STANDARD OPERATING PROCEDURES
FOR
RESPONSE TO GENDER BASED VIOLENCE IN
HUMANITARIAN OPERATIONS
ADAMAWA STATE

NOVEMBER, 2015
This first edition of Adamawa state Referral Pathway Standard operating procedure for response to Gender Based Violence in Humanitarian operations, is the product of inter-agency collaboration led by Adamawa state Ministry Women Affairs (AMWA) Co-chaired and funded by United Nations Population Fund (UNFPA).

The Referral Pathway Standard operating procedure for response to Gender Based Violence in Humanitarian operations and the Terms of reference for the Gender Based Violence Sub Technical Working Group reflects the determination of the agencies in the state to improve the quality of life with honor and dignity and their accountability to Internally Displaced Persons (IDPs), Affected Population and Stakeholders also contributing towards the best possible support and outcome for victims of Gender Based Violence.

The aim of the Gender-Based Violence (GBV) Standard Operating Procedures (SOP) is to facilitate joint referral pathway for women, men, boys and girls at risk during Conflict situation and natural disasters, as well as families and communities. The SOPs was developed to facilitate joint action by all actors to respond to GBV in a humanitarian crisis setting.

A word of gratitude goes to the representatives of the following humanitarian organizations have provided technical support for the development of the document: UNHCR, UNICEF, UNFPA, IOM, IRC, DRC, Mercy Corps, Action Aid, The Ministry of Women Affairs and Child Development, and the police.

Honorable Commissioner
Adamawa State Ministry of Women Affairs
Chair GBV – TSWG

Country Representative
United Nations Population
Co – Chair GBV – TSWG
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1.0 Introduction and Setting

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. The SOP is developed by representatives of the following humanitarian organizations: UNHCR, UNICEF, UNFPA, IOM, IRC, DRC, The Ministry of Women Affairs and Child Development, and the police. 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.

Multi-sectoral response to GBV:
This includes the following; Health (medical response to sexual violence, and any other services needed), Psycho-social (psychological counseling, trauma counseling, emotional support), Protection/Security (safe spaces, police), Legal aid (legal response to GBV)

2.0 Definitions of 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.

**Defilement**: having canal knowledge with a person below the age of 18 years with or without consent.

**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 Marriage**: It refers to marriage of an individual against her or his will

**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.

**3.0 Guiding Principles and Rights for Working with Individual Survivors:**
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.
**Disclosure and Reporting:**
A survivor has the freedom and the right to disclose an incident to anyone. S/he may disclose her/his experience to a trusted family member or friend. S/he may seek help from a trusted individual or organization. Anyone the survivor tells about her/his experience has a responsibility to give honest and complete information about services available, to encourage her/him to seek help, and to accompany her/him and support her/him through the process whenever possible. The suggested entry points to the helping system for survivors seeking help are the health service providers, psychosocial service providers (IOM, IRC and UNFPA), SEMA/NEMA (Officers in the reception center camps) and the police. Entry points will be accessible, safe, private, confidential, and trustworthy.

**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:

a) Incident Report Form (IRF) (Annex 2)

b) 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)

**Special Procedures for Child survivors:**
Upon receiving initial report from a child survivor, the SGBV focal person will immediately contact the UNFPA officer on ground who is the SGBV Focal Point.

a) The parents or guardian of the child should be informed about the interview.

b) 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.

c) 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.

**4.0 GBV Documentation, Data and Monitoring**

**Standard Incident Intake Form:**
The GBV intake form is a template for use by all actors. Actors should ensure members of their organization who collect information from the survivor are appropriately trained on how to fill out the form and how to act in accordance with the guiding principles.
Copies of completed forms MUST be handled over to UNFPA officer on ground for entry into the GBV IMS data base. (Who is responsible to share information according to the ISP) is responsible for sharing data on GBV cases.

**Co-ordination:**
GBV Sub Working Group made up of representatives of NEMA, SEMA, UNHCR, IRC, 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 a UNHCR and IRC
<table>
<thead>
<tr>
<th><strong>Name of Organisation or Group</strong></th>
<th><strong>Contact</strong></th>
<th><strong>Type of Service Provided (list for each)</strong></th>
<th><strong>Prevention</strong></th>
<th><strong>Response</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SMWSDA</strong></td>
<td>Anna Balami 08020340598</td>
<td>Coordination of all response from all partners in the state</td>
<td>Coordination of all response from all partners in the state</td>
<td>Coordination of all response from all partners in the state</td>
</tr>
<tr>
<td><strong>UNFPA</strong></td>
<td>Joy Michael 08183116941 <a href="mailto:Jmichael@unfpa.org">Jmichael@unfpa.org</a></td>
<td>Clinical management and treatment, PSS, Referrals to supported higher level of care, Capacity building of Health workers and provision of PEP kits</td>
<td>SGBV awareness creation through radio jingles, community sensitization</td>
<td>Counselling session, provision of safe spaces in camps and livelihood support for vulnerable women.</td>
</tr>
<tr>
<td><strong>IRC</strong></td>
<td>Sibinty Conteh <a href="mailto:Sibinty.contech2@recuse.org">Sibinty.contech2@recuse.org</a> 08185615365</td>
<td>Provide clinical Management for sexual assault survivors (CCSAS) for health staff, provide PEP kits through health facilities, and Provide health care for IPV survivors.</td>
<td>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)</td>
<td>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)</td>
</tr>
<tr>
<td><strong>UNHCR</strong></td>
<td>Asammau Kwenbeh KWEMBEH@ unhcr.org</td>
<td>Provide technical support to all actors as required; tools, including the GBVIMS, case management, Assessments, strategically directions, reporting, prevention and response activities.</td>
<td>Provide training to IDPs committees to build their capacity to prevent and respond to SGBV.</td>
<td>Oversee coordination of all interventions (medical, psycho – social, legal and security)</td>
</tr>
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</table>

- 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)
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

- Socioeconomic activities as the case maybe.
- Work closely with UNDAF and state actors on gender and HIV/AIDS response.
<table>
<thead>
<tr>
<th>Organization</th>
<th>Contact Person</th>
<th>Service(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNICEF</td>
<td>Hannatu A. Yaro</td>
<td>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.</td>
</tr>
<tr>
<td>ACTIONAID</td>
<td>Auwal Bashir</td>
<td>Psychosocial support services</td>
</tr>
<tr>
<td>FIDA</td>
<td>Honchi Benjamin Bajeh</td>
<td>Free Legal Services and representation in court</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:Homchibejamin@yahoo.com">Homchibejamin@yahoo.com</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>07066727457</td>
<td></td>
</tr>
<tr>
<td>Legal Aid Council</td>
<td>Frank Ogbe</td>
<td>Provision of free legal services and legal representation in court for SGBV Cases</td>
</tr>
<tr>
<td></td>
<td>08036341640</td>
<td></td>
</tr>
<tr>
<td>Prison Inmate Development Initiative</td>
<td>Mbami Iliya Sabka</td>
<td>Community awareness creation on GBV and violation of human right Support survivor with social support and integration</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:Pidicentre@gmail.com">Pidicentre@gmail.com</a></td>
<td></td>
</tr>
<tr>
<td>Crystal Justice Initiative for Legal Advancement</td>
<td>Daihatu Musa Mohammed</td>
<td>Legal Advisory and link to lawyer for legal representation</td>
</tr>
<tr>
<td></td>
<td>08065443023 <a href="mailto:dalhatutumsa@gmail.com">dalhatutumsa@gmail.com</a></td>
<td></td>
</tr>
<tr>
<td>State Ministry of Justices</td>
<td>Humchi Benjamin</td>
<td>Provide free legal advisory and legal representation in the court for GBV Survivor</td>
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<td></td>
<td>07066727457</td>
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<tr>
<td>Organization</td>
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<td>Contact Information</td>
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<tr>
<td>CRI Yola</td>
<td>Abdullahi Asini</td>
<td>07034615867 <a href="mailto:a.buba@yahoo.com">a.buba@yahoo.com</a></td>
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<tr>
<td>Nigeria Police Force</td>
<td>Det Ayuba Dauda</td>
<td>08069211068</td>
</tr>
<tr>
<td>National Human Right Commission</td>
<td>Grace Hamza</td>
<td></td>
</tr>
</tbody>
</table>
| Danish Refugee Council (DRC)         | Lillian Ohuma               | Lillian.Ohuma@drc.dk 09031719751      | ❖ 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 that 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  
❖ 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 |
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<tr>
<th>Community volunteers and CBOs in awareness raising and activism</th>
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<tr>
<td>❖ Building the capacity of community organizations and government partners through assessments, technical trainings and ongoing mentorship.</td>
</tr>
<tr>
<td>❖ 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.</td>
</tr>
<tr>
<td>❖ Disseminate IEC materials on SGBV eg community films, radio shows and posters which aim to reduce violence against women</td>
</tr>
<tr>
<td>❖ Advocacy on GBV issues</td>
</tr>
</tbody>
</table>
ADAMAWA STATE REFERRAL MECHANISM/PATHWAYS

Referral point 1: Community & Service Providers
SGBV committee members, families,
Community leaders, CPCs, agency workers, LGAs

SERVICES:
Counseling: IOM, UNFPA, CRI, DRC, IRC, UNICEF
CRI - Abubakar Abana - 08035508583 – Yola
UNFPA – Joy Michael - 08138116941 – Yola
IOM - Glady Giosk - 09038852520 – Yola
ADSEMA - Gaigara Shadkalli – 07032853368 – Hotline
Referral of complicated cases to supported health facilities

Referral point 2: MEDICAL CARE
Agency name: (Hospital) – UNFPA: Supported Facilities

List of Health Centers:
1. Solomon Mangapila 07037257463 General hospital Guyuk (Referral Hub Focal Point)
2. Sudu N William 08068586189 General hospital Garkida (Referral Hub Focal Point)
3. Dr Mshelia Andrew 08027409003 General hospital Hong (Referral Hub Focal Point)
4. Dr sakawa Ezra 08059580206 General hospital Mubi (Referral Hub Focal Point)
5. Dr. Fadimatu Iya 08036533065 State Specialist Hospital Yola
6. SHY - Raji Fatima Bello – 08036554131
7. Dr Hamira 08038535812 Federal Medical center Yola

MEDICAL SERVICES PROVIDED
* 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

Referral point 3: SAFETY / SECURITY
Agency Name: UNHCR, Civil Defense Corps & Police (Child Protection and Family Unit), Civil Defense Corps, SMWASD

SERVICES:
* Arrest alleged perpetrator
* Issue Police Form (PF3) free of charge
* Gather evidence and complete file for case
* 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

Referral point 4: PSYCHOSOCIAL SUPPORT
Lead Agency: SMWASD/UNFPA
Other Service providers: IOM, IRC, ActionAid, CRI, UNICEF, CFFAN
SERVICES:
• Counseling
• Accompany survivors for medical care/safety and security/protection
• Transport and support survivors when referred to the hospital/court
• Conduct follow up of the cases managed
• Recreational activities
• Livelihood support
• Women and Youth Friendly Spaces

Referral point 5: LEGAL ACTION
Lead Agency: FIDA
Other agencies: NBA, NHRC, Ministry of Justices, PIDI, JILA
3. NBA - Barri Baba Kano – 08035395636
4. NHRC – Grace Manzo – 07031831522

SERVICES:
• 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
Annex: 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)

☐ MWASD____________________________________________________
☐ Health Centre______________________________________________
☐ UNHCR (Protection/Community Services Officer)
☐ Police
☐ OPM GBV focal point: _______________________________________

Others, specify:
__________________________________________________________
__________________________________________________________

__________________________________________________________

Signature or thumb print
__________________________________________________________

Witness (signature or thumb print)
__________________________________________________________

Date ______________________________________________________
BACKGROUND

The Inter-Agency Sexual and Gender-Based Violence (SGBV) Sub Working Group has been established with the objective of facilitating a more predictable, accountable and effective protection response to SGBV in Adamawa IDP/Returnee operation in NE Nigeria. Gender-based violence is understood to encompass a range of harmful acts that are based on socially-ascribed gender differences, with the recognition that sexual violence and domestic violence are the most urgent considerations in rapid-onset emergencies. To this end, the SGBV sub working Group will undertake advocacy in camps and host communities, standards and policy setting, capacity building and tool development on protection from GBV.

OVERALL OBJECTIVE

The overall objective of the SGBV Sub Working Group is to develop effective and inclusive protection mechanisms that promote a coherent, comprehensive and coordinated approach to SGBV at the camp and host community level, including prevention, care, support, recovery, and holding perpetrators accountable. These actions will be in line with the IASC Guidelines for Gender-based Violence Interventions in Humanitarian Settings and undertaken in accordance with international humanitarian law and human rights law, and be informed by the national legal frameworks of Adamawa state/Nigeria. The SGBV Sub Working Group will undertake its activities within a framework that promotes action based on gender analysis, participation, transparency, partnership, and survivor-centered principles.

PARTICIPATION

Recognizing that a coherent SGBV protection response requires multi-sectoral linkages, the SGBV Sub Working Group will ensure strategic linkages with and seek broad and diverse participation from the Ministry of Women Affairs and Social Development, Ministry of Justice, National Human Rights Commission, NGOs, UN agencies, CSOs, CBOs and other international organizations working on SGBV issues from a protection perspective. It will actively ensure complementarities with other sectors and the development of integrated approaches to protection from SGBV in emergencies. The SGBV Sub Working Group will feed protection perspectives to develop overall norms and standards for operationalizing the IASC-GBV Guidelines.

COORDINATION AND REPORTING

The SGBV Sub Working Group will be held on by weekly basis (with ad-hoc meetings as necessary) and will be chaired by MWASD Co-chaired by UNFPA assisted by IRC/UNHCR with support from the active inter-agency membership. Minutes of meetings will be taken by MWASD secretariat and shared with members and all relevant stakeholders within one week.
Annual and mid-term planning/review meetings will be held to exchange field-level experiences, review learning in protection programming and advocacy work, and develop periodic Inter-Agency SGBV protection work plans. Coordination and reporting mechanisms will focus on tracking results and informing the SGBV Sub Working Group on periodic progress made on work plan activities.

**ROLES AND RESPONSIBILITIES OF THE TASK FORCE**

- **Hold by weekly sub working group meetings in Yola and share the minutes within one week.** Participants at the meetings will provide an overview of all cases, with a focus on immediate solutions to cases (ensuring confidentiality). Ad hoc meetings may be called outside of the by weekly meetings if the need arises to address complex cases.
- **Coordinate and harmonize SGBV prevention and response interventions across camps and host communities/actors to avoid duplicating activities and missing unmet needs.**
- **Collect data on a monthly basis using GBV IMS In take form, and provide analysis of overall trends, and support the implementation of information management and analysis tools for safe and ethical documentation of SGBV.**
- **Liaise and coordinate information-sharing based on the location developed Information Sharing Protocol (ISP) with close link on the National ISP. In addition ensure information gathering and logging tools are harmonized.**
- **Promote the IASC GBV Guidelines and accompanying tools, such as the Adamawa SGBV Standard Operating Procedures (SOP) as standard good practices.**
- **Document and disseminate information on field-level models of SGBV actions, coordination and programming in order to allow analysis, adaptation and replication of good practices across IDP camps/ host communities in Adamawa State.**
- **Work with LGA authorities and female lawyer’s association FIDA to promote and advocate for prosecution and respect for rule of law (enforcement) related to SGBV crimes;**
- **Provide support to training for duty-bearers.**
- **Provide by weekly updates on major issues (including policy issues) and raise them to the PSWG and where necessary Abuja level for support, follow-up and advocacy.**
- **Develop and/or elaborate on norms, standards and tools for SGBV protection actors, and build capacity within the Humanitarian community sector areas to respond to and prevent sexual violence in the camps and host communities, recognizing that other forms of SGBV will also occur and that SGBV protection considerations must be addressed during response, rehabilitation and recovery.**
- **Support the establishment and capacity building of relevant community based response and initiatives to GBV**
- **Operationalize the action sheets on protection in the IASC-GBV Guidelines.**
Receive and respond to requests from the camps/host community for provision of guidance on protection aspects of a comprehensive SGBV approach (multi-sectoral approach), including short-term, inter-agency technical support missions from Abuja and or Geneva.

Develop and implement a periodic work plan. The work plan will include a set of prioritized activities together with outputs, specific timeframes and responsible organizations.