions by the councils effectively supporting accelerated implementation of BPfA. However, one of the Bamenda council Official said:

“With knowledge of the Beijing critical areas, (Council authority) strive to ensure that our staff stay up to date with Beijing commitments. We carry out awareness sessions in local communities in partnership with traditional leaders, social and religious groups to eradicate discriminatory practices especially against women with or without disabilities.”

All councils mentioned other challenges including limited finances and socio-political crisis in the NWR that affects the interventions for the local population including women and girls with and without disabilities. One Council official said:

“Financial challenge remains our major concern. We [the council] are unable to engage in sustainable projects for women and people living with disabilities”.

Another Council official stated:

“The primary challenge of the council is financial. The situation is more challenging with the internally displaced population in Bamenda. With additional challenges caused by the political unrest in the Northwest Region, the subsidy provided by the government is insufficient to support projects. Also, the council generates revenue from market taxes collected from vendors who have also been affected by the crisis and are unable or unwilling to pay. More financial resources are needed for sustainable intervention.”

All 3 councils expressed willingness to improve knowledge of Beijing commitments and effectively implement actions to achieve gender and disability sensitivity in all actions implemented by the councils and partner organizations.

Objective 3: Knowledge of Women (including women with disabilities) about the BPfA.

Among the 46 women who were interviewed, only 3 women without disabilities have heard about the Beijing conference which they describe was for women’s empowerment.

Jacqueline¹, a woman without disability in Bamendankwe stated,

“I know about a conference held in 1995 to empower women, but I don’t know if Cameroon is implementing Beijing commitments”.

No woman with disability was aware of Beijing commitments and efforts by the local councils in implementing Beijing commitments. Women with and without disabilities expressed similar statements when responding to question about their knowledge of BPfA:

“this is my first time hearing about Beijing actions”, “I have no idea”, “I don’t know what BPfA is about”, “I have never heard about BPfA”, “I don’t know if the councils implement BPfA”.

Here are a few statements from women:

“I have never heard of the Beijing Platform for Action, I know nothing about government support to disabled people, I am not involved in decision-making because they undervalue disabled people.” 72-year-old Loveline, woman with disability from Bamendankwe.

“I have no idea about the Beijing Platform for Action, but I know about gender equality and disability inclusive interventions. Focus is directed towards helping us [disabled people] to access public services although the stigma against us is still present. I just beg for more concern, more love, and more support to disabled families.”. Marina, 35 years old woman with disability in Bamenda.

Three thirds of women without disabilities (about 20 out of 27), and over half of women with disabilities (12 out of 19) acknowledged Councils’ efforts in enhancing gender and disability inclusion in Bamenda. However, Martha a woman with disability in Bamenda Town expressed some challenges relating to sustainability of council’s activities and support:

“They [council] organize events, but the organizers are busy setting up cameras to take photos of us with no valuable intervention. They give out very little, like a bag of rice to 15 people but all they want are photos to show they serve people. We need more sustainable interventions like support to create a small business”.

Objective 4: Establish the involvement of women in local decision-making processes and opportunities for economic empowerment.

From the study findings, all 3 councils stated that they support the participation of women with and without disabilities in decision-making and leadership within their communities. This

¹ All first names have been changed

is reflected in a statement by a Bamenda city council official,

“The council prioritize gender equality and disability inclusion. We actively promote women’s participation in leadership positions and many women hold key positions in the council. We support women and girls in accessing opportunities that can contribute to their socio-economic empowerment and wellbeing.”

Over half of all women with and without disabilities said they are excluded from decision-making in activities organized by the councils. Doreen, a 47-year-old woman with disability in Bamenda I said:

“We feel excluded in decision- making although we are supposed to be treated like any other ‘normal person’. We are also humans who want to be heard”

Emilia, a woman without disability in Nkwen, Bamenda asserted that,

“In our local gathering, women are always suppressed by men. They don’t allow women to make major decisions of occupy key positions. Even in some families, women are not allowed to inherit property, but most women are fighting for their rights.”

Women with and without disabilities from the study expressed willingness to participate in leadership trainings to improve their skills and in economically lucrative activities to improve their livelihood options.

Objective 5: Advance recommendations to ensure the effective implementation of +30 commitments.

Study recommendations focus on enhancing knowledge and progress in implementing BPfA, knowledge and involvement of women in local initiatives, decision-making, and opportunities for socio-economic and political empowerment.

Findings across some of 12 Critical Areas of the BPfA

Study findings reveal slow, uneven, and unsustainable progress on some 12 critical areas (addressed in the study) describing the rights of women as per the Beijing Platform for Action. With little sustainable improvements, gender and disability inequality remains a major developmental challenge in local communities.

Research participants mentioned inequality, discrimination, stigma, marginalization, limited resources, poverty, and disability, which gave insight into the interventions of local authorities and the experiences of women with and without disabilities.

All (19) women with disabilities expressed challenges with daily living due to inaccessibility of physical structures and transport (lack of strong wheelchairs, sidewalks, ramps, and people to support in accessing services), limited financial resources to expand businesses and meet family needs especially children educational needs. They all reiterated that their challenges have been worsened by the present armed conflict in Bamenda which has disrupted daily and livelihood activities. Since most women with disabilities were involved in the informal sector (18 out of 19) with limited job security and regular salary, during conflict-related shutdowns or curfew they make no money and struggle to meet basic needs.

Women, Poverty and Health

Poverty remains a challenge for both women with and without disabilities in Bamenda. All 46 women with disabilities (19) and without disabilities (27), and 5 council officials mentioned that poverty is a major challenge among women and that the council has limited financial resources to sustainably empower women.

Poverty challenges mentioned includes limited financial capital for business start-up or expansion, no money for health needs and hospital bills, education needs of children, transportation to attend events, food needs. Poverty also included limited opportunities and deprivation. Susan, a woman with disability in Bamenda II expressed difficulties she faced because of lack financial limitation,

“I don’t have capital to invest in a small business that can sustain me. With limited capital, I spend the little money I make from selling boiled eggs, pumpkin seeds, and cane chairs to cover day-to-day living costs.”

According to Marceline a woman without disability in Bamenda town, poverty affects many people as she noted that,

“People are suffering here [Bamenda]. Some are malnourished and others are sick and are unable to afford hospital bills. For people with disabilities, it is good to give them help that can sustain them in the long term”

Marital status and family situation are an increased factor that compounds women's access to resources, whether single without children, single mothers or widows. Rachel, 52-year woman with disability in Bamendankwe said that widowed women with disabilities face more challenges as people always try to exploit them. She narrates her plight,

“I face a lot of challenges as a widow with disability, I go hungry, I don’t have transportation to attend important events, and I cannot carry out activities like those without disabilities. People often exploit me...my neighbor wanted to take away my land which was hard for me. I face other daily challenges”. She added that “I am the caregiver for my grandchildren, so I barely live on the little remittance their father (my son) sends for their upkeep.”

Most women with disabilities reported that their access to health were related to the financial challenges. The situation is more challenging for single women with disabilities who have children with disabilities. Shiela a 25-year-old student with disability and single mother of a child with a mobility impairment mentioned that,

“I have a daughter with disability and her physiotherapy is supported by CBC Health Services. I cannot get a job as I am her primary care provider, I need business capital to expand my business so that I can provide for my family”.

Loveline, a 41-year-old widow with mobility impairment and mother of 3 children mentioned that:

“I feel bad that ... I cannot even buy my drugs since I don’t have the money”.

Poverty affects women's physical and emotional health.

Focus on women's health is important because women need to be healthy to realize their full potential. The health of other family members falls on women who are regarded as natural caregivers and this also affects their socio-economic empowerment.

Education and Training of Women

Women are embracing opportunities for education and training in Bamenda.

Irene, 25-year-old woman without disability shared her story of hope,

“I have always desired to be educated but there was no money to send me to school. I finally dropped out of school and learned dressmaking. Now I am married with three children, and I am enrolled in adult school in my community”.

She added that “

“My goal and aspiration is to...have a decent job, make money and also take care of the vulnerable and needy”.

Ireen, a 68-year-old woman without disability in Bamenda I remarked that she noticed a positive change in the education of women and girls without disabilities.

“Things have changed significantly regarding gender compared to 6 decades ago. ... and I did not attend school because women were greatly discriminated against. My parents chose to educate the boys. Now things have changed positively, women are educated, and they form groups like one in my area called ‘solidarity women’, this group was created by the International Refugee Council (IRC). It has greatly helped to educate women on their rights and on self-empowerment projects. However, life is still very challenging for those with disability, and they need more support”.

From study findings, the Councils actively support women’s access to education and training as stated by a Council official in Bamenda,

“We [the Council] support the Women Empowerment Center with office supplies, payment for temporary workers, vocational training for women, and business start-up capital for women who have completed training sessions. We also provide support for people living with disabilities like wheelchairs, sewing machines, and brails. The council’s partnerships with the Women’s Empowerment Center and periodic trainings on gender and disability issues including gender budgeting are very important in enhancing gender equality.”

Although with progress in women’s education, there is still need for positive actions as noted by some women respondents. Mildred, a woman without disability in Nkwen, Bamenda, declared:

“While women are more educated today and are represented in leadership even in local councils, we need more effort in sensitization on gender equality and women’s education”.

Jacqueline, a woman with mobility impairment in Nkwen, Bamenda

“There is increasing need for sensitization, education, training, scholarship and other consideration of people living with disabilities. We need crouches, accessible buildings, customized shoes, and tricycles ...as a leader of a disabled group, I would be very happy if disabled children had support to complete their education. To the public, I plead for more concern, more love, and more support for disabled people”.

Violence against Women, Armed Conflict, and Human Rights of Women

One quarter of women with and without disabilities (about 12 out of 46) and all council officials mentioned the challenges with violence against women and girls which has been worsened by the ongoing armed- conflict in the Northwest Region.

A Bamenda council official stated that,

“... The socio-political conflict in the Northwest region of Cameroon has aggravated violence against women and girls. There is an increase in sexual abuse among displaced populations. Early marriage is also a concern that needs to be eradicated to enhance gender equality.”

Some participants said the rape of women and girls was prevalent even before the crisis.

“In this community [Bamenda], women and girls are often the primary victims of rape” Anna, a 52-year-old woman without disability in Bamendankwe.

Lydia, a 68-year-old woman without disability asserted that women’s vulnerability to sexual abuse is related to social norms, lack of education on their rights, and discriminatory practices against women and girls,

“Women endure rape, early marriages, sexual exploitation, and several challenges but are not free to speak about discriminatory practices” she added that “they[women] are not economically empowered and are dependent on men who abuse them...they are ignorant and need education on their rights to reduce their vulnerability”

For some single women with disabilities, sexual exploitation is related to societal stigma as seen in Cynthia’s case,

“I would like to get married, but most men exploit me sexually and abandon me because of my disability, they cannot get married to a woman like me...as compared to men with disability, it is very difficult for women with disabilities to get married and live happily with their own families like other women”

Cynthia, 30-year-old woman with visual impairment in Nkwen, Bamenda.

In other situations, persisting social stereotypes amounting to ableism affect the full enjoyment of women’s rights as it perpetuates a system of harm against individuals perceived as disadvantaged or inferior. Susan, a woman with disability in Bamenda II mentioned that,

“We are still being unfairly stigmatized in the community, especially by taxi drivers and this demoralizes and makes me feel left out. Each time I face any challenge, I recite the phrase ‘Disability is not inability.’”

Chantal, an empowered women with disability in Mile 2, Bamenda and an activist for people living with disabilities said:

“Even with my prominent role in my community, some people still focus on my disability as a limitation...people should be sensitized to know that disability is normal, and we are all equal”

Violence against women and girls with and without disabilities in Bamenda and communities in the NWR is used to subordinate women, and reinforce patriarchal structures, and disability stigma. This deeply entrenched malpractice is further worsened by the tolerance of violence, victim-blaming, and existing gaps in policy implementation.

Women in Power and Decision-making, Women and the Economy

Over half of women with and without disabilities (38 out of 46) mentioned challenges related to decision-making, and economic opportunities. Some women with disabilities expressed their challenges below,

Challenges are related to social norms, cultural, and systemic or institutional issues (corruption). The intersection of gender and disability aggravates the situation of women with disabilities.

“There is so much discrimination, tribalism, and the issue of having a ‘Godfather’ or someone prominent to help you get a job. Most people in some jobs are not qualified while those who have the qualifications and competencies have no jobs. I have a visual impairment, and I have tried to get a job with a degree in psychology to no avail.”

Cynthia², 30-year-old woman with visual impairment in Nkwen, Bamenda.

“As a disabled person, I cannot have good jobs like others. It is also difficult for me to move from one place to another because of my disability. Since I am also a woman, my husband always asks me to stay at home and focus on house activities. I have cried over again, and I always pray to God, and I feel better thereafter”

Justina, woman with physical impairment, Mile 2 Bamenda.

² All first names have been changed.

Emphasizing on the gender inequality challenges which affects women's economic empowerment, Mildred, a woman without disability in Nkwen, Bamenda mentioned that:

“While I acknowledge the government’s effort with gender equality, there is still discrimination and stigmatization against women especially when it comes to getting job opportunities.”

Regarding decision-making, over two-thirds (20 out of 27) of women without a disability mentioned significant challenges with women's involvement in local decision-making process. Some women mentioned patriarchy as a major challenge.

Rose, 64-year-old woman without disability in Bamendanke:

“The main challenge in this community is that men dominate decision-making at all levels. They believe they hold control over women and that women should remain silent in the community.”

Cynthia, 30-year-old woman with visual impairment in Bamenda:

“Men are always at the top and most times women are neglected. This issue of poverty is worse among women because they are treated as slaves in their homes and in society because they are very submissive to their husbands. They remain silent even when their husbands do not provide for the family. Women should be taught to know that they are assets and not liabilities. Also, opportunities should be created where women could express themselves and be taught the skills of leadership. Pacesetters among women will encourage other women to actively advocate for leadership positions.

The Cameroon economy should structure to ensure that women with and without disability do not struggle unfairly ... People with disabilities are not given the opportunity to assume certain leadership positions because of the false beliefs and stigma against disabled people. I also think there are still institutions that do not want to employ women because of maternity leave concerns.”

All Council officials interviewed acknowledged challenges with women leadership roles and reaffirmed their commitment to enhancing participation in decision-making. A council official stated that:

“One of the challenges we face with empowering local women is the rigid cultural norms and beliefs. Most women cannot hold leadership positions in traditional bodies; for example, a woman cannot be a ‘quarter head’ or actively involved in major traditional decision-making bodies. Such positions are reserved exclusively for men. However, we continue to sensitize the public on the importance of

achieving gender equality, women's empowerment, and their involvement in decision-making."

Another added that,

"We [council] focus on empowering women to enhance their participation in decision-making so that the story of relegating women remains in the past".

All officials from the councils interviewed failed to address the intersection of gender and disability. Women and women living with disabilities were discussed as separate groups which may suggest a systemic gap. This may result in situations where disability interventions overlook gender-specific concerns and gender initiatives overlook specific disability considerations.

The media in the NWR has contributed to reinforcing the voices of women and enforcing social norms that subordinate women. Less than 5 women out of 46 mentioned active media involvement. To increase women's media involvement, Chantal, an empowered woman with disability recommends *"more efforts in helping disabled people build their self-esteem"*.

Ireen, a 68-year-old woman without disability in Bamenda I added that:

"Most women are shy and afraid of opportunities. Others even looked down on their educational level because they had never been given the opportunity to express themselves"

Regarding women role in environmental decision-making, the study revealed that women continue to play vital roles in environmental protection and agriculture.

Almost all participants are involved with farming and 15 (7 women with disabilities and 8 women without disabilities) are full-time farmers. Yet, they have no control over resources as they claim that in the communities,

"women are not allowed to inherit property or make major decisions even within their families"

Jacqueline, 55 year old woman with disability in Bamenda town.

Besides farm work, most participants (46 women with and without disabilities) are responsible for household management which includes carrying water, cooking, cleaning, and fetching woods. These activities are time-consuming, energy-sapping, and particularly challenging for women with disabilities as they walk long distances for basic needs:

"It has been very challenging for us to have water. Irregular electricity in Mile 3 Bamenda affects the water supply. We had no water for about a year, and I had to trek long distances to fetch water. As a woman with disability, this is so challenging. I am fortunate that the people in my community are always willing to help."

Miriam, woman with mobility impairment in Mile 3 Bamenda.

Women's contribution to agriculture and environmental initiatives in the NWR remains vital for achieving food security and sustainable climate change adaptation. However, engrained gender roles that position women as 'mothers' and 'primary caregivers', women's multiple roles, and persistent gaps in access and control over resources aggravate their vulnerability.

In the NWR, actions to eliminate gender and disability discrimination will be beneficial to overall well-being and empowerment of all women and girls.

The Girl Child

All 3 councils stated their commitments in empowering girls as seen in the following statements by Bamenda Council officials,

“The council is committed to supporting the Girl child...the socio-political crisis negatively affects education and training of girls, and we are actively supporting girls continue their education or acquire skills which is necessary for their empowerment”

Another Council Official said:

“We ensure that there is no discrimination against women and girls”

Another Official stated:

“We assist families at the beginning of the school year to support their children's education. We also give seasonal gifts like food items during Christmas”.

Some participants acknowledge the support from the Council,

“I have five children, and the local council has supported with money to educate our children. I once received 50,000 FCFA from the council for school fees. While I appreciate this help, I would be happy if the government/councils ensure our children receive complete education”. Doreen, a 47-year-old woman with disability in Bamenda I.

Other participants said that there is an increase in sexual violence, rape, prostitution, and exploitation of girls with the socio-political crisis in the NWR and asked for more efforts on awareness raising on the rights of the girl child, and the importance of girls' education.

Conclusion

The study sought to examine the role of decentralized local authorities, namely Councils, in the accelerated implementation of the Beijing Platform for Action in the Northwest Region of Cameroon.

In emphasizing the importance of meaningful participation of women with and without disabilities in local communities, we reiterate that gender and disability equality largely depends on the effective implementation of Cameroon's laudable policies and international commitments including the Beijing 12 Critical Areas of the Beijing Platform for Action. Councils continue to play crucial roles in gender and disability inclusion. However, goodwill must be matched with advanced knowledge of major gender and disability commitments, enhanced capacity, political commitment, and resources for effective interventions. Repeated statements from most participants such as "this is my first time hearing about the Beijing Platform for Action", "I don't know what BPfA is about", "I don't know if the councils implement BPfA" shows significant gap in the knowledge and implementation of BPfA.

Advances have been made in women's and disability rights, girls' education, crisis response, women's participation in decision-making, socio-economic empowerment, and access to healthcare. However, deep-rooted norms, economic disparities, poverty, patriarchy, and socio-political crises hinder this progress. The challenges are even greater for women with disabilities, who face overlapping issues of vulnerability, poverty, and marginalization.

Equality is crucial for effective decentralization in the Northwest Region, achieving Cameroon's Vision 2035, and aligning with Africa's Agenda 2063 goals, particularly those focused on inclusive growth, sustainable development, good governance, democracy, human rights, justice, rule of law, and a peaceful and secure Africa. This vision emphasizes people-driven development, leveraging the potential of African youth and women. Additionally, it supports the Sustainable Development Goals (SDGs) aimed at ending poverty and hunger, ensuring health and well-being, providing quality education, achieving gender equality, promoting decent work and economic growth, reducing inequalities, and fostering peace, justice, and strong institutions.

List of Abbreviations

ADP	African Disability Protocol
BPfA	Beijing Declaration and Platform for Action
CBC	Cameroon Baptist Convention
CRC	Convention of the Rights of the Child
CSO	Civil Society Organization
DID	Disability Inclusive Development
CUAPWD	Coordinating Unit of Associations of Persons with Disabilities
GBV	Gender Based Violence
GESP	Growth and Employment Strategy Paper
MINAS	Ministry of Social Affairs
MINPROFF	Ministry of Women's Empowerment and the Family
MIW	Making It Work Gender and Disability project
NWAWD	Northwest Association of Women with Disabilities
NWR	Northwest Region
OPDs	Organizations of Persons with Disabilities
SDGs	Sustainable Development Goals
SEEPD	Socio-Economic Empowerment of Persons with Disabilities
UN	United Nations
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities

ANNEX Cameroon Sex-Disaggregated Data and Gender Statistics

Area of Focus	Year	Gender Statistic/ percentage	Comment
Maternal Mortality ratio (deaths per 100,000 live births)	2000	651	438 women die per 100,000 live births due to pregnancy-related causes in Cameroon. Maternal mortality ratio in Cameroon has improved from 651 in 2000 to 438 in 2020.
	2010	527	
	2020	438	
Adolescent Fertility rate (births per 1,000 women ages 15-19)		%	109 of every 1,000 girls ages 15-19 gave birth in Cameroon in 2022 The rate of adolescent fertility has decreased since 2010
	2000	142.6	
	2010	127.1	
	2022	108.6	
Lower Secondary Education Completion Rate	2022	%	35.6% of girls and 35.2% of boys complete lower secondary school in Cameroon as of 2022 data
		F-35.6	
		M-35.2	
Disaggregation by sex			
Adult literacy Percentage of people ages 15 and above who can both read and write	2020	%	Adult literacy is lower among women than among men (2020)
		F-73.1	
		M- 83.4	
Labor Force Participation		%	Labor force participation rate among females is 67.3% and among males is 76.7% for 2023. Since 2000, female labor force participation has decreased.
The proportion of the population ages 15 and older is economically active	2000	F-77.9 M-86.3	
	2020	F-75.9 M-66.5	
	2023	F-76.7 M-67.3	
Vulnerable Employment		%	Workers in vulnerable employment are the least likely to have formal work arrangements, social protection, and safety nets to guard against economic shocks; thus they are more likely to fall into poverty. Vulnerable employment for females has improved in Cameroon since 2000
Disaggregation by sex	2000	F-90.7 M-68.6	
	2010	F-87.3 M-67.2	
	2022	F-80.5 M-64.3	
Unpaid Domestic and Care Work		%	In Cameroon, women spend 3.5 times as much time on unpaid domestic and care work than men
Proportion of time spent on unpaid domestic and care work, by sex (% of 24-hour day)	2014	F-15.8 M-4.6	
Account Ownership	2021	F-49.3 M-54.1	Account ownership at a financial institution or with a mobile-money-service provider, by sex (% of population ages 15+)
Disaggregation by sex			
House Ownership	2018	%	For women in particular, asset ownership is

Area of Focus	Year	Gender Statistic/ percentage	Comment
Status, by sex (% of population age 15-49)		F-13.6 M-32.1	a source of economic empowerment and provides protection in the case of marital dissolution or abandonment. There is increasing evidence that ownership of property by women has positive consequences for women's empowerment, nutritional and health outcomes, and children's schooling.
Women Participation in Major Decisions.	2018	46.7	46.7% of women participated in making major decisions in the household in 2018
Violence Against Women	Any form of sexual violence	13.1%	Women who have experienced intimate partner violence is greater than the world average, 27%
	Intimate partner violence	39%	
Women in Parliaments Percentage of Parliamentary seats in a single or lower chamber held by women.		%	The proportion of seats held by women in Cameroon has increased since 2010.
	2000	5.6	
	2010	13.6	
	2020/2023	33.9	

Source: Adapted from World Bank Group (2024). Gender Data Portal: Cameroon. <https://genderdata.worldbank.org/en/economies/cameroon>

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