

**STANDARD OPERATING PROCEDURES FOR
PREVENTION OF AND RESPONSE TO
GENDER-BASED VIOLENCE**

THE HUMANITARIAN OPERATION

ADAMAWA STATE

NIGERIA

**Developed under the leadership of Ministry of Women Affairs & Social Development in
Collaboration with:**

Ministry of Health, Ministry of Justice, UNFPA, IOM, FHI360, UNICEF, IRC, DRC, FIDA,
OXFAM, UNWOMEN, NEMA, ADSEMA, GZDI, UNHCR, MERCY CORPS, Clear View
Integrity Foundation, Adamawa States Planning Commission, CHEDA, CRUDAN, WYEAHI,
Actionaid, NPF, NHRC, FOMWAN, CAN.

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1. Introduction

The Gender-Based Violence (GBV) Standard Operating Procedures (SOP) is developed to facilitate joint referral pathway for women, men, boys and girls at risk in the humanitarian operation, including Reception Centers, camps and host communities where the IDPs live. Gender Based Violence (GBV) is a life threatening protection, health, and human rights issue that can have devastating impact on women and children in particular, as well as families and communities.

Standard Operating Procedures are developed to facilitate joint action by all actors to respond to GBV in a humanitarian crisis setting. It describes clear procedures, roles, and responsibilities for all actors. Furthermore all organizations listed above agree to the same procedures, guiding principles and working together for the best interest of women, men, boys and girls in the humanitarian setting in Adamawa state.

These SOPs, initially elaborated in November 2015, are updated and expanded to reflect more comprehensive prevention and response interventions. The members agreed to review the SOPs bi-annually.

ACRONYMS USED

ADSEMA	Adamawa State Emergency Management Agency
CAN	Christian Association of Nigeria
CBO	Community-Based Organization
CCCM	Camp Coordination and Camp Management
CCS	Caring for Child Survivors
CCSAS	Clinical Management for sexual assault survivors
CHEDA	Centre for Health and Development in Africa(CHEDA),
CMR	Clinic Management of Rape
CRUDAN	Christian Rural and Urban Development Association of Nigeria
CVF	Clear View Integrity Foundation
CWAE	Centre for Women and Adolescent Empowerment
DHIS	District Health Information System
DRC	Danish Refugee Council
FHI360	Family Health International 360°
FIDA	International Federation of Women Lawyers,
FOMWAN	Federation of Muslim Women's Associations in Nigeria
GBV	Gender-Based Violence
GBVIMS	Gender-Based Violence Information Management System
GBV SC	Gender Based Violence Sub Cluster
GZDI	Goggoji Zumunchi Development Initiative
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
IASC	Inter-Agency Standing Committee
IDP	Internally Displaced Person
IEC	Information Education Communication
IPV	Intimate Partner Violence
IRC	International Rescue Committee
INGO	International Non-Governmental Organization
IOM	International Organization for Migration
MISP	Minimum Initial Service Package
MoH	Ministry of Health
MoJ	Ministry of Justice

MHPSS	Mental Health and Psychosocial Support
MWA&SD	Ministry of Women Affairs and Social Development
NEMA	National Emergency Management Agency
NGO	Non-Governmental Organization
NHRC	National Human Rights Commission
NPF	Nigeria Police Force
PEP	Post-Exposure Prophylaxis
PSEA	Protection from Sexual Exploitation and Abuse
RH	Reproductive Health
SEA	Sexual Exploitation and Abuse
SGBV	Sexual and Gender-Based Violence
SOP	Standard Operating Procedures
TOR	Terms of Reference
TOTs	Training of Trainers
UN	United Nations
UNCHR	UN High Commissioner for Refugees
UNFPA	UN Population Fund
UNICEF	UN Children's Fund
UNWOMEN	UN Entity for Gender Equality and Empowerment of Women
VSLA	Village Savings and Loan Associations
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization
WG	Working Group
WYEAHI	Women and Youth Empowerment for Advancement & Health Initiative
5Ws	Who, What, Where When Why

2. Setting and Persons of Concern

These SOPs have been developed for use in the following settings: IDPs camps and Host communities in Adamawa State

3. Definitions and Terms

Actor(s) refers to individuals, groups, organizations, and institutions involved in preventing and responding to gender based violence.

Gender based violence (GBV) is an umbrella term for any harmful act that is perpetrated against a person's will, and that is based on socially ascribed (gender) differences between males and females. Acts of GBV violate a number of universal human rights protected by international instruments and conventions.

Incident refers to the specific act of gender based violence or rights violation.

Survivor: Refers to any person woman, man or child who suffers any act of violence or rights violation. **Perpetrator:** Refers to any person woman, man or child who commits or alleged to have committed an act of gender based violence.

GBV Classification Types

1. The GBV classifications relate directly to the GBV Information Management System (GBVIMS), and has the following tools: Incident classification Tool: standardizes incidents, making the data easy to compile, compare and analyze.
2. Intake and Consent Form: collects information from survivors and protects survivors control over information
3. Incident recorder : An excel database that gathers corresponding information from the intake form and automatically generates data(Please note that the IDP location await the roll out of the GBVIMS)
4. Information Sharing Protocol: regulates the sharing of GBV data with other actors such as coordinating agencies.

The classification types are:

1. Rape
2. Sexual assault
3. Physical assault
4. Forced marriage
5. Denial of resources or opportunities or services
6. Psychological /Emotional Abuse

Rape: non-consensual penetration (however slight) of the vagina, anus or mouth with a penis or other body part. Also includes penetration of the vagina or anus with an object.

Sexual Assault: any form of non-consensual sexual contact that does not result in or include penetration. Examples include: attempted rape, as well as unwanted kissing, fondling, or touching of genitalia and buttocks. This incident type does not include rape, i.e., where penetration has occurred.

Physical Assault: an act of physical violence that is not sexual in nature. Examples include: hitting, slapping, choking, cutting, shoving, burning, shooting or use of any weapons, acid attacks or any other act that results in pain, discomfort or injury.

Forced/early marriage: It refers to marriage of an individual against her or his will

Denial of resources or opportunities or service: withheld by an intimate partner or family member, household resources (to the detriment of the family's well-being), prevented by one's intimate partner to pursue livelihood activities,

Psychological / Emotional Abuse: infliction of mental or emotional pain or injury. Examples include: threats of physical or sexual violence, intimidation, humiliation, forced isolation, stalking, harassment, unwanted attention, remarks, gestures or written words of a sexual and/or menacing nature, destruction of cherished things, etc.

4. Guiding Principles

Safety and Security

Ensure the safety of the survivor at all times. Remember that s/he may be frightened, and need assurance that s/he is safe. In all types of cases, ensure that s/he is not placed at risk of further harm by the assailant. If necessary, ask for assistance from security, police, elders, community leaders or others who can provide security. Maintain awareness of safety and security of people who are helping the survivor, such as family, friends, counselors, health care workers, etc.

Do No Harm

If documenting, reporting monitoring or providing a service to a survivor will have greater risks than benefits, it must be avoided.

Confidentiality:

Respect the confidentiality of the survivor, child and their family at all times. If the survivor gives his/her informed consent, share only relevant information with others for the purpose of helping the survivor, such as referring for services. All written information about survivors must be maintained in secure, locked files. If any reports or statistics are to be made public, only the actors who report data each month will have the authority to release such information. All identifying personal information (name, address, etc.) will be withheld in the reporting, compilation and sharing of data.

Survivor Centered Approach:

Survivor centered approach is focusing on the short-term and long-term best interest of the survivor. The survivor should be at the centre of any reporting and referral mechanism, reflecting the principle of respect for survivor's choice and having the child participate in the decision making. A clear referral system ensures that the service providers know how to provide timely assistance. The survivor should be clearly informed of what assistance can be offered by each service provider

The person/organization who receives the initial disclosure (report) of a GBV case will act in accordance with the referral mechanism illustrated in annex 1, which includes opportunities at each stage to move forward or stop. The survivor has the freedom to choose whether to seek assistance, what type(s) of assistance, and from which organizations. Health assistance is the priority for cases involving sexual violence and/or possible bodily injuries. In the case of rape, assistance must be in accordance with the WHO Clinical Management of Rape guidelines and may include emergency contraception and post exposure prophylaxis for HIV. Service providers will inform the survivor of what assistance they can offer and clearly relate what cannot be provided or any limitations to services, to avoid creating false expectations. All service providers in the referral network must be knowledgeable about the services provided by any actor to whom they refer a survivor. Children must be accompanied to all services within the referral pathway. Referral form annex 2 will be used by all actors when referring any GBV case. All actors agree to adhere to all of the following guiding principles:

<p>Police/Security</p> <p>Nigeria Police Force Contact Det Ayuba Dauda, 08069211068</p> <p>Nigeria Security & Civil Defence Corps Mr Ibrahim Aliyu 08065746023</p> <p>Nigeria Vigilante Group Adamawa State Chapter Mr Salihu Wob Kenso 08075325600</p>	<p>Legal/justice</p> <p>State Ministry of Justices, contact Humchi Benjamin, 07066727457</p> <p>FIDA Contact: Fatima Bello Raji 08036554131</p> <p>Legal Aid Council Mrs Bulali Ladu Ikharo 08035462279</p>
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AFTER IMMEDIATE RESPONSE, FOLLOW-UP AND OTHER SERVICES			
Over time and based on survivor's choices can include any of the following (details in Section 6):			
Health care	Psychosocial services	Protection, security, and justice actors	Basic needs, such as shelter, ration card, children's services, safe shelter, or other

5.3. Consent and information sharing

Initial Report: The survivor has the freedom to report an incident to anyone. She/he may seek help from: community leaders, social workers, health workers or friends. For each case, the following documents should be completed immediately by the social worker:

- Incident Report Form (IRF) (Annex 2)
- A written and signed statement written by the survivor describing the incident in her/his own words. If survivor is illiterate, write her/his exact words, read loudly to her/him to understand before she/he can indicate signature with a thumbprint. Obtain consent from survivor to share information (Annex 3)

Health assistance is the priority for cases involving sexual violence and/or possible bodily injuries. In the case of rape, assistance must be in accordance with the WHO/UNHCR *Clinical Management of Rape* guidelines and may include emergency contraception and post-exposure prophylaxis for HIV.

5.4. Special procedures for child victims/survivors

Upon receiving initial report from a child survivor, the SGBV focal person will immediately contact the MWASD, UNICEF, FHI 360 and UNFPA.

- The parents or guardian of the child should be informed about the interview.
- If perpetrators are family members, the child should be interviewed when no other family member is present, but the parent or guardian will be informed that an interview is going to be conducted.
- If child's parents/guardians refuse to pursue the case in the court of law on the child's behalf, with clear evidence, the police (Family Child Protection Unit) and MWASD) will be informed to pursue the case on the child's behalf.

6. Responsibilities for Survivor/Victim Assistance (see annex referral path)

6.1. Health/medical response

NAME OF FACILITIES	INDICATORS REPORTED INTO DHIS (District Health Information System)	SERVICES PROVIDED
Ministry of Health and Primary Health Care Development Agency Planning, Research and Statistics Unit for queries and seeking information		Coordination and collation of data
Federal Medical Center YOLA Contact Dr Ibrahim 08126620434	<ul style="list-style-type: none"> • GEN_NORM (No. completing intervention pertaining gender norms that meets criteria). • GEN_GBV (No. receiving Post-GBV care & management) 	<ul style="list-style-type: none"> * Medical examination. *HIV and Pregnancy Test *Treatment - PEP within 72 hours. *Treatment - ECP within 120 hours, *Treatment – STI prophylaxis within 120 hours, *Wound treatment and Tetanus vaccination *Complete Police Form 3 (PF3) or refer to HCT Medical certificate Risk analysis for abortion/termination of pregnancy
State Specialist Hospital Yola Contact: Dr. Fadimatu Iya Aboubakar 08033162823		
General hospital Guyuk (Referral Hub Focal Point) Solomon Mangapila 07037257463		
General hospital Garkida (Referral Hub Focal Point) Sudu N William 08068586189		
General hospital Hong (Referral Hub Focal Point) Dr Mshelia Andrew 08027409003		
General hospital Mubi (Referral Hub Focal Point) Dr sakawa Ezra 08059580206		
Cottage Hospital Fufore Peter Kanu 08038562778		
Cottage Hospital Mayo Belwa John Ihegboro 08032307247		
General Hospital Michika Tanko Bethuel 08036525922		
St Francis Hospital Jambutu Uchenna Chukwu 08034667455		
Cottage Hospital Toungo Raphael Nwanlerumi 08069116331		
Bachure Clinic Mrs Hauwa 08059855388		
Gella Clinic Mrs Uwani 07063410783		
Belel Clinic 08080362143		

6.2. Psychosocial response

Psychosocial services for survivors/victims of GBV include the following inter-related types of activities: 1) emotional support to assist with psychological and spiritual recovery and healing from trauma; 2) case management, support, and advocacy to assist survivors in accessing needed services; and 3) support and assistance with social re-integration.

See ANNEX 4 for the list of trained PSS workers.

Lead Agency: SMWASD	<ul style="list-style-type: none"> • Counseling & Conduct follow up of the cases managed • Accompany survivors for medical care/safety and security/protection • Transport and support survivors when referred to the hospital/court • Recreational activities • Livelihood support & Women and Youth Friendly Spaces
Actionaid Auwal Bashir, 08036260044	Psychosocial support services Community awareness creation on GBV
IRC Wahama Barde 09034658213 Bewo Timothy 07068146250 Wasu Jacob Vanco 08063879430	<ul style="list-style-type: none"> • Counseling & Conduct follow up of the cases managed • Accompany survivors for medical care and refer appropriate protection actor for further protection action • Provide dignity kit(bag, sanitary pad, 6 yards of wrappers, tooth brush and paste, Vaseline, comb, shaving stick, 2 pants and slippers) to survivors • Support with incidentals (transport, food) to survivor during referrals. • Support health facilities with Kit 3, 5 and 9 for survivors of sexual assault. • Provide psychosocial support activities(knitting, crocheting, bead making and cap making) • Provide safe space for women to meet and discuss issues affecting their lives and psychosocial activities.

6.3. Security and safety response

SMWASD	Coordination
Police (Child Protection and Family Unit) ,	<ul style="list-style-type: none"> * Arrest alleged perpetrator * Issue Police Form (PF3) free of charge * Gather evidence and complete file for case
Civil Defense Corps	<ul style="list-style-type: none"> * Inform Survivors and witnesses on Court hearing * Provide physical protection * Work with the police to carry out community policing -Interim care and physical protection (shelter care) for minor SGBV survivors -Provision of protection

6.4. Legal/justice response

Ministry of Justice	Coordination	
Lead Agency: FIDA Contact: Homchi Benjamin Bagale homchibejamin@yahoo.com 07066727457 Nah Ari 07034827625 Fatimatou Bello Raji 07085738493	<ul style="list-style-type: none"> • Provide legal counseling • Transport, accommodation and meals for victim/witness to attend court • Legal representation and Case follow-ups • Prosecution • Dissemination of legal information • * Liaise with others agencies • Inform survivors of court hearing 	
State Ministry of Justice	Provide free legal advisory and legal representation in the court for GBV Survivor	
NBA Barri Baba Kano – 08035396536	Legal services	
NHRC Grace Manzo – 07031831522	Provide legal counseling Monitor GBV cases in humanitarian setting and raised cases for action	
Legal Aid Council Frank Ogbe 08036341640	Provision of free legal services and legal representation in court for SGBV Cases	
Prison Inmate Development Initiative Mbami Iliya Sabka Pidicentre@gmail.com	Community awareness creation on GBV and violation of human right	Support survivor with social support and integration
Crystal Justice Initiative for Legal Advancement Daihatu Musa Mohammed 08065443023 dalhatutumsa@gmail.com	Legal Advisory and link to lawyer for legal representation	

6.4.1. Special consideration for child survivors in the legal justice system

If child's parents/guardians refuse to pursue the case in the court of law on the child's behalf, with clear evidence, the police (Family Child Protection Unit) and MWASD) will be informed to pursue the case on the child's behalf.

6.4.2. Traditional justice mechanisms

Traditional /community and Religious leaders are the first contact to settle any issue arising in the community before taking any legal dimensions. This category of leaders should be encouraged and empowered to perform their role in prevention and protection of survivors and the community at large..

7. Responsibilities for Prevention

7.1. All parties to these SOPs

All parties include participants to the SOP, CBOs Line ministries, security agencies, media and any humanitarian stakeholders. All actors have a responsibility to take action to prevent gender-based violence. All parties to these SOPs will:

- ◆ Provide training (or send staff to participate in training provided by other organisations) about gender-based violence, the IASC GBV Guidelines, these SOPs, and other relevant materials, to ensure that all staff:
- ◆ Adopt codes of conduct for all staff that focus on preventing sexual exploitation and abuse (SEA) perpetrated by staff. This requires understanding of the information about codes of conduct and SEA, described in detail in the IASC GBV Guidelines.

7.2. Community leaders

- ◆ In all camps there are IDPs leaders including women IDP Leader, that are involved in identification of GBV cases, sensitization;
- ◆ Out of the camps, the host communities have IDP leaders and community/ traditional and religious leaders in charge of sensitization on GBV..

7.3. Other sectors/clusters/ coordination structure/UN Agencies & INGO

Name of Organisation or Group	Contact	Type of Service Provided (list for each)		
		Health	Prevention	Remarks
UNFPA	Auwal Abubakar 09053779647 auabubakar@unfpa.org	Clinical management and treatment, of rape PSS, Referrals to supported higher level of care, Capacity building of Health workers and provision of PEP kits	SGBV awareness creation through radio jingles, community sensitization	Counselling session, provision of safe spaces in camps and livelihood support for vulnerable women.
UN Women	Titus Orngu (Ph.D.) titus.orngu@unwomen.org 07038967784	Supports access of displaced women, girls and SGBV survivors to health and psychosocial support Supports HCT for women, girls and survivors of SGBV for increased access of women and girls to health services	Supports gender mainstreaming in humanitarian response in conflict setting through the domestication of UNSCR 1325: Conducts capacity training for Ministry Staff and CSOs for creation of a conducive atmosphere for the implementation of UNSCR 1325 in the state and community levels Provides technical support to the State Ministry of Women Affairs in regard to the passage of key gender legislation on gender equality, gender based violence (GBV) Supports SGBV awareness creation through electronic media and community sensitization	Trains and Supports women Mentors at the community level, to mentor other young women on GBV, and peace building Provides economic strengthening to women and SGBV survivors through CSOs. Supports reporting mechanisms and protection services for girls and women affected by human rights abuse.

IRC	Sibinty Conteh Sibinty.Conteh@rescue.org 08069759765	Provide clinical Management for sexual assault survivors (CCSAS) for health staff, provide PEP kits through health facilities, and Provide health care for IPV survivors.	Conduct CCSAS Training for health staff, conduct GBV Trainings for communities and partners on GBV, its consequences and guiding principles, conduct trainings for caring for child survivors(CCS), conduct Case Management trainings for case workers, and GBV Actors	Do case management for GBV Survivors, Provide individual counselling, provide psychosocial support(dignity and household kits and skills acquisition) support the formation of Village Savings and Loan Associations(VSLA)
FHI360	Joseph Emmanuel C . ejoseph@ng.fhi360.org 08061167157	Through SIDHAS supported facilities, FHI360 provides <ul style="list-style-type: none"> • HIV Testing and counselling • STI Screening and Treatment. • Emergency contraception. • Counselling other than the above. • Referral for non-clinical services • Other clinical management including ART, PEP etc 	Through the SIDHAS supported CBO, Centre for Health and Development in Africa(CHEDA), FHI360 provides; <ul style="list-style-type: none"> • Peer education on MPPI • Community mobilization and sensitization • Community dialogue • OVC programming • HIV counselling and Testing • Education on GBV and Gender norms • Formation and strengthening of community intervention structure; kids clubs, community child protection committees, care givers forum, support groups, cooperative societies and savings groups. • Engaging in Household economic strengthening through partnership and linkage. • Referral and linkage 	

<p>UNHCR</p>	<p>Asammau Kwenbeh kwembeh@unhcr.org 08090204621</p>	<p>Provide technical support to all actors as required; tools, including the GBVIMS, case management, Assessments, strategically directions, reporting, prevention and response activities.</p>	<ul style="list-style-type: none"> • Provide training to IDPs committees to build their capacity to prevent and respond to SGBV. • Provide training and information to IDPs about relevant national and international laws. • Conduct or participate in training for the health, including clinical management of rape, security and legal Justice Sectors with the goal of strengthening response action and promoting changes in knowledge, attitude and behaviour about gender and SGBV. • Monitor protection problems among IDPs and provide assistance and solutions accordingly. • Provide training, resource materials, support and assistance to psycho- social implementing partner. • Advocacy on SGBV issues and best practices • Provide technical support on community based protection • Work closely with UNDAF and state actors on gender and HIV/AIDS prevention 	<ul style="list-style-type: none"> • Oversee coordination of all interventions (medical, psycho – social, legal and security) • Monitor progress of intervention provided to the survivor and conduct advocacy. • Follow up and assist with administrative solutions as needed (relocation, documentation etc) • Support through NFIs and socioeconomic activities as the case maybe. • Work closely with UNDAF and state actors on gender and HIV/AIDS response.
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UNICEF	Hannatu A. Yaro Hannatu@gmail.com 08032103586	PSS, Referrals UASC supported in safe, supported interim care, Awareness raising activities, Capacity building of CPN and Social Workers. Support Case Workers and Community Volunteers. CFS, SHLF and coordinate and support CPN. Psychosocial support; counselling Identification and treatment of mental disorders.	SGBV sensitization Focused Group Discussions Community mobilization	Counselling Capacity building to MHPSS actors including camp managers Recreational activities (some acts as an income generating activities)
Danish Refugee Council (DRC)	Victoria 08035699413		<ul style="list-style-type: none"> • Provide training sessions for traditional, religious and male/female community leaders on human rights, gender and gender based violence and its consequences for the whole community • Mobilize community leaders in the prevention of GBV and the necessity of supporting survivors rather than stigmatizing • Training Law enforcement agents on National and International Human Rights laws relating to GBV • Ensuring communities know how and where to access GBV services once they are in place • Promotion of a participatory community based prevention approach which reduces the incidence of GBV through training and mentoring community volunteers and CBOs in awareness raising and activism • Building capacity of CBO & government partners through assessments, technical trainings & ongoing mentorship. 	<ul style="list-style-type: none"> • Protection committees improve access to services available to survivors of sexual violence through referral of individuals to care, protection and support services (medical, psychosocial and legal) within 72 hours of the incident • Protection committees serve as links between the community and service providers, gauging trends and potential access to barriers. identifying and referring GBV concerns to appropriate actors for assistance • Increasing the capacity of staff to understand, coordinate and refer GBV survivors to relevant services

			<ul style="list-style-type: none"> • Train humanitarian actors across sectors eg Education, Health, Nutrition, NFI/Shelter, Food Security etc) on how to ensure that actions to prevent and respond to GBV are addressed across their sectoral actions • Disseminate IEC materials on SGBV eg community films, radio shows and posters which aim to reduce violence against women • Advocacy on GBV issues 	
NEMA	Chidi Ogundu chidiogundu@yahoo.com 08036751222		<ul style="list-style-type: none"> • Coordination and managing of resources and material and human including all relevant stakeholders towards efficient and effective disaster and emergency prevention, preparedness, mitigation and response in all its ramification. 	
OXFAM	Ogechi.okebugwu@oxfam ovib.nl 08034250749		<ul style="list-style-type: none"> • Advocacy to line ministries on SGBV • Advocacy and sensitization, • community dialog with traditional, community and religious leaders • Economic empowerment and sensitization to women in the 3 local government areas • Training towards women and survivors on SGBV • Data collection on GBV 	<ul style="list-style-type: none"> • Trauma healing, record keeping, communication • Construction of latrine and toilets in camps

IOM	BASHIR Abubakar 08036873975 baabubakar@iom.int		<ul style="list-style-type: none"> • IOM in the protection cluster IOM is doing identification of GBV cases, sensitization and counselling (psychosocial support) and referral (mostly to IRC). • In CCCM, IOM is providing guidance and technical support to ensure that the survivor have access to proper care in a safe and dignified manner. 	<ul style="list-style-type: none"> • Identification of cases through our psychosocial support activities like focus group discussion, counselling sessions, and recreational activities • Information dissemination in camps and host communities in form of sensitisation and health advocacy • Provision of psychosocial support in the form of counselling sessions for GBV survivor • Referral to agencies like IRC who are in case management and provision of medical care • Follow up of referred cases to ensure survivors receive appropriate care • To accomplish the above response, IOM is working with three psychosocial mobile teams of five persons of different specialisation that are working in camps and host communities
Mercy Corps	Godiya Ussako Ibrahim 08064704805 gibrahim@ng.mercycorps.org		<ul style="list-style-type: none"> • Mobilization sensitization of community and Religious leaders on GBV • Mobilization of community leaders in prevention of GBV • Mobilization and training of women groups on GBV and psychosocial first aid • Referral and linkages 	<ul style="list-style-type: none"> • Cash grants support for survivors

8. Informing the Community, Advocacy, communication and social mobilization about these SOPs

The MWA&SD jointly with all the members of this SOP including the local CBO, NGO faith based organizations will be responsible for ongoing information dissemination in the community.

9. Documentation, Data, and Monitoring

9.1. Data management, reported incidents

Standard Intake Report Form - The GBV intake form is a template for use by all actors. However, for Adamawa there are three organizations that are trained to capture data including WYEAHI, CHEDA, CWAE and IRC that are also in charge of entry into the GBV IMS data base..

Incident report forms contain extremely confidential and sensitive information and may only be shared with others under certain circumstances.

Original completed Incident Report Forms and Consent Forms are maintained in locked files. In a camp setting, the files must be kept in the office outside the camp.

The data report should specifically state the limitations of this data, as it is only information about self-reported incidents, which represents only a small proportion of actual GBV incidents that may be occurring in the setting.

The data elements to be included in this report are:

- Number of incidents and by type of incident (case definition)
- Number or percentage of incidents (by type of incident) by:
 - Time of day (morning, afternoon, evening, night)
 - General location (keeping in mind that if location is too specific, it may identify a survivor)
 - Survivor age, marital status, other demographic information
 - Perpetrator relationship to survivor
 - Number of perpetrators
 - Perpetrator age, other demographic information
 - Services received, referrals made, actions pending
 - Outcomes

9.2. Indicators

Prevention	Number of sensitization and awareness campaigns towards the communities conducted on behalf of the GBV SC
	Number of persons per category of stakeholders sensitized (youth, women, IDPs, community leaders, etc.)
Legal	Number of GBV affected communities in need of legal assistance receiving legal assistance
	Number of GBV cases in need of legal assistance receiving legal assistance
Health	Percent of GBV affected communities in need of health care receiving quality health care
	Number of GBV cases of rape referred to health facilities and that received treatment
Psychosocial Protection /	Percent of communities [or camps] that have functioning safe spaces for children and women
	Number of people reached for psychosocial support
Security operatives	Number of GBV training organized toward the security personnel
	Number of GBV cases recorded by the security agencies
Coordination	Number of humanitarian partners with projects addressing GBV
	At least, 4 quarterly reports have been issued by the GBV SC annually

9.3. GBV monitoring report

The GBV coordinating Lead MWA&SD and co-lead UNFPA produce a written quarterly report that is shared with members of the GBV working groups.

The monitoring report includes quantitative data about reported GBV incidents and case outcomes as well as qualitative data gathered from GBV working group members. The report identifies issues and actions undertaken to address these issues. The 5 Ws, Action plans, contacts, etc. should regularly be updated and monitored

10. Coordination

GBV Sub Working Group made up of representatives of NEMA, SEMA, UNHCR, IRC, UNWOMEN, OXFAM, UNFPA, IOM, DRC, CSOs and Police will meet once a month to coordinate activities of actors and to discuss and analyze information about GBV incidents being reported, general outcomes, security issues, referral and coordination issues, and other factors. This information will guide the continuous development of response interventions.

The Sub Working Group will be chaired by MWASD co-chaired by UNFPA and assisted by the GBV SC members.

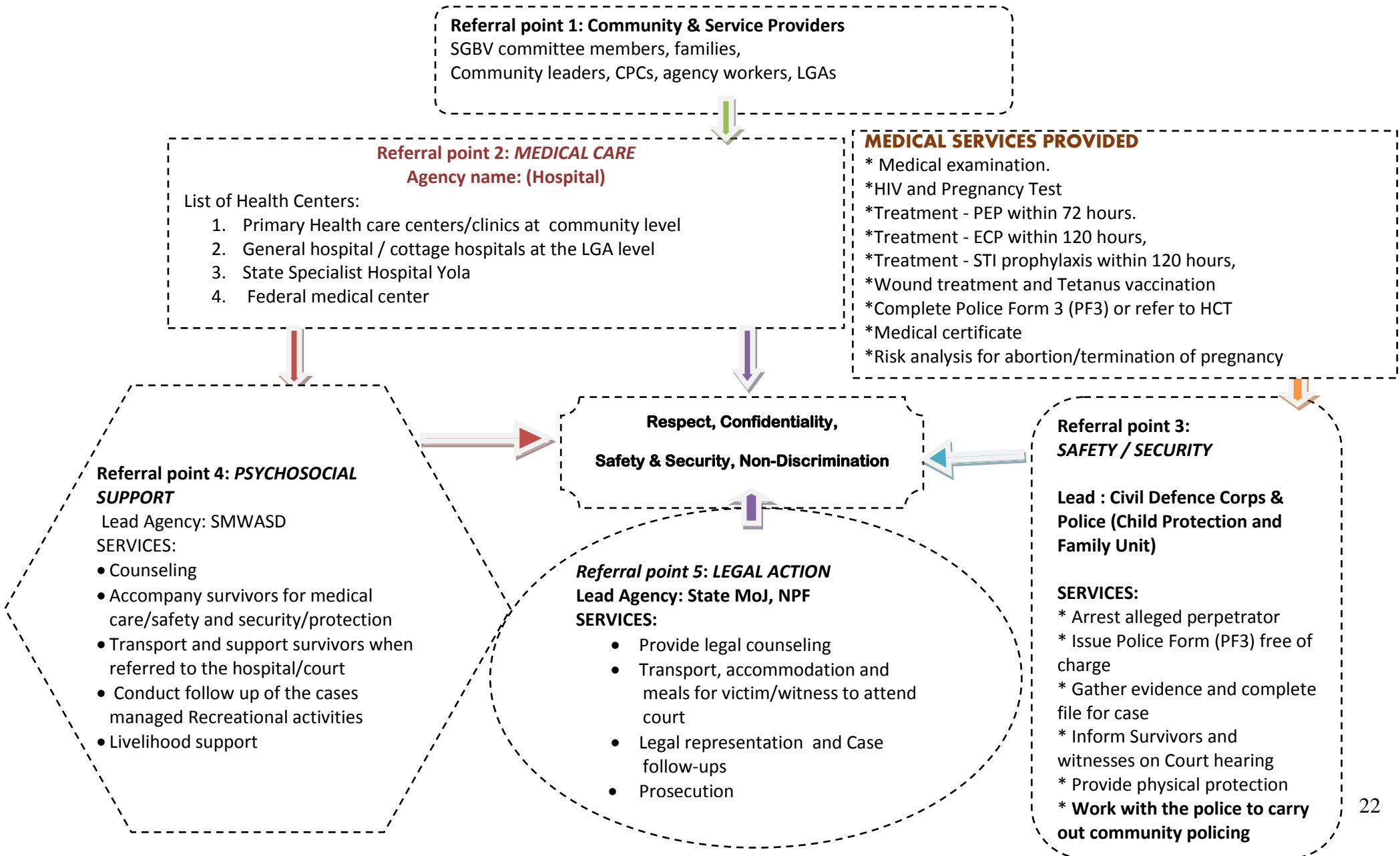
11. Signature Page for Participating Actors

We, the undersigned, as representatives of our respective organizations, agree and commit to:

- abide by the procedures and guidelines contained in this document;
- fulfil our roles and responsibilities to prevent and respond to GBV;
- provide copies of this document to all incoming staff in our organizations with responsibilities for action to address GBV so that these procedures will continue beyond the contract term of any individual staff member;

Organization or Group Name	Date	Name & Signature
MWASH	21/2/16	Arenat A. Alaturu
WYIEAHI	"	Aishatu Marijuna
CLEAR VIEW INT. FOUNDATION	"	Amos, S. YUSUF
UN Women	"	Titus ORNGU (PH.D.)
NEMA	21/2/16	CHIDI OGUNOY
Catherine Andela REGA	21/2/16	GenCap/REGA
ActionAid Nigeria	21/2/16	Amul Bashir
IRC International Rescue Committee	23/2/16	Sibinty Conteh
UNHCR	23/2/16	Kwembek Azamman
Mary Durkan		Small
Oxfam	23-2-16	Ogechi Okebugwa
IDM	23/02/16	Bashir Akubakar
MERCY CORPS	23/02/16	Godiya USSAKO IBRAHIM
MINISTRY OF JUSTICE	23/02/16	Hon. BENJAMIN BAGALE
FIDA	23/02/16	Hon. Benjamin B.
FHI360	23/02/16	JOSEPH EMMANUEL C.
Centre for Health & Dev. in Africa	23/02/16	Aishatu Siddiki
UNI CEF	23/02/16	Hannatu A. Tanf
UNFPA	22/02/16	Amul Abubakar

Annex 1. Adamawa state referral mechanism/pathway (simplified version)



Annex 2. Consent form

Consent form release of information

I _____, give my permission for the following organizations to share information about the incident I have reported in this form, and about my current needs. I understand this permission is needed so that I can receive the best possible care and assistance. I understand that the information will be treated with confidentiality and respect, and shared only as needed to provide the assistance I need and request.

Mark with an X all that apply

- SMWACD _____
- Health Centre _____
- UNHCR (Protection/Community Services Officer)
- Police
- OPM GBV focal point :

Other, specify

Signature or thumb print

Witness (signature or thumb print

Date _____

Annex 3. Participant's list for MISP Training

FRONTLINE HEALTH WORKERS TRAINING IN YOLA ADAMAWA STATE

28th - 30th September

Arrival – 27th while departure 1st of October

S/NO	NAME	FACILITY	PHONE NO.
1	Ali Baba Ahmad	Dasin Hausa	08135440061
2	Pwanagoshi Emmanuel	Ribadu	08134007981
3	Garsol Gugwal	Purakayo	08080628678
4	Festus Hammandikko	Kola	07063320095
5	Anunawa .J. Puri	Lokoro	07086568150
6	Rhoda Daniel	Bobini	08027433472
7	Usman Hayatu	Sorau .B. PHC	08123644967
8	Usman Saudi	MCH waltandi	08025030410
9	Kabiru Yunusa	MCH zumo	08080309436
10	- Wurode Inocent .B. Lema	MCH kilange funa	08026277346
11	Gabriel Bello	MCH – Timbukum	08075359931
12	Sa'a Luka	Atiku Abubakar clinic	08034423589
13	Fadimatu Buba	Major Aminu urban health center	08069265728
14	Chubiyo joe Stephen	GH Mubi	07067940698
15	Pwanedo Karka	MCH Coordinator	08067799782
16	Zainab Muhammad	HIV/AIDS coordinator	08033141864
17	Maryam Bello	MCH SMOH	07032219022
18	Mairo Adamu	Yelwa clinic	
19	Toriko Ruben	Makera PHC	08137286408
20	Indiana Anakansa	MCH Song	08126378589
21	Fati Harua	Specialist Hospital Yola	
22	Rose John	Wuro Hausa MCH	8069238818n
23	LANO M. JAULE	Nbalang	8100182213
24	Asma'u Ahmadu	Orphanage	07086738617
25	Patrick Godi	Yolde - pate	08074433625
26	Rashida Tahir	SPHCDA(social protection)	08127202124
27	Naomi Midala	MCH Toungo	08022626859
28	Rabi Aliyu	FMC Yola	08162172327
29	Susummen S. Gangkuba	Sangasumi	08036872013
30	Shalram Godfery	Njobbore	07036767570

Annex 4. Participant's list for PSS Training

Participant List - 9TH - 11TH September 2015 6 Adamawa State Participant

LIST OF PARTICIPANTS FOR BASIC PSS TRAINING

1. PWAKUSARI b. Ngbala	07036081800	Social Workers /Women Affairs
2. Hauwa Wette	08076778445	Social Workers /Women Affairs
3. Esther Daniel	08160443892	Social Workers /Women Affairs
4. Charity Sebastine	08062248537	Social Workers /Women Affairs
5. Edward Yadzwa	08034311036	Social Workers /Women Affairs
6. Markus Yarata'ada	08087498024	Social Workers /Women Affairs
7. Hajara Gorko	07061821316-	Social Workers /Women Affairs
8. Habiba Yakubu	07063419562	Social Workers /Women Affairs
9. Aishaty Sa'ad	08167405372	Social Workers /Women Affairs
10. Mohammed Mayos	08027715534	Social Workers /Women Affairs
11. Fadimatu M. Nyako	08038079351	Social Workers /Women Affairs
12. Abubakar Tanko	08034932339	Social Workers /Women Affairs
13. Ruth Akila	08077583193	Social Workers /Women Affairs
14. Mohammed Usman	08063620391	Social Workers /Women Affairs
15. Maryam Ishaya	07067954220	Social Workers /Women Affairs
16. Adamu Bashir	08033056485	Retired Nurse
17. Amina Usman	08037123124	Retired Nurse
18. Kaltumh Abdullahi Abari	08037123124	Retired Nurse
19. Eden Kuangu	08086232504	Retired Nurse
20. Halima Laden	08060762520	Retired Nurse

Advanced Trauma Counselling training - PSS training 13th – 18th September

LIST OF PARTICIPANTS FOR Advance PSS TRAINING

1. Jesman Irimiya	08020778808
2. Daniel Albert	07039156011
3. Idris Muhammed	07083820582
4. Asmau Ahmadu	07086738617
5. Amina Mohammed	08039281627
6. Asha Siddiqi	07038312891
7. Audu Babba	08032944871
8. Rebecca Tarfa	08036431235
9. Dr. Fadimatu Abubakar	08033162823
10. Fadimatu Iya	08036533065

Annex 5. Participant's list for CMR Training

Training of Health Workers on Clinical Management of Rape

28th – 30th September 10, 2015

1	Kulu Sa'ad	Specialist hospital yola	07063899642
2	Asma'u Ahmadu	Orphanage	07086738617
3	Dr. Tanko BEPHUEL	GH Michika	08036525922
4	Peter Tihze	CH Fufore	08038562778
5	Sani Muhammad Alhaji	CH Fufore	07031361244
6	Dr. Rapheal	CH Toungo	08069116331
7	Dr. Nnabue O. C.	GH Ganye	08037145643
8	Paula pumbwem	GH Numan	08076335929
9	Dr. Nuhu Teri	GH Numan	
10	Dr.Ibrahim Muhammad Ibrahim	Specialist Hospital Yola	08067850353
11	Dr. Emeka	CH Mayo Belwa	08032307240
12	Salihu Yakubu	CH Toungo	07010834908
13	Dr. Francis Daluhub	CH Song	08039711061
14	Hajiya Hauwa Musa	ASPHCDA	08085020705
15	Hauwa Musa	GH Garkida	08075164917/08038448526
16	Rebecca Tarfa	ASPHCDA	0803631235
17	Christiana Barnabas	GH Ganye	08059513324
18	Dr. Paul S. Nargwa	ASPHCDA	08064753234
19	Esther Neils	Lokuwa MCH	08033805291
20	Blessing peter	CH Toungo	08131640260