Strategy for Prevention and Response to Gender Based Violence in North East Nigeria

GENDER BASED VIOLENCE SUB SECTOR - NIGERIA
**2020 Strategy for Prevention and Response to Gender Based Violence**

**GBV Sub Sector – Nigeria**

**INTRODUCTION**

The Gender-Based Violence Sub Sector - Nigeria is the forum for coordination and collaboration on GBV prevention and response in Nigeria’s humanitarian response. It brings together NGOs, UN agencies, civil society organisations, and relevant government institutions under the shared objective of ensuring life-saving, predictable, accountable and effective GBV prevention, risk mitigation and response in emergencies. The Ministry of Women Affairs and Social Development is the chair and United Nations Population Fund (UNFPA) is the sector lead Agency of the GBV SS since its inception in 2015.

The GBV SS is guided by the following approaches to achieve its purpose;

1. Lifesaving response to survivors: facilitate access to specialised, survivor centred, multi sectoral and well-coordinated services for survivors
2. GBV Prevention: through addressing root causes and strengthening community based actions/systems that promote accountability and resilience.
3. GBV mainstreaming & risk mitigation: promoting dignity, safety, health and privacy in humanitarian action.

The process for developing this strategy was guided by the concerted efforts of partners and stakeholders across the sector. A midyear review workshop hosted in Maiduguri, brought together participants from the 3 states in July 2019 with logistical support from Plan International. During this workshop, reflections focused on emerging issues, key challenges and proposals for improvement. This was followed by state level HNO/HRP consultations in Adamawa, Yobe and Borno that provided critical feedback on understanding the needs of the affected population for GBV protection and their severity. On 19th November 2019, GBV SS partners jointly developed the sector priorities, objectives and indicators during the sector monthly meeting which were then endorsed by the GBV Strategic Advisory Group (SAG).

This interagency GBV SS strategy provides a vision for comprehensive GBV programming in the current humanitarian response, outlines priority objectives and associated activities. It increases accountability of the GBV SS by linking the coordination work to programming efforts, and it is therefore critical to both coordination and programming. The Strategy includes an Action Plan for 2020 (Annex I) and Monitoring framework for 2020 (Annex II).

**SITUATIONAL ANALYSIS**

Ten years into the conflict, the humanitarian crisis in Borno, Adamawa and Yobe (BAY) states remains one of the most severe in the world today with the third highest level of internal displacement in Africa, only after DRC and Somalia. A total of 7.7 million people – more than one in two people in the crisis-affected BAY states - are in need of humanitarian assistance in 2020, with the vast majority of them in Borno State. The crisis is predominantly a protection crisis characterized by grave violations of human rights and dignity, including killings, sexual violence and abuse, abduction and forced displacement. Nigeria is amongst the countries with the highest overall projected conflict risk index as well as one of the countries whose risk has increased in socio-economic vulnerability, inequality, and food insecurity in 2019, according to the Global Risk Index INFORM.

The protracted nature of the conflict continues to reinforce pre-existing gender inequalities (with women having lesser opportunities) across the BAY states as it continues to record worrying rates of gendered violence especially sexual violence. Between January and October 2019, out of the survivors who sought help for new incidents of gender based

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1 HNO, OCHA Nigeria, 2019
2 GBVIMS January-October, 2019 Snapshot. The data shared is only from reported cases and is in no way representative of the total incidence or prevalence of Gender-Based Violence (GBV) in Nigeria. These statistical trends are generated exclusively by GBV service providers who use the GBV Information Management System (GBVIMS) for data collection in the implementation of GBV response activities in a limited number of locations across Nigeria and with the consent of survivors.
violence, 80% were perpetrated against adults, while 20% of them were against children. Out of these, 13% were incidents of rape, 3% were incidents of sexual assault and 11% were incidents of forced marriage. Sexual violence, especially rape cases are often under reported because of the fear of stigma, blame or to protect family reputation as it is considered a shameful act. 70% of all the incidents were perpetrated in the context of intimate partner violence, meaning the incidents were perpetrated by a current or former partner.

Humanitarian emergencies, as well as interventions, can compound existing risks by increasing the power imbalances between men and women and exacerbate GBV and Sexual Exploitation and Abuse (SEA). The key drivers of GBV and SEA include social norms that legitimate violence against women, lack of laws and policies to protect women and children from violence, weak or ineffective protection and response systems, among others. The risk of SEA and other forms of GBV continue to be a reality and remains one of the major manifestations of the on-going conflict in north east Nigeria. Transactional/survival sex, a form of Sexual Exploitation and Abuse (SEA) that occurs when sex is exchanged directly or indirectly for material support, is common in such context of extreme poverty. IDPs, specifically women, single female headed households, adolescents, girls with disabilities, girl hawkers and those who are experiencing food insecurity are among the most vulnerable to experience GBV and are more likely to engage in survival sex. Survivors are also exposed to re-occurring abuse and continue to experience stigma and shame.

The protracted crisis in north-east Nigeria further presents complex consequences on cases of abduction and exploitation of women, men, girls and boys. The conflict – which is on-going - is characterized by deliberate and widespread attacks on civilian populations including sexual violence; abduction, especially of girls and women; disappearances; child and forced recruitment; forced displacement; and the use of human bombs. Female and child-headed households, unaccompanied and separated children, and adolescent boys and girls are particularly at risk of gender based violence (GBV), child and forced recruitment, and human trafficking, while adolescent and adult males face threats of harassment, arbitrary arrests and detention, and serious maltreatment during detention.

While child marriage is not a new phenomenon in NE Nigeria, the specific nature of the conflict and humanitarian interventions has contributed to this practice. Forced marriages are under reported because it is often not considered a form of sexual violence in a very patriarchal system that gives absolute right to caregivers to make decisions on behalf of their children. Mostly, cases of forced marriages are identified only when survivors report other incidents of GBV. This therefore requires system wide efforts to support meaningful prevention and risk mitigation interventions. The Gender Based Violence and Child Protection Sub Sectors consistently advocate for a concerted effort from agencies/sectors given the interconnectedness of the issues in order to prevent and mitigate risks associated with provision of aid.

**SUMMARY OF NEEDS**

1.3 million individuals targeted for GBV response

499,411 formerly abducted/associated with the armed groups & forces, survivors of trafficking in need of successful reintegration into a healthy social environment

468,900 women and girls of reproductive age in need of dignity kits

250,000 individuals in need of specialized services (medical - including psychiatric services, psychosocial services access to justice, safety options and security mechanisms)

407,814 adolescent girls either living in or are at risk of forced/early/child marriage

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3 The Face of Abduction: Response Framework for Survivors and Returnees from Non-State Armed Groups (NSAGs) in NE Nigeria

4 See GBV-CP SS Briefing Note: Inter-Agency Efforts Needed to Avert Child, Early and Forced marriages
1.3 million individuals are targeted by the GBV SS for direct GBV response services in 2020 within two humanitarian consequences related to physical and mental wellbeing and standard of living. 45% and 34% of the target population are girls and women respectively. This is because women and girls are particularly susceptible to intimate partner violence, rape, child, early and forced marriage, female genital mutilation/cutting, survival sex, and human trafficking. However, it’s important to recognize that that in north east Nigeria, men and boys are also the targets of sexual violence and abduction.

Women and children constitute 87% of the new displacements experienced by the communities affected by conflict in north east Nigeria. Critical needs for dignity, including in menstrual hygiene remain largely unmet for women and girls of reproductive age facing displacements. At least 468,900 women and girls of reproductive age are in need of dignity kits in Borno, Adamawa and Yobe states in 2020. In addition to living in crowded areas, without privacy, the reproductive health needs of women and girls continue throughout the disaster. Yet, in displacement settings, many women and girls cannot afford sanitary/dignity materials and other basic needs. Without access to culturally appropriate clothing, sanitary and hygiene items, the mobility of women and girls is restricted. Their health and safety can also be compromised. As a result, they might be unable to seek basic services including humanitarian aid. The provision of dignity kits and services is very significant and will help in addressing several other protection concerns. Including the ability to promote mobility, self-esteem and safety of women and girls and right to dignity, privacy and other sexual and reproductive health rights.

54% of the new incidents of conflict-related sexual violence between January and October 2019 were reported to have been perpetrated by security personnel including armed forces/groups. Other perpetrators include business men, tricycle riders, members of the community and family members including care givers. At least 20% of the incidents were perpetrated in the context of sexual slavery, to individuals held against their will, abducted or kidnapped. Of the women and girls who were forced and abducted from their homes, market places, during public transport, among others by the Boko Haram, many have been raped, forced into marriage – including child brides and labour, abused physically, sexually and/or emotionally, exposed to sexually transmitted diseases, and often impregnated by their captors. As experiences of gender based violence, specifically conflict related sexual violence (CRSV) is interwoven in all the stages and maybe experienced multiple times – from abduction/entry, while in captivity, during exit and reintegration process.

While humanitarian assistance is reaching NSAG survivors and returnees, it is still inadequate to cover the breadth and depth of the needs. Many women and girls, isolated and excluded not only by communities but also their families, face dire poverty and some are forced into prostitution to feed their children. A new and negative dimension could be added or created if the needs of the survivors are not met and will worsen the already complex conflict situation in north east Nigeria. An all-inclusive, multi-stakeholder approach to cater for the needs of the survivors and returnees from the NSAGs will diffuse the creation of parallel structures of interventions and uphold the “Do no harm principle”

The risk of SEA, early/child marriages and other forms of GBV continue to be a reality and remains one of the major manifestations of the on-going conflict in north east Nigeria. Adolescent girls, female child headed households, orphaned girls living with care takers, among others are particularly at risk. The risk of exposure of girls to GBV remains extremely high as they are at heightened risk of early marriage and child labour. Between 1% – 38% of the households in 59 LGAs in Borno, Adamawa and Yobe states reported to have married off household member below the age of 18 years in the past month as coping mechanism for lack of access to basic goods and services, safety and security concerns during the Multi Sector Needs Assessment (MSNA) exercise in 2019. The GBV SS has also documented reports of adolescent girls married off and/or exposed to sexual abuse as a coping mechanism. At least 4

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5 Humanitarian consequences are the effects of stresses and shocks on the lives and livelihoods of affected people, and their resilience to future negative events.

6 The GBVIMS consolidates data points on NSAGs and armed forces/military together. This is done as a safety precaution to protect the service providers from retaliations and protect the confidentiality of the survivors.

7 GBVIMS January-October, 2019 Snapshot. The data shared is only from reported cases and is in no way representitive of the total incidence or prevalence of Gender-Based Violence (GBV) in Nigeria. These statistical trends are generated exclusively by GBV service providers who use the GBV Information Management System (GBVIMS) for data collection in the implementation of GBV response activities in a limited number of locations across Nigeria and with the consent of survivors.

8 The Face of Abduction: Response Framework for Survivors and Returnees from Non-State Armed Groups (NSAGs) in NE Nigeria

9 REACH, 2019
adolescent girls\textsuperscript{10} either living in forced/early/child marriage situations or are at risk of child/forced marriage and therefore in need of tailored responses, specifically to avert child/early marriages.

Therefore, although the coverage of GBV service provision improved in 2019, the needs for GBV interventions far outweigh the capacity of existing actors. Comprehensive GBV services through case management and targeted programming are critical in assisting survivors to develop positive coping mechanisms and build resilience.

## THE GBV PREVENTION AND RESPONSE STRATEGY

This strategy presents an opportunity to advance humanitarian leadership commitments on GBV response, prevention and mainstreaming/risk mitigation as well as related commitments such the Humanitarian Country Team (HCT) commitments on addressing the critical dignity and menstrual hygiene needs of women and girls in January, 2019 and the Oslo Conference on Ending Sexual and Gender-Based Violence in Humanitarian Crises in May 2019.

The GBV SS partners and key stakeholders will build on progress made in 2019 to respond to the needs of women, girls, men and boys affected by gender based violence, while strengthening capacity on preparedness and making investments to strengthen systems and institutions that prevent and address GBV. The strategy will be underpinned by promoting the GBV SS’s localisation agenda.

### Sector Objectives and Priorities

#### Purpose

The overarching goal of the GBV Sub Sector strategy is to provide safe and comprehensive services to those affected by gender-based violence and facilitate the recognition that GBV programming is the responsibility of all humanitarian actors and needs to be addressed with adequate, comprehensive and coordinated actions. The strategy is guided by three approaches; 1) Lifesaving response to survivors of and those at risk of violence, 2) GBV prevention and 3) integration of GBV risk mitigation and mainstreaming aimed at promoting dignity, safety, health and privacy in humanitarian action. Emphasis is also placed on upholding the zero tolerance for SEA across the humanitarian system through promoting accountability, prevention measures and support to survivors.

#### Objectives

The following objectives guide the GBV Sub Sector response plan that’s linked to the specific and strategic objectives of the overall response.

1. Improved access to quality lifesaving and well-coordinated GBV response services for survivors and individuals at risk (linked HRP specific objective 1)
2. Enhanced wellbeing among survivors/vulnerable individuals through survivor centred service provision and GBV risk mitigation efforts into humanitarian response efforts (linked to HRP specific objective 5);
3. Strengthened community resilience and systems/institutions that prevent and respond to gender-based violence including harmful practices (linked to HRP specific objective 7);
4. Strengthened and sustained capacity of GBV actors to deliver quality GBV services, with deliberate focus on capacity development of local actors (local organisations, government, and CBOs and Women’s Organizations)

#### Indicators

- Percentage of survivors provided with GBV case management and specialized services (medical - including psychiatric services, psychosocial services, access to justice, safety options and security mechanisms).
- Percentage of individuals at risk who receive immediate material assistance including dignity kits
- Percentage of practitioners benefitting from training/capacity building initiatives who demonstrate knowledge in improving the quality of service provision

\textsuperscript{10} This figure is not included into the HNO target for the GBV SS as it falls within a third humanitarian consequence related to coping mechanisms.
• Number of beneficiaries who demonstrate improved capacity from peer support, mentoring/coaching, skills building and empowerment programs
• Percentage of beneficiaries (survivors and women/girls formerly abducted/associated with the armed groups & forces, survivors of trafficking) successfully reintegrated into a healthy social environment
• Percentage of frontline responders who demonstrate awareness on services for GBV/TIP/WAFAAG and ability to make safe referrals to appropriate assistance
• Number of relevant institutions/facilities (state services and humanitarian partners) that demonstrate increased capacity in provision of survivor centred services
• Percentage of beneficiaries who access increased social and safe economic/livelihood/income generation opportunities
• Number of relevant institutions and systems that are enabled (either established and/or strengthened) to plan, fund, and deliver multi-sectoral programmes that prevent and respond to GBV, including harmful practices
• Number of persons reached through sensitization, community engagement and capacity building on GBV prevention and principles that address negative social norms

Guiding Principles

All elements of GBV prevention, response, coordination and advocacy should adhere to, at a minimum, the following guiding principles:

Safety and Security: Ensure the safety of the survivor, child and family at all times. Remember that s/he may be frightened, and needs 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, undertake a safety assessment and 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, counsellors, health care workers, etc.

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, guided by the ISP. All identifying personal information (name, address, etc.) will be withheld in the reporting, compilation and sharing of data. Encourage other community members and humanitarian actors to respect the confidentiality of the survivor and not gossip about a case which may increase the stigma of the survivor and discourage other survivors from seeking help in future. When relating to children make sure they understand that you have to share the information with their caretakers or other appointed legal guardian to ensure the safety and security of the child.

Informed Consent: All actors must receive informed consent from the survivor, or legal guardian if working with a minor, prior to any response service or sharing of information. If the survivor cannot read and write an informed consent statement will be read up to the survivor and a verbal consent will be obtained. The survivor should have the option to provide limited consent where they can choose which information is released and which is kept confidential. The objective of informed consent is that the survivor understands what s/he is consenting and agreeing to. Children must be consulted and given all the information needed to make an informed decision using child-friendly techniques that encourage them to express themselves. Their ability to provide consent on the use of the information and the credibility of the information will depend on their age, maturity and ability to express themselves freely.

Respect: Offer information about available support services and respect the choice of the survivor concerning which services s/he wishes to access. Maintain a non-judgmental manner; do not judge the person or her/his behaviour or decision. Be patient; do not press for more information if s/he is not ready to speak about it. Ensure that children are participating in the decision making process of services they can access, and are involved in all decision making processes regarding referral and access to services.
Non-Discrimination and Impartiality: Ensure non-discrimination and impartiality in all interactions with survivors and in all service provision. All actors should provide services without discrimination based on age, sex, religion, clan, ethnicity, wealth, language, nationality, status, political opinion, culture, etc. All actors must be impartial.

Do No Harm: When documenting, reporting, monitoring or providing a service to a survivor, ensure that risks are not greater than the benefits to the survivor.

Best Interest of the Child: In all cases concerning a child, the best interest of the child should be the primary consideration. Apply all the listed guiding principles to children, including their right to participate in decisions that will affect them. A child should be listened to and believed in, and their concerns should be taken seriously. If a decision is taken on behalf of the child, the best interests of the child shall be the overriding guide and the appropriate procedures should be followed. Best interest determination guidelines can also be consulted.

‘Do no harm’ approach: A ‘do no harm’ approach involves taking all measures necessary to avoid exposing people to further harm because of the actions of humanitarian actors

Priority actions

1. Improved access to quality lifesaving and well-coordinated GBV response services for survivors and individuals at risk;
   - Provision of GBV case management and specialized services i.e. medical - including psychiatric services, psychosocial services, access to justice, safety options and security mechanisms.
   - Establishment and running of safe shelter facilities and referral (one stop centres) – with survivor centric Standard Operating Procedures (SOPs), establishment and functioning of women, girls and youth friendly spaces.
   - Strengthening capacity for immediate response to meet the unique needs of women, girls, boys and men formerly abducted and/or associated with armed conflict including appropriate responses to address Conflict Related Sexual Violence (CRSV).
   - Enhance capacity for production, assembly, sourcing and distribution of standardized, culturally appropriate dignity kits to address critical needs women and girls affected by displacement.
   - Strengthen the leadership and coordination of the GBV SS at state and local levels with a view to increasing strong partnerships and participation.

2. Enhanced wellbeing among survivors/vulnerable individuals through survivor centred service provision and GBV risk mitigation efforts into humanitarian response efforts;
   - Implementing programmes that provide peer support, mentoring/coaching, skills building and empowerment targeting adolescents and adults.
   - Systematic collection, collation and analysis of age and gender disaggregated data and information will be enhanced strengthen incident management and generate evidence for more targeted programming and advocacy through implementation of the GBV Information Management Systems (GBVIMS).
   - Strengthen, scale up and/or establish programmes for survivors and women/girls formerly abducted/associated with the armed groups & forces, survivors of trafficking to successfully (re)integrate into a healthy social environment.
   - Capacity building across all humanitarian sectors to increase awareness on services for GBV/TIP/WAFAAG and ability to make safe referrals to appropriate assistance.
   - Engagement of relevant institutions/facilities (state services and humanitarian partners) in provision of survivor centred services. This also includes capacity building and engagement with security actors and other relevant stakeholders.

3. Strengthened community resilience and systems/institutions that prevent and respond to gender-based violence including harmful practices;
   - Implementing programmes aimed at addressing social norms and strengthening community based actions/systems that promote accountability and resilience. This includes community engagement and
capacity building programmes for community structures, dedicated programmes that address vulnerabilities to survival sex, early, forced and child marriage and intimate partner violence.

- Increase access to safe socio-economic/livelihood/income generation opportunities. Through its skill-building activities, the sub-sector will promote linkages to meaningful and protective livelihood activities and promote resilience. Specific focus will be on the re-integration and socio-economic needs of women and adolescents formerly associated with armed groups and children born in captivity/of the conflict.

- Strengthen and sustain capacity building, especially of local actors (local organisations, government, CBOs and women organizations) for preparedness and to deliver quality GBV services.

4. Strengthened and sustained capacity of GBV actors to deliver quality GBV services, with deliberate focus on capacity development of local actors (local organisations, government, and CBOs and Women’s Organizations)

- Improving quality of service provision is a central focus of the response plan. The sub-sector will strengthen ongoing initiatives such as the GBV case management capacity building initiative, and support further development of specific skills such as responding to conflict-related sexual violence and caring for child survivors, complementing these efforts will be training sessions, mentoring and coaching.

- Organise capacity trainings and activities for GBV and non GBV actors: Training of trainers; Training of frontline responders; Training of any humanitarian actors responding in North East Nigeria, Training of partners who are working on GBV related activities

- Strengthened Technical and institutional capacity building of local actors, CBOs, women and government for improved delivery of specialized quality GBV services

The GBV SS will support advocacy interventions with key duty bearers/stakeholders and policy makers to foster favourable environment for GBV prevention and response. It also includes activities that empower survivors of GBV to speak on their own and on behalf of their peers. This will be possible by utilising assessment findings and recommendations in advocacy efforts to enhance the nature and outcomes of the discussions held (increased funding, change in policy, etc.).

CROSS CUTTING ISSUES

Accountability to Affected People

The sub-sector will actively facilitate safe/dignified access and use of humanitarian services, to ensure that services including facilities for humanitarian assistance, are safe and culturally acceptable ensuring that survivors, including men and boys, child and adolescent survivors can safely access and use humanitarian assistance. Ethical programming of service provision will be promoted through reinforcing community consultations, existing feedback mechanisms such as satisfaction surveys, safety audits and post distribution surveys; upholding PSEA protocols and reporting mechanisms. Community consultations in 2019 was critical in informing the sub sector in establishing a standardised dignity kit package to ensure contents are culturally acceptable and in quantities that can meet the basic minimum dignity requirement of a displaced woman.

Mainstreaming Protection, Gender and Disability

The Sub Sector will actively promote adherence to Standard Operating Procedures (SOPs) for GBV prevention and response in line with the principle of “do no harm”. The SOPs also prioritise key actions needed to address the unique needs of male and boys, child and adolescent survivors. The partners agree to adhere, to the following set of principles that represent the foundation for their interventions/assistance, referral, attitudes, and behaviours in addressing GBV:

- Ensure the safety and security of the survivor, child and family at all times

11 Comprises the capabilities, assets (including both material and social resources) and activities required for a means of living. Programs supporting the livelihood opportunities of displaced people should seek to increase participants’ self-sufficiency through improved access to resources and economic opportunities that help them sustain a dignified means of living.
• Maintain confidentiality of the survivor, child and their family at all times.
• Respect the choice of the survivor concerning which services s/he wishes to access
• Receive informed consent from the survivor, or legal guardian if working with a minor, prior to any response service or sharing of information.

Integration with Other Sectors

Promoting GBV risk mitigation across all sectors will form a key component of the sub-sector strategy to reduce the risks for exposure to GBV during programme planning and implementation, promote access, dignity, privacy, satisfaction, well-being, usage, availability, acceptability and quality. This will be done through supporting the Inter Sector Working Group (ISWG) GBV risk mitigation action plan that was developed in 2019. It focuses on implementation of joint safety assessments across sectors, harmonising GBV mainstreaming language and actions and ensuring that all frontline workers have the capacity to refer a survivor who seeks support to GBV services or other services in a survivor-centred way.

While the sub sector will continue to strengthen linkages with child protection and health especially sexual and reproductive health, specific actions will be targeted to mainstreaming in key sectors. The sub sector in collaboration with other sectors will develop guidance to facilitate safe referrals for GBV survivors to access critical services from other sectors while upholding ethical GBV guiding principles of confidentiality, respect, non-discrimination and consent. The sub sector will also work to mainstream the contents of the standardised dignity kits, that has been developed through community consultations to meet the basic minimum needs of women of reproductive age across key sectors such as WASH and CCCM/Shelter/NFI.

Linkages with Longer-Term/Development Activities

The sub-sector plan prioritizes a holistic approach that not only reinstates survivors to their previous conditions but focus on rehabilitation, healing and aims to build their resilience. The strategy is cognizant of the continuum of violence in the lives of women and adolescent girls in the north-east, which is deeply rooted in a culture of gender inequalities and unequal power relations. As a result, there will be investment to building relevant institutions critical to service provision to GBV survivors.

In addition, prevention programmes will place emphasis on community-based interventions that influence positive sociocultural norms, as well as build capacities and mechanisms at state and national levels that address GBV, promote equality, enhance policy and address harmful practices. Additionally, the sub sector will continue to establish close coordination with the EU funded Spotlight Initiative and processes for stabilisation, transitional justice, reparations and reconciliation in order to prioritise the needs and experiences of women, adolescent girls and male survivors in a practical way. Interventions will also leverage linkages that build a critical mass around the engagement of women and young people in peace, security and social cohesion interventions.

IMPLEMENTATION, MONITORING, LEARNING AND EVALUATION

GBV partners in the affected states are responsible for the implementation of the strategy. Partners are encouraged to ensure that all their programmes are implemented in accordance with the guiding principles and the Standard Operations Procedures (SoPs). While the State Ministries of Women Affairs and Social Development (SMWASD) in all the implementing states are responsible for GBV response and prevention activities, linkages with other ministries/sectors such as justice, health, planning are central.

The GBVSS secretariat based out of UNFPA, will be responsible for coordination of the strategy working closely with partners under the leadership of the MWASD. The sub sector undertakes advocacy on key GBV protection issues with the HCT and key stakeholders; facilitate coordination of GBV prevention and response, gender/GBV mainstreaming in humanitarian action and capacity building of partners on technical aspects of GBV programming.

The GBVSS secretariat will work closely with partners to utilise a range of the monitoring tools and actions to track implementation of the strategy.
• Partners will submit periodic reports (5Ws) and updates to the secretariat for compilation of monthly reports. The secretariat will produce monthly reports that will be shared with partners and key stakeholders.
• Quarterly review meetings will be utilised to reflect on implementation, identify areas of gaps and build capacity of partners on key aspects.
• Periodic monitoring exercises will be conducted by the specific technical working group and the SAG to assess the impact of interventions, the GBV trends and patterns as well as to establish beneficiary perceptions on programmes.
• Standard data tools will be developed and or utilised for ethical periodic data collection and analysis to guide decision making. While peer review tools will be updated and used for thematic and location specific reflections on improving quality of service.
• The GBVIMS is the main incident management tool for the GBV SS. Key trends will be analysed through monthly DGO forums and periodic reports to draw attention to specific aspects.

RESOURCES REQUIREMENTS

Sector Capacity

In 2019, the GBV SS witnessed an increase in partners motivated to provide GBV response and prevention services, especially national partners. The majority - 43.3% of the 2020 response plans will be implemented through national partners, while the UN and INGOs will account for 23.3% and 33.3% of the response respectively. The ministries of women and affairs and social development and health across the BAY states are critical to implementation of the GBV response plan. In addition, GBV SS Localisation agenda focuses on engaging civil society organisations, especially Women-Led Organisations (WLO) in GBV coordination and programming through facilitating their participation in both national and international advocacy forums. 3 priority actions have been developed as part of the GBV SS localisation plan that will be critical for the implementation of this 2020 plan, namely; Participation, Capacity building - technical and non-technical and Funding - dedicated funding and sub-granting.

Cost of The Response

The estimated requirement of $29M is the minimum financial resources needed in 2020 for prevention and response to gender based violence programming in Borno, Yobe and Adamawa states and is subject to change as the needs evolve throughout the year. This estimated cost is for direct investments to core programmes such as GBV case management, women and girl’s friendly spaces, standardised and culturally appropriate dignity kits, clinical management of rape, among others. The costing also recognizes that apart from standalone, core GBV programming, additional costs may be required to ensure integration of GBV risk mitigation/mainstreaming into interventions of all humanitarian sectors as well as ensuring the safety and effective working environments for staff.

By November 2019, only 17 per cent of the required funding was available for the GBV response. It is clear that funding for GBV prevention and response is not yet robust enough to meet the needs of survivors and those at risk. Funding is critical to ensure continuity and increased availability of psychosocial, medical, protection, legal, safe shelter and other services to survivors as well as coordination. The availability of quality, easily reachable and survivor-centred services, is critical to ensure that survivors feel confident to seek for support. If these conditions are not met, survivors will not take the risks of reporting at the risk of bearing long lasting medical and emotional consequences. This is why it is critical that safe and confidential, survivor-centred services are made available and are continuous, even when data available on survivors remains scarce.

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<tr>
<td><strong>Sector Objective 1:</strong> Improved access to quality lifesaving and well-coordinated GBV response services for survivors and individuals at risk:</td>
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| Provision of GBV case management and specialized services | • GBV case management programming including caring for child survivors of GBV  
• Provision of CMR–IPV – PSS and other medical services including psychiatric care  
• Mental health and Psychosocial Support Services (age appropriate)  
• Mobile response interventions to target H2R populations  
• Programming to address the immediate needs of survivors/women and girls formerly associated with armed groups & forces/trafficking  
• Access to legal services – including law enforcement and judiciary  
• Establishment and running of safe shelter facilities, and referral (one stop centres)  
• Strengthening capacity/case management for immediate response to women, girls, boys and men formerly abducted and/or associated with armed conflict  
• Establish referral centre and application to facilitate reporting and access to justice | X | X | X | X | Percentage of survivors provided with GBV case management and specialized services (medical - including psychiatric services, psychosocial services, access to justice, safety options and security mechanisms).  
SOPs and guidelines for safe shelter facilities, Sexual Assault Referral Centres (SARC) and Women and girls Friendly Spaces (WGFS) | Partners |
| Production, assembly, sourcing and distribution of standardized, culturally appropriate dignity kits to address critical needs women and girls affected by displacement | • Implement the dignity kit guidance note and the standardised dignity package  
• Procure and distribute standardized dignity kits following the guidance note  
• Establish and run dignity kits production/assembly centre  
• Support initiatives for local production, sourcing and assembly of dignity | X | X | X | X | Percentage of individuals at risk who receive immediate material assistance including dignity kits  
Tools for reporting and monitoring of dignity kits | Partners |
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| Coordinated distribution of standardised dignity kits targeting women and  | • Coordinated distribution of standardised dignity kits targeting women and girls of reproductive age facing displacement  
| girls of reproductive age facing displacement                              | • Conduct community engagements linked to dignity kit programming actions                                                                                                                                 |    |    |    |    | Membership assessment/membership data base Action plans for TWGs                       | GBV SS Secretariat and partners               |
| Strengthen the leadership and coordination of the GBV SS at state and     | • Overhaul and revise the GBV membership data base  
| local levels                                                              | • Develop and popularise key strategic documents for the GBVSS  
|                                                                            | • Form the new GBV Strategic advisory group and hold bi-monthly meetings  
|                                                                            | • Conduct monthly sector meetings in Borno, Adamawa and Yobe  
|                                                                            | • Establish and support the functionality of the following Technical Working Groups – GBVIMS WG, GBV Case Management TWG, engaging with security actors/access to justice TWG, Dignity kits and localisation working, field coordination/SARC  
|                                                                            | • Support field level coordination mechanisms, conduct periodic service mapping and update location specific referral pathways  
|                                                                            | • Develop, maintain and disseminate information products on GBV response in NE Nigeria  
|                                                                            | • Advocacy on key GBV response, prevention, integration priorities response                                                                                                                                 | X  | X  | X  | X  | GBV SS NGO Co-lead  
|                                                                            | ToR for GBV SS NGO Co-lead  
|                                                                            | Advocacy notes                                                                                                                                  |    |    |    |    |                                                                                  |                                               |
| Capacity building (training and mentoring) focused on improving quality of | • Organise (refresher) GBV case management ToT to increase pool of trainers  
| service provision                                                         | • Support partner requests for trainings through the pool of trainers  
|                                                                            | • Organise training for partners on Caring for Child survivors,  
<p>|                                                                            | • Organise training for partners on MHPSS for GBV survivors                                                                                     | X  | X  | X  | X  | Percentage of practitioners benefiting from training/capacity building initiatives who demonstrate knowledge in improving the quality of service provision | GBV SS, partners                             |</p>
<table>
<thead>
<tr>
<th>Activities</th>
<th>Key Actions</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Deliverables/Indicators</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Organise training for partners on case management for survivors of trafficking and CRSV,   • Organise GBVIMS trainings for DGOs  • Working with health sector, organise trainings for health care staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Number of beneficiaries who demonstrate improved capacity from peer support, mentoring/coaching, skills building and empowerment programs</td>
<td>Partners</td>
</tr>
<tr>
<td>Sector Objective 2</td>
<td>Enhanced wellbeing among survivors/vulnerable individuals through survivor centred service provision and GBV risk mitigation efforts into humanitarian response efforts</td>
<td></td>
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<tr>
<td>Implement programmes that provide peer support, mentoring/coaching, skills building and empowerment targeting adolescents and adults</td>
<td>• Establish/maintain Women and Girls Friendly Spaces (WGFS)  • Organise specialised skills building and empowerment actions  • Reintegration programmes for survivors and women/girls formerly abducted/associated with the armed groups &amp; forces, survivors of trafficking to successfully (re)integrate into a healthy social environment</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>Monthly statistical reports, bi-annual reports</td>
<td>Data gathering organisations and GBVIMS Stakeholders</td>
</tr>
<tr>
<td>Implement the GBV Information Management Systems (GBVIMS)</td>
<td>• Support the implementation of the GBVIMS Information Sharing Protocol  • Support data gathering organisations (DGOs) monthly data collection, compilation, analysis and dissemination  • Conduct assessments for potential new DGOs including the engagement of health facilities to GBVIMS  • Support the review of the pilot rollout and implementation of GBVIMS+/Primero</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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</tr>
<tr>
<td>Integration of GBV risk mitigation and mainstreaming into humanitarian response</td>
<td>• Support the implementation of the Inter Agency Working Group (ISWG) GBV risk mitigation action plan  • Develop relevant resources for sectors to mitigate risks of GBV including early/child marriages, survival sex and SEA  • Conduct awareness and capacity building for humanitarian actors on services for</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>Percentage of frontline responders who demonstrate awareness on services for GBV/TIP/WAFAAG and ability to make safe referrals to appropriate assistance</td>
<td>All sectors/ISWG</td>
</tr>
<tr>
<td>Activities</td>
<td>Key Actions</td>
<td>Q1</td>
<td>Q2</td>
<td>Q3</td>
<td>Q4</td>
<td>Deliverables/Indicators</td>
<td>Comments</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
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<tr>
<td>GBV/TIP/WAFAAG and how to make safe referrals to appropriate services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Number of relevant institutions/facilities (state services and humanitarian partners) that demonstrate increased capacity in provision of survivor centred services</td>
<td>Partners, TWG, GBV SS</td>
</tr>
</tbody>
</table>
| Capacity building and engagement with relevant stakeholders - security actors (police, military, CJTF, immigration and NSCDC; and media) | • Establish the Technical Working Group on Access to Justice/Engaging with security actors  
• Develop Information Sharing Protocol with security actors on coordinating information and actions in GBV incidents  
• Engagement and capacity building for security actors and media | X  | X  | X  | X  |                                                                                                                                                                                                                      |                                                                            |
| Sector Objective 3                                                        | Strengthened community resilience and systems/institutions that prevent and respond to gender-based violence including harmful practices                                                                              |    |    |    |    |                                                                                                                                                                                                                      |                                                                            |
| Linkages to meaningful and protective livelihood activities and promote resilience | • Develop guidance for coordination and referrals between the GBV SS and Early Recovery sector  
• Support linkages and efforts for protective livelihoods                                                                                                                                                   | X  | X  | X  | X  | Percentage of beneficiaries who access increased social and safe economic/livelihood/income generation opportunities  
Referral guideline with Early Recovery sector (and other sectors)                                                                                                                                         | Partners, GBV SS, Early Recovery Sector, other sectors/ISWG           |
| Strengthen technical and institutional capacity building of local actors, CBOs, women and government | • Co-coordination of the GBV SS by a Women Led NGO – recruitment of field coordinator  
• Support the implementation of the localisation action plan  
• Develop SOPs for Sexual Assault Referral Centres (SARC) in Borno, Adamawa and Yobe  
• GBV trainings for relevant government institutions – Law enforcement agencies; legal and justice sector; health sector  
• Support the ministry of women affairs and social development in BAY states to implement GBV case management programming (trainings, mentoring, coaching and supervision) | X  | X  | X  | X  | Number of relevant institutions and systems that are enabled (either established and/or strengthened) to plan, fund, and deliver multi-sectoral programmes that prevent and respond to GBV, including harmful practices  
SOPs for Referral Centres                                                                                                                  | GBV SS, partners                                                      |
<table>
<thead>
<tr>
<th>Activities</th>
<th>Key Actions</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Deliverables/Indicators</th>
<th>Comments</th>
</tr>
</thead>
</table>
| Community engagement and capacity building programmes for community structures | • Community sensitisation and outreach activities  
• Targeted programmes on prevent early/child marriages | X | X | X | X | Number of persons reached through sensitization, community engagement and capacity building on GBV prevention and principles that address negative social norms | Partners |
| Sector Objective 4 | Strengthened and sustained capacity of GBV actors to deliver quality GBV services, with deliberate focus on capacity development of local actors (local organisations, government, and CBOs and Women’s Organizations) | | | | | |
| Organise capacity trainings and activities for GBV and non GBV actors | • GBV/SEA training for security actors  
• GBV referral pathways and Safe referrals of GBV/TIP/Trafficking survivors for non GBV specialists  
• PSEA basics and reporting mechanisms  
• PSEA training for GBV case workers  
• GBV in Emergencies training initiatives both at national and international levels | X | X | X | X | Percentage of participants benefitting from training/capacity building initiatives who demonstrate improved knowledge | GBV SS, partners |
| Strengthen capacity for preparedness | • Support local production and assembly for dignity kits  
• Procurement and storage for standardised dignity kits  
• Support mobile teams and develop relevant resources  
• Incorporate GBV components into Protection sector and ISWG RRM | X | X | X | X | | Partners, GBVSS |

**Important to Note**

- All actions to be reported using the 5W monthly reporting template
- All capacity building activities to be coordinated through the GBV SS and respective technical working groups
  - Training targeting law enforcement and security actors (military, police, CJTF, NSCDC, immigration); legal and justice actors will be coordinated through the Technical Working Group on Access to justice/engagement with security actors
  - Training for GBV case management, caring for child survivors, case management for trafficking/WAFAAG will be coordinated by the GBV Case Management Technical Working Group
  - Trainings targeting health care workers will be coordinated in collaboration with the health sector and SRH working group
  - GBVIMS and primero/GBVIMS+ trainings will be coordinated through the GBVIMS officer with support of the GBVIMS working group
### Annex II: Gender Based Violence Sub Sector HRP 2020 Monitoring Framework

<table>
<thead>
<tr>
<th>Activities</th>
<th>Sector Indicators</th>
<th>Need</th>
<th>Target</th>
<th>Unit</th>
<th>Source of Data</th>
<th>Reporting Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcome 1:</strong></td>
<td>Improved access to quality lifesaving and well-coordinated GBV response services for survivors and individuals at risk</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provision of GBV case management and specialized services</td>
<td>Percentage of survivors provided with GBV case management and specialized services (medical - including psychiatric services, psychosocial services, access to justice, safety options and security mechanisms).</td>
<td>250,000</td>
<td>141,462&lt;sup&gt;12&lt;/sup&gt;</td>
<td>People</td>
<td>5W GBVSS, Health sector, GBVIMS</td>
<td>Monthly</td>
</tr>
<tr>
<td>Production, assembly, sourcing and distribution of standardized, culturally appropriate dignity kits to address critical needs women and girls affected by displacement</td>
<td>Percentage of individuals at risk who receive immediate material assistance including dignity kits</td>
<td>468,900</td>
<td>250,000</td>
<td>People</td>
<td>5W, Post Distribution Assessment</td>
<td>Monthly</td>
</tr>
<tr>
<td>Capacity building (training and mentoring) focused on improving quality of service provision</td>
<td>Percentage of practitioners benefitting from training/capacity building initiatives who demonstrate knowledge in improving the quality of service provision</td>
<td>N/A</td>
<td>1,000</td>
<td>People</td>
<td>5W</td>
<td>Monthly</td>
</tr>
<tr>
<td><strong>Outcome 2:</strong></td>
<td>Enhanced wellbeing among survivors/vulnerable individuals through survivor centred service provision and GBV risk mitigation efforts into humanitarian response efforts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implement programmes that provide peer support, mentoring/coaching, skills building and empowerment targeting adolescents and adults</td>
<td>Number of beneficiaries who demonstrate improved capacity from peer support, mentoring/coaching, skills building and empowerment programs</td>
<td>N/A</td>
<td>120,000</td>
<td>People</td>
<td>5W</td>
<td>Monthly</td>
</tr>
<tr>
<td>Implement the GBV Information Management Systems (GBVIMS)</td>
<td>Percentage of beneficiaries (survivors and women/girls formerly abducted/associated with the armed groups &amp; forces, survivors of trafficking) successfully reintegrated into a healthy social environment</td>
<td>499,411</td>
<td>100,000</td>
<td>People</td>
<td>5W</td>
<td>Monthly</td>
</tr>
<tr>
<td>Integration of GBV risk mitigation and mainstreaming into humanitarian response</td>
<td>Percentage of frontline responders who demonstrate awareness on services for GBV/TIP/WFAAAG and ability to make safe referrals to appropriate assistance</td>
<td>N/A</td>
<td>3,500</td>
<td>People</td>
<td>Monkey survey, GBV safety audit</td>
<td>Annual</td>
</tr>
</tbody>
</table>

<sup>12</sup> Indicator measures outcomes but target is performance for all.
<table>
<thead>
<tr>
<th>Activities</th>
<th>Sector Indicators</th>
<th>Need</th>
<th>Target</th>
<th>Unit</th>
<th>Source of Data</th>
<th>Reporting Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capacity building and engagement with relevant stakeholders - security</td>
<td>Number of relevant institutions/facilities (state services and humanitarian partners) that demonstrate increased capacity in provision of survivor centred services</td>
<td>N/A</td>
<td>200</td>
<td>Institutions/</td>
<td>Facility</td>
<td>Annual</td>
</tr>
<tr>
<td>actors (police, military, CJTF, immigration and NSCDC; and media)</td>
<td></td>
<td></td>
<td></td>
<td>Facilities</td>
<td>assessment</td>
<td></td>
</tr>
<tr>
<td>Outcome 3:</td>
<td>Strengthened community resilience and systems/institutions that prevent and respond to gender-based violence including harmful practices</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Linkages to meaningful and protective livelihood activities and promote</td>
<td>Percentage of beneficiaries who access increased social and safe economic/livelihood/income generation opportunities</td>
<td>N/A</td>
<td>100,000</td>
<td>People</td>
<td>5W</td>
<td>Monthly</td>
</tr>
<tr>
<td>resilience</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Strengthen technical and institutional capacity building of local actors,</td>
<td>Number of relevant institutions and systems that are enabled (either established and/or strengthened) to plan, fund, and deliver multi-sectoral programmes that prevent and respond to GBV, including harmful practices</td>
<td>30</td>
<td>15</td>
<td>Institutions/</td>
<td>5W</td>
<td>Monthly</td>
</tr>
<tr>
<td>CBOs, women and government</td>
<td></td>
<td></td>
<td></td>
<td>systems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community engagement and capacity building programmes for community</td>
<td>Number of persons reached through sensitization, community engagement and capacity building on GBV prevention and principles that address negative social norms</td>
<td>N/A</td>
<td>200,276</td>
<td>People</td>
<td>5W</td>
<td>Monthly</td>
</tr>
<tr>
<td>structures</td>
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</tbody>
</table>

- In order to ensure similar measurement across agencies, all training activities will incorporate pre and post training assessments and report on the participation as well as improvement in knowledge – the 5W includes i) number of participants and ii) number of participants who scored the mark that demonstrated knowledge improvement
- GBV SS and Early Recovery and Livelihoods Sector will develop guidelines to facilitate linkages and referrals protective livelihoods initiatives
- Guidance to be provided on indicators for successful reintegration into a healthy social environment by