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AIDS Free
Strengthening High Impact Interventions
for an AIDS-free Generation

GENDER INTEGRATION AND GENDER-BASED VIOLENCE PREVENTION AND RESPONSE

TRAINING MANUAL



GENDER INTEGRATION AND GENDER-BASED VIOLENCE PREVENTION AND RESPONSE TRAINING MANUAL

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AIDSFree

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ACRONYMS

ADS	Automated Directives System
AIDSFree	Strengthening High Impact Interventions for an AIDS-free Generation
GBV	gender-based violence
PEPFAR	U.S. President’s Emergency Plan for AIDS Relief
SARC	sexual assault resource center
SIGI	Social Institutions and Gender Index
UN	United Nations
USAID	United States Agency for International Development
WHO	World Health Organization

BACKGROUND

The Strengthening High Impact Interventions for an AIDS-free Generation (AIDSFree) Project designed and delivered a three-day, face-to-face training for the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) implementing partners working with orphans and other vulnerable children and key populations to increase implementing partners' capacity to design and implement interventions that are gender-aware and -transformative, and prevent and respond to gender-based violence (GBV).

AIDSFree developed this manual based on the sessions delivered during the training for implementing partners to use in their own trainings both within their organizations and with partners.

The training manual presents a three-day curriculum and includes lecturettes, participatory activities, and handouts.

RATIONALE

Nigeria's current population is more than 195 million, of which 49 percent are female and 51 percent are male (PEPFAR 2017). Nigeria has the second-largest HIV burden in the world, with approximately 3,460,000 people currently living with HIV, and women accounting for 57 percent of these individuals. HIV prevalence among key populations is much higher than the national average (19.4 percent in brothel-based female sex workers, 8.6 percent in non-brothel-based female sex workers, and 22.9 percent among men who have sex with men). Due to the high number of AIDS-related deaths, the population of orphans and vulnerable children is estimated at over 1,736,782 (Fontaine, Ogunnubi, and Ezekiel 2016).

Nigeria ranks 122 out of 144 in the Global Gender Gap Index, including 94 out of 144 under the health and child survival category, showing progress from the 2013 Global Gender Gap Index, when the country ranked 122 on health and child survival (World Economic Forum 2016). As demonstrated in the Global Gender Gap Index, gender disparity is significant in all strata of economic and social activities in Nigeria, and is exacerbated by sociocultural rigidities, harmful traditional practices, and a dual legal system that recognizes customary law but lacks both basic protections and enforcement. The 2013 Nigeria Demographic and Health Survey found that 28 percent of women age 15–49 have experienced physical violence at least once since age 15, and 11 percent experienced physical violence within the 12 months prior to the survey. Seven percent of women age 15–49 reported having experienced sexual violence at least once. In addition, 45 percent of women who experienced violence never sought help or told anyone about the violence (National Population Commission and ICF International 2014).

The link between HIV and GBV is well documented (Jewkes et al. 2010; Ellsberg and Breton 2010). Individuals infected with HIV, especially women and girls, are at increased risk for GBV as a result of their status, and those experiencing GBV face a greater risk of HIV infection (Ellsberg and Breton 2010)—a more than 50 percent greater risk (WHO 2013). The intersection between the two creates a dual epidemic.

Men and boys also experience GBV. Key populations and children are at especially high risk, yet often do not have the resources to facilitate their recovery and break the cycle of violence. These disparities are the result of biological, structural, and sociocultural conditions, as well as stigma and discrimination that affect men and women differently, and impede access to resources that can prevent or mitigate GBV.

OBJECTIVES AND SAMPLE AGENDA




Training Objectives

1. To have a dialogue with others working on gender integration, and on GBV prevention and response
2. To share and learn strategies for integrating gender, and on preventing and responding to GBV at the community level
3. To practice using tools for gender integration, and for GBV prevention and response

Sample Agenda

Timing	Session
Day 1	
45 minutes	1. Introducing and Experiencing Gender Dynamics
45 minutes	2. Reviewing Key Concepts in Gender Integration and GBV
60 minutes	3. Introducing Gender Analysis
30 minutes	4. Introducing the Gender and Social Inclusion Integration Continuum
105 minutes	5. Applying the Gender and Social Inclusion Integration Continuum
Day 2	
105 minutes	6. Moving the Dial for Gender Transformation
30 minutes	7. Exploring Types of GBV
30 minutes	8. Exploring the Root Causes of GBV
60 minutes	9. Counseling GBV Survivors
105 minutes	10. Preventing and Responding to GBV in HIV Disclosure and Partner Notification
Day 3	
60 minutes	11. Understanding GBV Referral and Case Management Systems
60 minutes	12. Advocating for Gender Transformation

SESSION 1. INTRODUCING AND EXPERIENCING GENDER DYNAMICS

Session Time 	45 minutes
Learning Objectives 	<p>By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> • Experience gender dynamics from various perspectives
Overview	<p>This session will provide participants an opportunity to engage in a <i>Step Forward, Step Back</i> activity that allows them to experience different identities in a very personal way.</p>
Materials 	<ul style="list-style-type: none"> • Statements for the <i>Step Forward, Step Back</i> activity • Identity cards ready to use and strung onto yarn • Printed statements for facilitator(s) to read out loud
Advance Preparation	<ul style="list-style-type: none"> • Print or write up identity cards and tape yarn to the backs to form neck loops. Identity cards should include the following identities (one per card): <ul style="list-style-type: none"> ○ Lesbian woman ○ Gay man ○ Transgender woman ○ Transgender man ○ Young boy with a disability ○ Young girl with a disability ○ Bisexual man ○ Bisexual woman ○ Young girl ○ Young boy ○ Older woman ○ Mother-in-law ○ Unmarried woman ○ "Girlish" boy ○ "Boyish" girl ○ Widow ○ Heterosexual man ○ Heterosexual woman

- | | |
|--|---|
| | <ul style="list-style-type: none"> ○ Ethnic-minority woman ○ HIV-positive man ○ HIV-positive woman ○ Boy with physical disability <ul style="list-style-type: none"> ○ Girl with physical disability ○ Girl with a mental disability ○ Boy with a mental disability ○ Married girl ○ Straight man ○ Orphaned girl ○ Orphaned boy ○ Ethnic-minority man |
|--|---|

Activity 1.1 Step Forward, Step Back

1. Invite participants to get up and form a line, standing shoulder-to-shoulder in a space you have cleared. Provide instructions for the exercise:
 - Distribute identities and explain that participants should read theirs, making sure no one else can see what theirs is, and hang it around their neck, with the words facing into their chest. Participants should imagine this identity in the context in which they are most comfortable.
 - Give participants a moment to read their cards and think about their identity. When everyone has read their card, explain how we will conduct the activity.
 - Explain that you will read out a statement. If the statement is true for their identity, they should take one step forward. If it is not true, they should take one step back. Participants should not return to their starting position after each statement, but continue moving forward or back from wherever they are as each statement is read.
- Instruct participants not speak during the exercise.
2. Read each of the following statements in turn, and watch as participants choose to step forward or back:
 - I can make decisions about my own health and wellbeing.
 - I feel welcomed and respected in any health facility.
 - I can decide whom to marry and when.
 - I feel comfortable accessing GBV response services.
 - I can walk down any street without fear of harassment or violence.
 - I would feel comfortable going to the health center to access HIV services.
 - I feel safe on public transport.
 - I can work at most jobs without fear of harassment or violence.
 - I usually don't worry when looking for a public bathroom.

Facilitator's Tips

Typically, this exercise is powerful for participants, and they remember its impact for years. Most participants are respectful and curious during the exercise. As the facilitator, it is critical during this exercise that you:




1. Model a serious and compassionate approach to the conversation.
2. Invite a spirit of inquiry and manage the questions participants share calmly, openly, and in a spirit of learning.
3. Maintain a safe space for all participants. This means that if that space is violated, you must act. If you fail to intercede—say, if someone makes fun of an identity or makes an inappropriate joke—you will have made it clear to all participants that this is not, in fact, a safe space, and that will affect the rest of the training. You may also be allowing the injury or reinjury of participant(s).
4. If you feel you must intercede during the session to reestablish the safe space, some options are suggested below.

Occurrence	Facilitator's Options
Participants make a joke about one of the identities.	Remind participants about our commitment to maintaining a safe space for all participants, regardless of identity. Remind them that we are in a workshop focused on preventing and responding to GBV, and that to do that, we must open our minds beyond what we are used to and explore these issues in respectful ways.
Participant walks out of the session.	Allow the participant to leave without making any comment to them or fellow participants. Later, at the break or after the session, try to connect with this participant privately to check in, express concern, and remind them that you are available should they need to talk. Listen compassionately if the participant shares an experience of violence. Typically, listening and being compassionate is all that is required. Remind the participant that they should take care of their self and step out or seek additional conversations if needed. You may also wish to refer them to support services.
Participant says they cannot participate in the exercise using the identity you have given them because they do not understand what this person would do.	Encourage participant to attempt to put themselves in the shoes of the identity they have been given and do their best to respond.

3. When all statements have been read, invite participants to turn their cards around so that everyone can see their identity. Invite participants to look around at their colleagues and note who has moved forward, who has stayed the same, and who has stepped back.
4. Ask the following questions:
 - Take a look around the room at the location of your fellow participants. What stands out for you?

- Who has been able to step the farthest forward? How did it feel to step forward while others fell back?
- Who continued to step back? Did anyone step back for every statement? How did it feel to step back?
- What conclusions can you draw from this exercise?
- What connection does this have for your project?

SESSION 2. REVIEWING KEY CONCEPTS IN GENDER INTEGRATION AND GBV




Session Time 	45 minutes
Learning Objectives 	By the end of this session, participants will be able to: <ul style="list-style-type: none"> • Develop a shared understanding of key concepts in gender integration and GBV
Overview	Participants will have the opportunity to work in groups to test their knowledge on and discuss topics related to gender and sexual diversity, GBV, gender integration, and male engagement.
Materials 	<ul style="list-style-type: none"> • Flipchart with <i>Best Response Game</i> questions • Flipchart with "Scoreboard" written on it and the colored sticky notes for each team on the left of the flipchart • 3"x 3" sticky notes of a different color for each team • Judges table • Timer • Shareable prize
Advance Preparation	<ul style="list-style-type: none"> • Prepare flipchart with <i>Best Response Game</i> questions • Prepare flipchart with "Scoreboard" written on it • Set up a judges' table

Activity 2.1 Best Response Game

1. Form teams of five to six people, and invite each team to choose a team name.
2. After all teams seem to be done, ask them what their team name is, and what color sticky notes they have on their table. Write the name of the team below the corresponding colored sticky note on the score card.
3. Invite each team to select a volunteer. When all teams have sent their teammates to the front of the room, seat them at the judges' table and announce that these people will be the judges for the activity.
4. Provide instructions for the game:
 - There will be several rounds to this game.

- In each round, you will read out a question or a statement. Participants will have three minutes to discuss it with their team, choose the best response, and write that best response on one of the sticky notes.
 - State that there may be many correct answers, but that the judges will be deciding which is the best response.
 - Explain that, after three minutes, you will collect all the sticky notes and read them out loud. The judges will have three minutes to select the best response, and the selected team will receive two points. (Two points for each response works the best because in cases where judges insist that there is a tie, they can award one point to each group.)
 - Whichever team has the most points at the end of the game gets a prize.
5. Begin the game by reading the first question. Set the timer for three minutes.
 - Describe the difference between gender identity and gender expression.
 - Describe the difference between biological sex and sexual orientation.
 - What is the relationship between GBV and HIV?
 - What is gender integration and why is it important?
 - Why is it necessary to engage men and boys as well as women and girls in efforts to improve gender equality?
 - What is GBV? Share your best definition.
 - How does one conduct a gender analysis?
 6. While participants are engaging in the first round, brief the judges, telling them that they will read all of the responses and decide together which is the best response, and which team gets the points. Tell them that there might be many correct responses, but that their task is to select the best one. They should decide who will present the results and a bit of information on why the answer is the best response.
 7. Call time after three minutes. Collect all responses. Read each response, then turn the sticky notes over to the judges for their deliberations.
 8. While the judges deliberate, present the next question and time the group.
 9. After three minutes, collect the responses to the second question; then repeat the first question and let the judges announce the points for the last round and add these to the scoreboard.
 10. Write the scores on the scoreboard after each time the judges name a winner.
 11. Award the prize to the team with the most points.

SESSION 3. INTRODUCING GENDER ANALYSIS

Session Time 	1 hour
Learning Objectives 	By the end of this session, participants will know how to: <ul style="list-style-type: none">• Describe the USAID-recommended gender analysis domains, and apply them
Overview	The session will provide participants an overview of USAID's recommended gender analysis domains, as defined in the ADS 205. It will also allow participants a chance to practice applying these domains in groups.
Materials 	<ul style="list-style-type: none">• <i>ADS 205-Recommended Gender Analysis Domains</i> handout (see Annex 1)• Gender analysis stories for each table• <i>Gender Analysis</i> handout with all stories (see Annex 2)

Activity 3.1 Interactive Lecturette




1. Ask participants whether anyone has conducted a gender analysis and have those who have briefly share their experiences.
2. Explain that there are many gender analysis frameworks that have been developed over the years, but that you will present the gender analysis domains USAID recommends in the ADS 205, pages 10–14, which provide guidance on how to conduct a gender analysis at different levels.
3. Pass out the handout on the USAID-recommended gender analysis domains, go through the handout explaining each domain, and ask for questions.

Activity 3.2 Applying the Gender Analysis Domains

1. Form groups.
2. Explain that each group will get a short story and have 10 minutes to review and identify which gender analysis domains are relevant to the story.

3. After 10 minutes, invite each group to read their story and share which domains they saw and why.
4. Ask the other groups whether they saw any other domains.
5. State which domains are present, and move on to the next group.

SESSION 4. INTRODUCING THE GENDER AND SOCIAL INCLUSION INTEGRATION CONTINUUM

Session Time 	30 minutes
Learning Objectives 	By the end of this session, participants will be able to: <ul style="list-style-type: none">• Describe the <i>Gender and Social Inclusion Integration Continuum</i> as a lens for assessing project approaches
Overview	By the end of this session, participants will understand what the <i>Gender and Social Inclusion Integration Continuum</i> is, and how it can be used as a discussion tool, a diagnostic tool, and a planning tool.
Materials 	<ul style="list-style-type: none">• <i>Gender and Social Inclusion Integration Continuum</i> handout with full summary for each participant (see Annex 3)• Handout with sample projects for each participant (see Annex 4)

Activity 4.1 Interactive Lecturette




1. Explain that you will present a useful tool that provides a means of understanding how an intervention is considering gender and social inclusion.
2. This tool serves several purposes: It is a good discussion tool, diagnostic tool, and planning tool.
 - As a **discussion tool**, it helps us think about a project through a gender and social inclusion lens, and stimulates critical reflection about what are the key gender and social inclusion issues affecting a project and how best to address them. Because it is a continuum, it is not always definitive where a project falls, but this fosters good dialogue about the gender and social inclusion assumptions in our work, and helps everyone reach a shared understanding about the best way to address gender and social inclusion in a project.
 - As a **diagnostic tool**, it helps figure out to what extent a project is contributing to the overall goal of gender equality and inclusion, leading to better development outcomes.

- As a **planning tool**, it helps map out ways in which a project can be moved further down the continuum to get you closer to the desired goals.
3. Hand out the continuum and walk through the different categories:
 - **Gender- and Social Inclusion-Blind:** No gender and social inclusion analysis has been completed. You do not take gender equality or social inclusion considerations into account. You have no idea how your project is affecting gender or social inclusion relations, or how gender and social inclusion are influencing your project.
 - **Gender- and Social Inclusion-Aware:** You have completed a gender and social inclusion analysis, you know what the key issues are, you know what it means to be a man, a woman, or another identity in the context where you are working, and have begun to think about how these key issues intersect with your project's objectives. You know the gender equality and social inclusion situation you are dealing with, and you are examining and addressing the gender and social inclusion considerations in some way.
 4. Explain that, depending on what you do with gender and social inclusion analysis information, a gender-aware project could fall into three categories (or somewhere in between):
 - a. **Exploitative:** You reinforce or exacerbate gender inequality and/or social inclusion norms. We don't want to make things worse. We want to operate under the key principle of "Do no harm."
 - b. **Accommodating:** You work around gender and social inclusion constraints and norms, but don't directly take them on and try to change them. Many times, this can be a first step. You need to take the cultural context into account; sometimes, people aren't ready for drastic change.
 - c. **Transformative:** You are intentionally trying to foster more equitable gender equality and social inclusion roles and relations to attain the goal of gender and social equality. We always want to keep that end goal in mind.
 5. Pass out the sample projects.
 6. Ask one participant to read the first sample project, and ask the group where it fits on the continuum and why.
 7. Facilitate a discussion. If there is disagreement, try to lead the group in reaching a consensus.
 8. Repeat the process for each example below.
 - **Handwashing Campaign. (Exploitative.)** Government data showed high incidence rates of diarrhea and other intestinal infections among school-age children in several rural provinces in their country. In response to this public health problem, and in an effort to increase the number of days children spent in the classroom (and decrease the number they spent at home being sick), several communities were selected for a behavior change campaign. The campaign aimed to raise awareness of handwashing as a highly effective means of reducing such illnesses, and introduced a simple protocol for handwashing by all household

members. The campaign targeted women with messages encouraging them to be “good mothers” and “take proper care of their families” by strictly enforcing the handwashing protocol for everyone in their homes. Some messages implied that if a child is sick, this indicates that the mother was not “doing her job well.” Follow-up studies showed the messages were effective, with a high rate of adoption of the new handwashing protocol and a subsequent reduction in intestinal diseases among school-age children.

- **Mobile Reproductive Health Services. (Accommodating.)** A project in Asia had an objective of providing mobile phones and mobile reproductive health services to women who had limited mobility in their communities. These women had to have their husband's permission to leave their compound. The project helped women access services without leaving the compound.
- **Student-Teacher Education Project. (Transformative.)** An education project was designed to decrease children’s risk of HIV infection. A baseline assessment was conducted to identify teachers’ and students’ knowledge and attitudes regarding gender dynamics, gender violence, HIV, and AIDS. A student prevention program was designed in which groups of boys and girls discussed issues related to gender roles, human rights, relationships, reproductive health, and interpersonal communication skills. Through participatory activities, girls and boys explored gender roles, role-played positive behaviors, and learned how to make informed reproductive health decisions that respect theirs and others’ rights. The post-project survey found that the percentage of students who thought school was equally important for girls and boys rose from 38 percent to 60 percent. Teachers’ awareness of the sexual harassment of girls increased from 30 percent to 80 percent. Students’ belief that they had the right to not be hurt or mistreated increased from 57 percent to 70 percent.




SESSION 5. APPLYING THE GENDER AND SOCIAL INCLUSION INTEGRATION CONTINUUM

Session Time 	1 hour and 45 minutes
Learning Objectives 	By the end of this session, participants will be able to: <ul style="list-style-type: none">• Apply the gender integration continuum lens to their project activities• Assess where their activities fit in the continuum
Overview	Participants will leave the session understanding how to apply the <i>Gender and Social Inclusion Integration Continuum</i> to their projects and activities.
Materials 	<ul style="list-style-type: none">• Flipchart paper (one per table)• Markers

Activity 5.1 Group Work

1. Form pairs or groups by intervention or activity.
2. Tell participants that they will have 30 minutes to discuss their intervention or activity and where it falls on the gender and social integration continuum.
3. Remind participants that this is not a ranking, grade, or test, but a continuum to help understand where your project is, and that project can move across the continuum.
4. After all pairs or groups are finished, ask each to share their intervention or activity and where they placed it on the continuum and why.

SESSION 6. MOVING THE DIAL FOR GENDER TRANSFORMATION




Session Time 	1 hour and 45 minutes
Learning Objectives 	By the end of this session, participants will be able to: <ul style="list-style-type: none"> • Identify activities to make their projects more gender-transformative
Overview	Participants will leave the session with a better understanding of what is needed to move their activities toward becoming more gender-transformative (if they are not) and how to remain gender-transformative (if they are).
Materials 	<ul style="list-style-type: none"> • Flipchart with the question: What actions can you take to make your interventions more gender-transformative, and what resources or support are needed to do so? • Example flipchart headed with: Actions, Lead, Other Support, and Measures • Flipchart paper
Advance Preparation	<ul style="list-style-type: none"> • Prepare flipchart with the question: What actions can you take to make your project more gender-transformative, and what resources or support are needed to do so? • Prepare example flipchart headed with: Actions, Lead, Other Support, and Measures

Activity 6.1 Group Work

1. Explain that because the gender and social inclusion continuum is a continuum, accommodating interventions can move toward exploitative or transformative, and transformative projects can move toward exploitative, so monitoring, learning, and adapting are important to ensure interventions are either accommodating or transformative.
2. Show flipchart with the question and the sample flipchart with the matrix to complete.
3. Give each team a flipchart and ask them to write the actions in response to the question on the flipchart.
4. Tell the groups they have 30 minutes for this activity and ask for questions.
5. After each group is done, invite them to post their flipchart on the wall.

6. When all groups are done, tell participants they have 15 minutes to walk around and review what the other groups have written.
7. Close by stating that it's important to have this information and framework in mind to ensure projects are gender-transformative.




SESSION 7. EXPLORING TYPES OF GBV

Session Time 	30 minutes
Learning Objectives 	At the end of this session, participants will be able to: <ul style="list-style-type: none">• Explore different types of GBV
Overview	This session will increase awareness about the different types of GBV that can affect an individual.
Materials 	<ul style="list-style-type: none">• Handout: <i>Types of GBV</i> (see Annex 5)• Plastic bags with terms and definitions; one bag per group
Advance Preparation	<ul style="list-style-type: none">• Cut out the terms and definitions from the <i>Types of GBV</i> handout (Annex 5) and place them in plastic bags. One bag per group.

Activity 7.1 Mix and Match

1. Divide participants into groups.
2. Explain that each group will be given a bag with pieces of paper with terms and definitions, and each group will have 10 minutes to match the terms with the definitions. The group that gets the most correct matches will win a prize. After 10 minutes, pass out the *Types of GBV* handout to each group and check their answers.
3. The group with the most correct answers wins. Give the prize and clarify definitions that were most often gotten wrong across groups.
4. Ask participants to reflect on:
 - Which types of GBV take place in the communities where they work
 - What might be warning signs or tips that could indicate that GBV is occurring in the community and facilities where they work
5. State that these types of violence occur at different stages of life (babies, children, adolescents, adults, and elderly).

SESSION 8. EXPLORING THE ROOT CAUSES OF GBV

Session Time 	30 minutes
Learning Objectives 	<p>By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> • Understand the root causes and lifelong processes that affect gender discrimination, and contribute to violence against women and girls and other vulnerable populations • Understand the Social Institutions and Gender Index (SIGI)
Overview	<p>This session examines the root causes and lifelong processes that affect gender discrimination, and contribute to violence against women and girls and other vulnerable populations. It allows participants a chance to familiarize themselves with and practice applying <i>SIGI</i> to their context.</p>
Materials 	<ul style="list-style-type: none"> • Flipchart easels and paper • One flipchart for each of the five <i>SIGI</i> categories: <ol style="list-style-type: none"> 1. Discriminatory Family Codes 2. Restricted Physical Integrity 3. Son Bias 4. Restricted Resources and Assets 5. Restricted Civil Liberties • One <i>Social Institutions and Gender Index</i> handout for each participant (see Annex 6) • One <i>SIGI Measure</i> handout for each participant (see Annex 7) • Markers • Tape
Advance Preparation	<ul style="list-style-type: none"> • Prepare flipchart with five SIGI categories written on it

Activity 8.1 Lecturette




1. Introduce the *SIGI* as an objective measure of the root causes of gender inequality. Explain that this database has been adopted as a global data source for measuring progress on Sustainable Development Goal 5. It was first introduced by the Organisation on Economic Co-operation and Development in 2009 and revised in 2014. The 2018 version will be launched in November 2018 (refer to handout with proposed indices). Refer participants to the last page, which shows the 2014 index and what each index captures.

2. Ask the group to differentiate between the terms *symptoms* and *root causes*. Allow a few people to discuss and give a simple explanation: GBV is a symptom. It is an indicator or a sign that a problem exists. By asking a series of “why” questions, we can often dig out the immediate and remote/root causes of GBV.
3. Refer to the last page of the handout and go through the indices together.
4. Explain that existing gender indicators commonly focus on gender inequalities in key economic and social indicators, like education or employment. To complement these existing measures, this index focuses on the underlying factors driving gender inequalities—discriminatory social institutions. The indicators address both de jure and de facto situations of discrimination against women. State that, in some countries, while the legal framework protects women’s rights, lack of implementation and discriminatory social norms can lead to persistent discriminatory practices.
5. Form five groups and tell each group to work on one of the categories. In addition to the flipchart, ensure that each group has the *SIGI Measure* handout (Annex 7).
6. Instruct participants to discuss and trace how their assigned index serves as a root cause and, eventually, results in GBV, and who is likely to be affected.
7. Present the sample flipchart for groups to complete:

How does it result in GBV (possible pathway)?	Who is likely to be affected (e.g., women, men, key populations, children, adolescents)?

8. Give groups 15 minutes to discuss among themselves.
9. Provide them with flipchart paper and markers, and ask them to write their ideas on the flipchart paper. Ask that they tape up the flipchart paper once they finish.
10. Invite participants to walk around to review the other flipcharts and process in plenary.

SESSION 9. COUNSELING GBV SURVIVORS




Session Time 	1 hour
Learning Objectives 	By the end of this session, participants will be able to: <ul style="list-style-type: none">• Gain skills related to counseling survivors• Understand the guiding principles for working with GBV survivors
Overview	This session gives participants a chance to practice counseling skills and learn the guiding principles for working with GBV survivors.
Materials 	<ul style="list-style-type: none">• Role-play scenarios (see Annex 8)• <i>Guiding Principles</i> handout, one per participant (see Annex 9)
Advance Preparation	<ul style="list-style-type: none">• Meet with role-play participants before the session to brief them.• Speak with the counselor for the first scenario and tell them that while the other person is telling their story, they should look away and appear to daydream, and take out their cell phone and pretend to answer a call or check on a mobile app, like WhatsApp. Generally, be distracted, give advice, and ask questions on why she was out alone walking with boys (she did not really know? etc.)• Speak with the counsellor for the second scenario and tell them to use proper counseling skills (this works best if you select someone who is an experienced counselor).

Activity 9.1 Role-Play

1. Explain that there will be a role-play with two volunteers. One person will play the counselor and another person will be the client.
2. Invite the volunteers to come up to a prepared space in the front of the room and do the role-play.
3. Share the scenario with the storyteller and get her to share her story with the counsellor within five minutes.
4. After the role-play, ask participants:
 - What did you observe that was well done?
 - What did you observe that can be done better?

- What is your opinion about this counseling session?
- 5. Pass out the *Guiding Principles* handout (see Annex 9) and give participants a few minutes to look through it.
- 6. Point out the *Dos and Don'ts* and ask for questions/comments on the document.
- 7. Explain that you will redo the role-play. This time, the counselor will follow the *Dos*.
- 8. Invite the volunteers for the second role-play—same client, different counselor.
- 9. Ask participants to compare the second role-play with the first one:
 - What felt different? How were the sessions different?
 - Ask the client, what felt different the second time? How did you feel? What was different for you?
 - What can we take away from this experience?

SESSION 10. PREVENTING AND RESPONDING TO GBV IN HIV DISCLOSURE AND PARTNER NOTIFICATION




Session Time 	1 hour and 45 minutes
Learning Objective 	By the end of this session, participants will be able to: <ul style="list-style-type: none"> • Identify successes, challenges, and resources for preventing and responding to GBV in HIV disclosure and partner notification
Overview	This session allows participants a chance to share their successes, challenges, and resources in preventing and responding to GBV in HIV disclosure and partner notification.
Materials 	<ul style="list-style-type: none"> • <i>Organizations That Provide GBV Services</i> handout, one per participant (see Annex 10) • <i>Partner Notification: A Handbook for Designing and Implementing Programs and Services</i>, one per table • Flipchart paper • Markers
Advance Preparation	<ul style="list-style-type: none"> • Prepare the “table cloths” by taping four flipchart pages together in a square to cover the tables, and write one different question on each: <ol style="list-style-type: none"> 1. How can we prevent GBV in HIV disclosure and partner notification? 2. How can we respond to GBV when it results from HIV disclosure and partner notification? 3. What resources do you use to prevent and respond to GBV in HIV disclosure and partner notification?

Activity 10.1 World Café

1. Explain that participants will be divided into three groups. Each group will spend 10 minutes at a table discussing and reflecting on the question written there. Each table has a different question.
2. State that participants should note their reaction on the flipchart paper, by writing words or statements, or drawing pictures, in response to the question.

3. Explain that they do not have to reach consensus, and they can work together or choose to write some notes or even sketch drawings on the paper as an individual.
4. State that when they get to the next table, they should read what the previous group wrote, and add to what is already there or a new idea, either individually or as a group.
5. Check for understanding of the instructions, then divide participants into groups and start the activity.
6. Circulate among the tables to check for understanding and listen to the discussions.
7. After everyone has been to all three tables, bring everyone to the first table and ask them to reflect upon all the conversations they had during this session and what is written on the table. Ask them what stood out for them.
8. After 10 minutes of discussion, go to the next table, and repeat.
9. After the last table (about resources), mention that one resource available is the partner notification handbook. Walk through the key sections related to key populations and intimate partner violence, and share the *Organizations That Provide GBV Services* handout.

SESSION 11. UNDERSTANDING GBV REFERRAL AND CASE MANAGEMENT SYSTEMS

Session Time 	1 hour
Learning Objectives 	<p>By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> • Describe the challenges GBV survivors face in accessing services in Nigeria • Understand each area/service provider and what their role is when working with GBV survivors
Overview	<p>Participants will leave the session with a better understanding of the importance of collaborating with other service providers to provide the best support for GBV survivors. Participants will also identify how a GBV referral and case management system should operate.</p>
Materials 	<ul style="list-style-type: none"> • Ball of yarn • Character cards on large card stock in marker so they can be easily read from participants' seats • Tape or tie string to the cards so they can hang around the neck
Advance Preparation	<ul style="list-style-type: none"> • Prepare by developing the cards and reviewing the narrative. • Suggested cards are: <ul style="list-style-type: none"> ○ Leticia ○ Mother ○ Chief ○ Nurse ○ Police officer ○ Lawyer ○ Doctor ○ Social worker • The day before this session, privately ask a female participant whether she would be willing to serve in the role of Leticia. Describe the exercise and be sure to indicate that she can say "no"—no questions asked. (Be sensitive when asking because she could be a GBV survivor or might have another reason not to be comfortable serving in this role.) • When you have secured someone to role play Leticia, provide instructions for her role: She will serve in the role of a young girl who has just been raped. She will hold the ball of yarn. The facilitator will narrate the entire

skit and Leticia will not speak, but will act on what the facilitator says. When Leticia is first instructed to go to another character, she should hand the ball of yarn to that character. When she is instructed to go to the next character, she should leave a piece of the yarn in that character's hand, but should take back the ball of yarn and walk to the other character, handing them the ball of yarn. She should continue in this way, crisscrossing the circle with the yarn in her hand, leaving a bit in each character's hand, until at the end, she is encircled in a web of yarn.

- The day before or the morning of the session, ask for seven additional volunteers privately, and ask them to participate in the *Leticia's Story* skit. Indicate that they will have the cards around their necks and serve in their designated roles, but should stay silent through the entire skit. Give them directions about what they will do and demonstrate the holding of the piece of yarn throughout the skit.
- It is a good idea to gather all of the volunteers and rehearse *Leticia's Story* twice the morning of the skit. Be sure to do it in a private space, away from other participants.
- When you invite the seven volunteers to gather in a half circle at the front of the room, be sure to put them in order so that Leticia will need to cross the half-circle each time she gets referred (so the chief should stand across the circle from the nurse, for example).
- Prepare flipchart with the title *Multisectoral Approach to GBV* and the following four quadrants:

HEALTH

- Emergency contraception
- Treatment of injuries
- Treatment of sexually transmitted infections
- Post-exposure prophylaxis

PSYCHOSOCIAL

- Emotional support (peer counseling)
- Income-generation activities
- Skills training
- Social reintegration, social support

SECURITY

- Physical safety
- Safe house or temporary housing
- Police report and investigation

LEGAL JUSTICE (formal and traditional)

- Legal protection and assistance
- Prosecution, adjudication
- Application of appropriate laws, holding perpetrators accountable

Activity 11.1 Leticia's Story

1. State that we are going to explore what GBV referral and case management systems are, and why are they important.
2. State that this can be a difficult activity for some, so if anyone needs to put their head down or step out of the room, they are free to do so. This is a safe space and we want everyone to feel comfortable.
3. Ask the volunteers to come up and arrange them in a tight semicircle. Make sure they have their role cards clearly positioned so that all participants can see their roles.
4. Indicate that you are going to share a story about Leticia. Invite Leticia to join you and hand her the ball of yarn.
5. Soberly¹ narrate the following story, pausing each time Leticia has to pass and receive the ball of yarn:

This is the story of **Leticia**, a 17-year-old girl living in Kubwa. Leticia goes to her **mother** to tell her that she was raped while on her way to school. (PAUSE)

The mother doesn't know what to do, so she sends her daughter to the **chief**. (PAUSE) She tells the chief her story.

The chief tells Leticia that she should go to the health clinic for care.

So Leticia goes to the health clinic and meets a **nurse**. (PAUSE) She tells her story to the nurse. The nurse informs Leticia that she needs to go to the police family unit to get a medical report form before she can be attended to by the doctor.

Leticia goes to the **police** family unit. (PAUSE) She tells the officer her story, and she is assigned an investigating police officer who takes her statement, gives Leticia the medical form to go to a public hospital, and tells Leticia that, after, she should go to FIDA [International Federation of Women Lawyers] for legal assistance.

Leticia goes back to the health clinic and meets a different **nurse**. (PAUSE) So she has to tell her story again, and then shows the nurse the medical form.

The nurse calls a **doctor**, who asks Leticia to tell her story (PAUSE) and gives her a request form to run three tests, after which she can complete the medical form.

Leticia doesn't have the money for the tests. She goes home to get money from her **mother** and returns to the public hospital the next day to get the tests. (PAUSE)

¹ It is important to set the right tone for this exercise. Narrate slowly and soberly. There is no room for laughter or smiles when narrating this skit. Set a somber tone with your words and your affect so that participants experience the emotion and seriousness of this situation.

The following day, Leticia presents the results to the **doctor**, who tells her that she does not qualify for HIV post-exposure prophylaxis or emergency contraception because she is past the 72 hours cutoff time since the rape. (PAUSE)

Leticia is stressed and confused, but she takes the advice of the police family unit officer to see a **lawyer** and goes to FIDA. (PAUSE) She tells her story to the lawyer, who says that the lawyer who can help her is gone for two days. Leticia tells the lawyer that she is worried because she has traveled a lot.




The lawyer has heard of the Lagoon Care Center and tells Leticia that they might be able to help her.

Leticia travels to Minna to go to the Lagoon Care Center. (PAUSE) There, she is met by a **social worker** who listens to her story.

The social worker provides Leticia with case management by first conducting a needs assessment to see whether there are any safety risks and what type of services Leticia will need, including health care, a lawyer, and counseling. Then, together, Leticia and the social worker create an implementation plan. The social worker is not able to follow up with Leticia's plan, because they do not have the capacity to do so.

6. Pause for effect. Debrief the skit, using some of the following questions:
 - What do you see?
 - How many times did Leticia have to tell her story?
 - How many people did she see before she received any help/services?
 - How does Leticia's story link with our work?
 - What lessons can we draw from it to inform our work?
 - How can your project be part of making the referral system work well?
 - What would be the ideal way to handle Leticia's case?
7. Summarize by stating that we were looking at what happens to a GBV survivor when there is not a clear referral pathway or case management system. The example of Leticia's story shows there are pieces of the referral system, but there is no efficient case management system in place, which is why she had to tell her story so many times and go to multiple places more than once, and in the end, did not receive the time-sensitive care she needed.
8. Explain the importance of popularizing the case management system in Nigeria so everyone understands the needs of a GBV survivor, and the coordinated referral pathway so survivors have a clear path to accessing services in a timely way.
9. Thank the volunteers. Give a special thanks to "Leticia" and thank her for her willingness to play this intense role for us.
10. Bring the referral system together by presenting the flipchart with the multisectoral approach to GBV as a framework for thinking about GBV services, and how participants can link to, and collaborate with, others working in the sectors where they are not engaged.

SESSION 12. ADVOCATING FOR GENDER TRANSFORMATION

Session Time 	1 hour
Learning Objective 	By the end of this session, participants will be able to: <ul style="list-style-type: none">• Apply the terms and learnings to better describe why gender integration and GBV prevention and response is important for the project's work
Overview	This session gives participants an opportunity to practice advocating, communicating, and guiding in scenarios that present resistance to gender integration and GBV prevention and response in participants' daily work.
Materials 	<ul style="list-style-type: none">• List of hot spot questions
Advance Preparation	<ul style="list-style-type: none">• Clear a space in the room for participants to form a circle.

Activity 12.1 Hot Spot

1. Invite participants to come to a designated open space in the room and make a circle around a "hot spot" on the floor.
2. Explain that you will read a statement that is typically used to resist gender integration or prevent or respond to GBV, and then tell us what you would say to push back on that resistance and advocate for gender integration or GBV prevention.
3. Ask for questions.
4. Invite a volunteer to stand on the "hot spot."
5. Read a "hot spot" statement (from the list below).
6. Listen to the participant's response and provide appreciative feedback. Invite other participants to suggest different responses. Thank the volunteer and ask for another volunteer.
7. After all the statements have been read or time is finished, process the exercise by asking:
 - What stands out for you from these scenarios?

- What strategies were the most effective?

Hot Spot Statements

- What do you mean a man can't beat his wife? The penal code allows a man to beat his wife for corrective purposes as long as it does not cause grievous harm.
- We don't need to work on gender equality in Nigeria. Gender equality is un-African. The man is the head of the family; it's even backed up by religious texts.
- Girls' education ends in the kitchen; girls won't answer to the family name after they are married, so why invest in them?
- Child marriage is part of our culture. Why should we change it?
- What's wrong with a teacher commenting on a girl's uniform being too tight? She is just a small girl. It's harmless.

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ANNEX 1. ADS 205-RECOMMENDED

GENDER ANALYSIS DOMAINS

Laws, Policies, Regulations, and Institutional Practices that influence the context in which men and women act and make decisions. Laws include formal statutory laws and informal and customary legal systems. Policies and regulations include formal and informal rules and procedures adopted by public institutions for making decisions and taking public action. Institutional practices can be formal or informal, and include behaviors or norms related to human resources (hiring and firing), professional conduct (workplace harassment), and the like. The gender analysis should identify the extent to which laws, policies, regulations, and institutional practices contain explicit gender biases (e.g., explicit provisions that treat males and females differently) or implicit gender biases (e.g., the different impacts of laws, policies, regulations, and practices on men and women because of different social arrangements and economic behavior).

Cultural Norms and Beliefs: Every society has cultural norms and beliefs (often expressed as gender stereotypes) about what are appropriate qualities, life goals, and aspirations for males and females. Gender norms and beliefs are influenced by perceptions of gender identity, and often buttressed by and embedded in laws, policies, and institutional practices. They influence how females and males behave in different domains, and should be explicitly identified in the gender analysis at the country level and, especially, in project design because they affect potential participation of males and females in project activities.

Gender Roles, Responsibilities, and Time Used: The most fundamental division of labor within all societies is between productive (market) economic activity and reproductive (non-market) activity. This is the central social structure that characterizes male and female activity. Gender analysis should examine what males and females do in these spheres, including roles, responsibilities, and time used during paid work, unpaid work (including in the home), and community service to get an accurate portrait of how people lead their lives and anticipate potential constraints to participation in development projects.

Access to and Control over Assets and Resources: A key component of gender analysis is an examination of whether females and males own and/or have access and the capacity to use productive resources—assets (land, housing), income, social benefits (social insurance, pensions), public services (health, water), technology—and information necessary to be a fully active and productive participant in society. While gender gaps in access to resources can be identified at the country level, they are especially important at the project level.

Patterns of Power and Decision-Making: This domain of gender analysis examines the ability of women and men to decide, influence, and exercise control over material, human, intellectual, and financial resources in the family, community, and country. It also includes the capacity to vote and

run for office at all levels of government. Analyses should examine to what extent males and females are represented in senior-level decision-making positions, and exercise voice in decisions made by public, private, and civil society organizations.

ANNEX 2. GENDER ANALYSIS CASE STUDIES

Story 1

The Central American Handwashing Initiative aimed to reduce morbidity and mortality among children under five through a communication campaign promoting proper handwashing with soap to prevent diarrheal disease. Four soap companies launched handwashing promotion campaigns: radio and television advertisements; posters and flyers; school, municipal, and health center programs; distribution of soap samples; promotional events; and print advertisements. The basic approach was to present a mother as caretaker of the family and describe or illustrate the three critical times for handwashing: before cooking or preparing food; before feeding a child or eating; and after defecation, cleaning a baby, or changing a diaper. They also emphasized essential aspects of the handwashing technique: use water and soap, rub one's hands together at least three times, and dry them hygienically. The project believed that if mothers were aware of basic sanitation principles, rates of diarrhea in children would decrease. However, despite extensive efforts, these rates have yet to significantly decrease.

Story 2

Staff at an HIV clinic in South Africa carried out a situation assessment to better understand the reproductive health priorities of HIV-positive women at the clinic. One of the primary issues HIV-positive women expressed was their desire to be able to control their fertility so they could choose whether and when they wanted to become pregnant. However, women expressed that a major barrier continues to be the ability to use either male condoms or other forms of birth control their partners might discover because many of the male partners are opposed to both, and may even take the suggestion of using such methods as a sign of infidelity and grounds for abuse. Based on the information they collected, clinic staff decided that, starting next year, the clinic will offer only Depo-Provera injections (longer-acting injectable contraception) to all women, deemphasize all other types of sexually transmitted infections or pregnancy prevention methods, and reduce their overall supply of female condoms. However, this decrease in condom availability led to a decrease in the number of men and adolescent boys accessing the HIV clinic, as many males began viewing it as a "women's clinic."

Story 3

An engineering company in Bangladesh won a contract to build an irrigation structure in a small community. The engineers were told they must discuss the project with the community to ensure it

met their needs. The engineers were also encouraged to employ local people and train them in various skills. The company met with local officials. After much negotiation, they agreed on the placement of the irrigation structure and the number of people who would be trained in construction and maintenance skills. The engineers and local government officials were especially proud that they managed to include two or three widows in the training. The irrigation structure was built. It provides water to the fields, and for drinking and washing for the village. However, after several weeks, most women were not using the irrigation structure, but were still taking a footpath to travel for hours to another water source. Also, despite the engineering company's best efforts, the widows trained in maintenance gradually stopped working on the project due to household demands on their time.

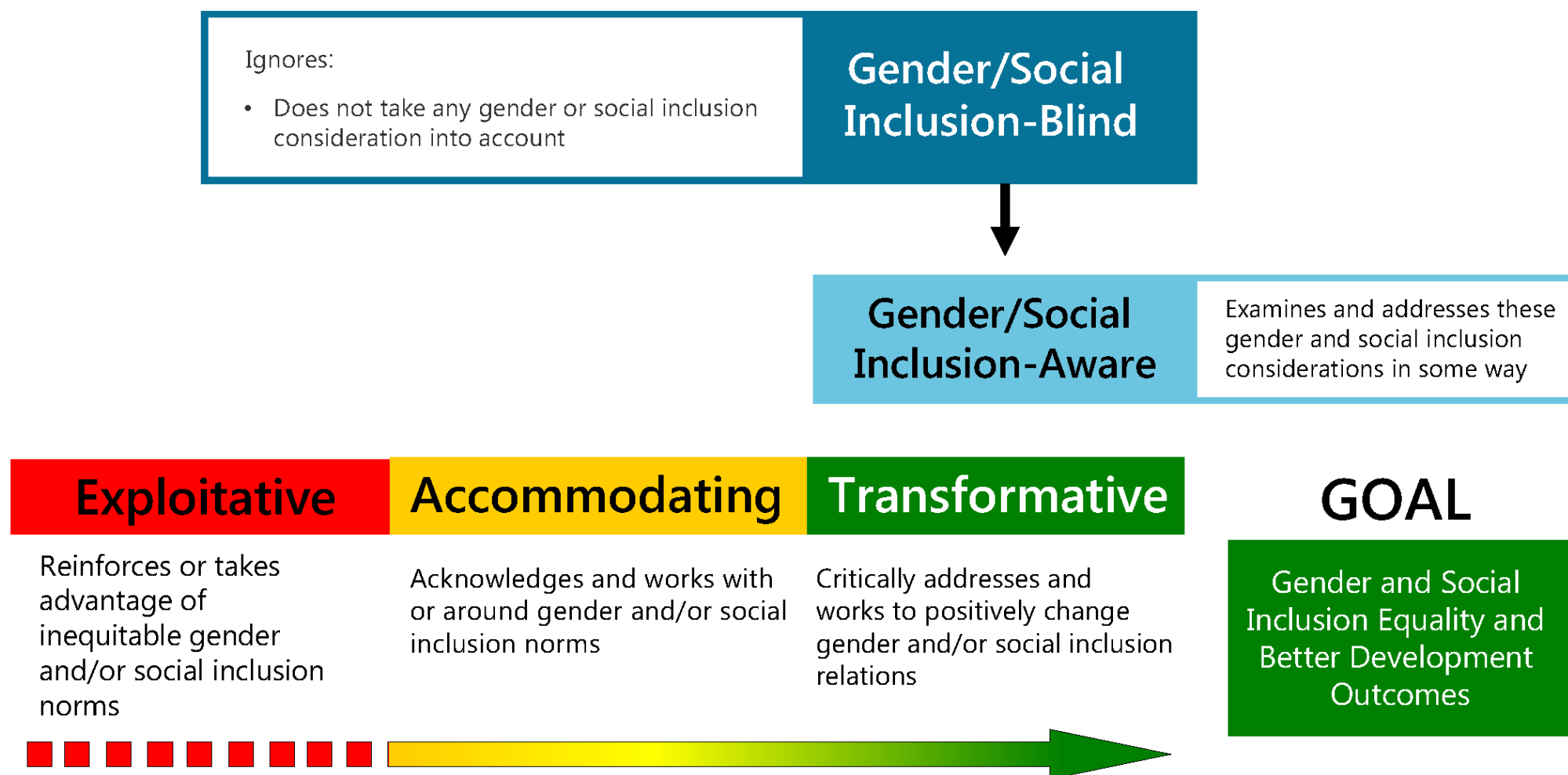
Story 4

A project in Pakistan targeted rural areas with economic-strengthening activities. In an effort to increase gender equality and female empowerment, the project began engaging women in rural villages with income-generating opportunities. The project accounted for the fact that women were limited in their access to public space and developed activities that could be implemented within the household, such as chicken-rearing, beekeeping, and sewing. After the first year, the project conducted an annual review and discovered that while the income of the targeted women had increased over the past year, the level of home-based gender-based violence from male partners also had increased. Women reported that men in their household felt resentful about the income the women were gaining. This was due in part to the limited economic opportunities men had in the community and their feelings that they were not fulfilling societal expectations to provide for their households.

Story 5

In Nigeria, an activist started a long-term program focusing on engaging adolescent males in ongoing discussion groups to increase their awareness of gender-based oppression. The program also works to foster participants' skills in critical thinking and analysis. It focuses on boys ages 14–20 because its founder believes that boys in this age group are the most impressionable. He also believes they cannot be reached effectively until they are at least 14 or 15—an age when they can engage in intellectual debate, and see parallels between patriarchy (a social system characterized by male dominance) and other forms of oppressive power, such as the oppression of ethnic minorities and the exploitation of the poor. The project organizes groups of boys to meet for weekly discussions about topics like gender-based oppression, sexual rights, violence, power within the family, intimate relationships, sexual health, human rights, and democracy. Rather than target the out-of-school young people at the highest risk, the program recruits participants who are in school and are particularly bright social leaders. In addition to the discussion groups, the program provides counseling services and carries out community advocacy work.

ANNEX 3. GENDER AND SOCIAL INCLUSION INTEGRATION CONTINUUM



Adapted from the Interagency Gender Working Group's Gender Integration Continuum.
The IGWG, established in 1997, is a network of nongovernmental organizations, USAID, cooperating agencies, and the USAID Bureau for Global Health.

ANNEX 4. GENDER CONTINUUM

HANDOUT

Handwashing Campaign. Government data showed high incidence rates of diarrhea and other intestinal infections among school-age children in several rural provinces in their country. In response to this public health problem, and in an effort to increase the number of days children spent in the classroom (and decrease the number they spent at home being sick), several communities were selected for a behavior change campaign. The campaign aimed to raise awareness of handwashing as a highly effective means of reducing these illnesses and introduced a simple protocol for handwashing by all household members. The campaign targeted women with messages encouraging them to be “good mothers” and “take proper care of their families” by strictly enforcing the handwashing protocol for everyone in their homes. Some messages implied that if a child is sick, it means the mother was not “doing her job well.” Follow-up studies showed that the messages were effective, with a high rate of adoption of the new handwashing protocol and a subsequent reduction in intestinal diseases among school-age children.

Mobile Reproductive Health Services. A project in Asia had an objective of providing mobile phones and mobile reproductive health services to women who had limited mobility in their communities. These women had to have their husband's permission to leave their compound. The project helped women access services without leaving the compound.

Student-Teacher Education Project. An education project was designed to decrease children's risk of HIV infection. A baseline assessment was conducted to identify teachers' and students' knowledge and attitudes regarding gender dynamics, gender violence, and HIV and AIDS. A student prevention program was designed, in which groups of boys and girls discussed issues related to gender roles, human rights, relationships, reproductive health, and interpersonal communication skills. Through participatory activities, girls and boys explored gender roles, role-played positive behaviors, and learned how to make informed reproductive health decisions that respect theirs and others' rights. The post-project survey found that the percentage of students who thought school was equally important for girls and boys rose from 38 percent to 60 percent. Teachers' awareness of the sexual harassment of girls increased from 30 percent to 80 percent. Students' belief that they had the right to not be hurt or mistreated increased from 57 percent to 70 percent.

ANNEX 5. TYPES OF GBV

The following definitions are taken from USAID policies and strategies or the *UN Women Glossary of Terms from Programming Essentials and Monitoring and Evaluation Sections*, except where otherwise noted.¹

Emotional Violence

Bullying: Most often defined as (1) intentional negative actions against someone that can be physical or psychological, (2) actions that are repeated over time, and (3) actions that are perpetrated by someone with a perceived or real power over the victim.²

Emotional abuse: Belittling, humiliating, or undermining an individual's sense of self-worth/self-esteem (constant criticism, verbal insults, and name calling, etc.).

Emotional violence: Injury to the psychological capacity or emotional stability caused by acts, threats of acts, or coercive tactics.

Harmful Traditional Practices

Child marriage: Includes formal marriages and informal unions that take place when one or both spouses are under the age of 18.

Dowry-related violence: Any act, including murder, rape, battery, harassment, and other forms of physical abuse, as well as psychological abuse, associated with the giving or receiving of a dowry at any time before, during, or after the marriage.

Early marriage: A formal marriage or informal union before age 18.

Female infanticide: The intentional killing of baby girls due to the preference for male babies and the low value associated with the birth of females.

Female genital mutilation/cutting: All procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for nonmedical reasons.

Femicide: The systematic killing of women for various reasons, usually cultural.

¹ United Nations. No date. UN Women Glossary of Terms from Programming Essentials and Monitoring and Evaluation Sections. New York: UN. Accessed September 7, 2018. <http://www.endvawnow.org/en/articles/347-glossary-of-terms-fromprogramming-essentials-and-monitoring-and-evaluation-sections.htm>

² Olweus, D. 1993. *Bullying at School: What We Know and What We Can Do*. Malden, MA: Blackwell Publishing; and Olweus, D. 1994. Annotation: Bullying at school: Basic facts and effects of a school based intervention program. *Journal of Child Psychology and Psychiatry* 35:1171–1190.

Forced marriage: Absence of free and valid consent of at least one of the parties. In its most extreme form, forced marriage can involve threatening behavior, abduction, imprisonment, physical violence, rape, and in some cases murder; an arranged marriage officiated without the consent of the interested parties.

“Honor” killings: Practices in which women and girls suspected of defiling their family’s honor by their misconduct can be killed by their brother, father, uncle, or another relative, who thus restores the said honor. Honor killings are executed for instances of rape, infidelity, flirting, or any other instance perceived as disgracing the family’s honor. Women may be killed based on suspicions of a family member alone, and they may not be given the chance to defend themselves. The allegation alone is considered enough to defile a man’s or family’s honor and is, therefore, enough to justify the killing of the woman. The men who commit the murder typically go unpunished or receive reduced sentences. Variants: (1) honor crime, (2) crime of honor.

Social exclusion/ostracism based on sexual orientation: Denial of access to services, social benefits, or exercise and enjoyment of civil, social, economic, cultural, and political rights; imposition of criminal penalties, discriminatory practices or physical and psychological harm, and tolerance of discriminatory practices; and public or private hostility to homosexuals, transsexuals, or transvestites. Perpetrated by family members, institutions, organizations, and/or government actors.

Viricide: The systematic killing of men for various reasons, usually cultural. It may happen during war to reduce an enemy’s potential pool of soldiers.

Intimate Partner Violence

A pattern of assaultive and coercive behaviors, including physical, sexual, and psychological attacks, as well as economic coercion, that adults or adolescents use against their intimate partners. It includes a range of sexually, psychologically, and physically coercive acts used against adult or adolescent women by a current or former intimate partner, without her consent. Although women can be violent toward men in relationships, and violence exists in same-sex partnerships, the largest burden of intimate partner violence is inflicted by men against their female partners.

Physical Violence

Corporal punishment: Any punishment where physical force is used and is intended to cause some degree of pain or discomfort.³

³ UN Committee on the Rights to the Child: <http://www.endcorporalpunishment.org/pages/frame.html>

Physical abuse: Consisting of acts or failures to act resulting in injury (not necessarily visible), unnecessary or unjustified pain or suffering without causing injury, harm or risk of harm to a person's health or welfare, or death. Such acts may include, but are not limited to punching, beating, kicking, biting, shaking, throwing, stabbing, choking, or hitting (regardless of object used), or burning. These acts are considered abuse regardless of whether they were intended to hurt the individual.

School-Related Gender-Based Violence

Includes physical, sexual, or psychological violence or abuse based on gendered stereotypes or targeting students on the basis of their sex, sexuality, or gender identities. The underlying intent of this violence is to reinforce gender roles and perpetuate gender inequalities. It includes rape, unwanted sexual touching, unwanted sexual comments, corporal punishment, bullying, and verbal harassment. Unequal power relations between adults and children, and males and females, contribute to this violence, which can take place in the school, on school grounds, going to and from school, or in school dormitories, and may be perpetrated by teachers, students, school personnel, or community members. Both girls and boys can be victims, as well as perpetrators. School-related gender-based violence results in sexual, physical, or psychological harm to girls and boys.

Sexual Violence

Marital/spousal rape: Nonconsensual sexual assault in which the perpetrator is the spouse.

Rape: The penetration of the vulva or anus, using a penis, other body parts, or an object without the voluntary consent of the individual.

Sexual abuse: Consists of fondling a person's genitals, penetration, incest, rape, sodomy, indecent exposure, or exploitation through prostitution or the production of pornographic materials.

Sexual exploitation and abuse: Frequently a characteristic of warfare. In situations of armed conflict, girls and women are routinely targeted in campaigns of violence, including rape, mutilation, prostitution, forced pregnancy, and sexual slavery.

Sexual harassment: Unwelcomed sexual advances, requests for sexual favors, and verbal or physical conduct of a sexual nature.

Sexual violence: Any nonconsensual sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, acts to traffic, or acts otherwise directed against a person's sexuality by any person regardless of their relationship to the victim and in any setting, including but not limited to home and work.

Sexual violence as a form of torture: Any act or threat of a sexual nature by which severe mental or physical pain or suffering is caused to obtain information, confession, or punishment from the victim or third person; to intimidate them or a third person; or to destroy, in part or in whole, a national, ethnic, racial, or religious group. This type of violence is often committed, sanctioned, and ordered by military, police, and armed groups or other parties in conflict.

Socioeconomic Violence

Economic abuse: Causing or attempting to cause an individual to become financially dependent on another person by obstructing their access to or control over resources and/or independent economic activity.

Economic violence: Acts such as the denial of funds, refusal to contribute financially, denial of food and basic needs, and controlling access to health care, employment, and so on.

Trafficking in persons: An international crime involving the acquisition of a human being through the use of force, fraud, or coercion for the purpose of exploiting the individual for profit through forced labor or prostitution. Far from being a “soft issue,” trafficking—a modern-day form of slavery— constitutes a violation of human rights in which victims are deprived of their fundamental freedoms. Trafficking in persons can involve either sex or labor exploitation, or both. At its essence, trafficking in persons is about people being bought and sold as chattel.

ANNEX 6. SOCIAL INSTITUTIONS AND GENDER INDEX



www.genderindex.org



The Social Institutions and Gender Index (SIGI)

What is the SIGI?

The OECD Development Centre's Social Institutions and Gender Index (SIGI) is a unique cross-country measure of gender-based discrimination in social institutions. The SIGI is comprised of three main components: i) country profiles containing comprehensive qualitative information on legal, cultural, and traditional laws and practices that discriminate against women and girls; ii) the Gender, Institutions and Development Database comprising indicators on gender discrimination in social institutions; and iii) the Index classifying countries according to their level of discrimination in social institutions.

The SDG Goal 5.1.1

Through a technical cooperation with UNWOMEN and the World Bank, the OECD's [Social Institutions and Gender Index \(SIGI\)](#) is an [official data source](#) tracking progress on SDG 5.1.1.

'Whether or not legal frameworks are in place to promote, enforce and monitor equality and non-discrimination on the basis of sex'.

SIGI provides data on legal frameworks within the three indicators of Discrimination in the Family, Civil Liberties and Physical Integrity.

What are discriminatory social institutions?

Formal and informal laws, social norms and practices that restrict or exclude women and girls, and consequently curtail their access to rights, justice, empowerment opportunities and resources.

What is the SIGI's added value compared to existing gender-specific measures?

Existing gender indicators commonly focus on gender inequalities in key economic and social indicators, like education or employment. To complement these existing measures, the SIGI focuses on the underlying factors driving gender inequalities: discriminatory social institutions. The SIGI's indicators address both *de jure* and *de facto* situations of discrimination against women. Indeed, in some countries, while the legal framework protects women's rights, lack of implementation and discriminatory social norms can lead to persistent discriminatory practices.

What is the composition of the SIGI 2018?

The SIGI was first launched in 2009 followed by a second version in 2014. The next edition of the SIGI will be launched in November 2018. New additions and developments will include extension of the country coverage to over 180 countries, new indicators such as workplace discrimination and access to justice, revised conceptual and methodological frameworks and update of country profiles and data in order to offer more comprehensive information to the development community.

The SIGI covers four dimensions, spanning major socio-economic areas that affect the life course of a girl and a woman. The discrimination in the family sub index captures social institutions that limits women's decision-making power and undervalues their status in the household and the family. The restricted physical integrity sub index captures social institutions that limit women's and girls' control over their bodies, increase their vulnerability to a range of forms of violence. The restricted access to productive and financial resources sub index captures discrimination in women's rights that have negative impacts on women's opportunities for economic empowerment. The restricted Civil Liberties sub-index captures discriminatory laws and practices restricting women's access to, participation and voice in the public and social spheres.



How can SIGI help countries achieve SDG 5?

The SIGI has already contributed to improving policies targeting gender equality and women's empowerment at the global, regional and national levels. The SIGI remains the only global database on discriminatory social institutions and offers vital new evidence and perspectives on emerging topics on gender and development.

At the global level, the OECD Development Centre's Social Institutions and Gender Index is collecting data under the goal 5.1.1 of the Sustainable Development Goals.

At the regional level, SIGI Regional reports have provided detailed analysis of how discriminatory social institutions affect regional development, and offer pathways for governments to maximise the multiple benefits of gender equality for their development strategies.

At the national level, the two country studies in Uganda and Burkina Faso have been developed and constitute a "compass for achieving SDG 5". This analysis was undertaken adapting the global SIGI framework to national specificities to produce unique new data on discriminatory social institutions at the sub-national level and assist the design of recommendations to support more effective policies to tackle the root causes of gender inequality.

ANNEX 7. SOCIAL INSTITUTIONS AND GENDER MEASURE

Composite index SIGI					
Sub-index	Discriminatory family code	Restricted physical integrity	Son bias	Restricted resources and assets	Restricted civil liberties
What the sub-index captures	Restrictions on women's decision-making power and status in the family	Restrictions on women's control over their bodies	Intra-household bias towards sons and devaluation of daughters	Restrictions on women's access to, control of and entitlement to resources	Restrictions on women's access to, participation and voice in the public and social spheres
Variables describing the sub-index	<ul style="list-style-type: none"> • Legal age of marriage • Early marriage • Parental authority during marriage • Parental authority after divorce • Inheritance rights for widows • Inheritance rights for daughters • Divorce • Unpaid care work 	<ul style="list-style-type: none"> • Attitudes towards violence against women • Prevalence of domestic violence • Laws addressing domestic violence • Laws addressing rape • Laws addressing sexual harassment • Female genital mutilation • Reproductive autonomy • Abortion 	<ul style="list-style-type: none"> • Missing women • Fertility preferences • Son preference in education 	<ul style="list-style-type: none"> • Secure access to land • Land titles owned by women • Secure access to non-land assets • Access to financial services 	<ul style="list-style-type: none"> • Access to public space • Political quotas • Political representation • Workplace rights

<https://www.wikigender.org/wiki/gender-institutions-and-development-database/>

ANNEX 8. COUNSELING ROLE-PLAY SCENARIOS

ROLE: Background and Script for the “Caseworker”

Scenario 1

A young girl named Yosola comes to your office and says her friend referred her because she was in need of help. You sit down with Yosola and ask her to tell you about herself. Slowly, Yosola begins telling you about her story. She is 16 years old and had attended an inter-house sports competition with her friends in a school in their neighborhood. Yosola shares with you how she was gang-raped by a group of boys from another school who were invited to the inter-house sport. She was too ashamed to mention it to anyone until she discovered she had missed her periods for two months. Yosola is confused and does not know what to do. Sometimes, she feels like taking her own life because she does not know how to face her parents with the information about her situation.

****The first time you do this role-play, you, as the counselor, are going to show an example of “bad interviewing.” Using some of the bad techniques and questions below to role-play a counseling session with the survivor.*

Questions/Statements:

1. Tell me when you were abused.
2. What did you do?
3. Why were you with the boys at that time? Did you know them before? Why were you out alone walking with boys you did not really know?
4. Why didn't you tell someone sooner?
5. If you don't tell me, I can't help you.
6. Why didn't you leave?

Behaviors:

1. Stare at the notes on your lap or at your phone.
2. Pressure the person to tell you everything.
3. Interrupt the person.
4. Look away while they are talking and appear to daydream.
5. Take out your cell phone and pretend to answer a call or check on a mobile app, like WhatsApp.
6. Generally be distracted, give advice.

Scenario 2

A 16-year old girl goes for an inter-house sports competition during school hours and is gang-raped on her way back home. She got pregnant, and her friend referred her to your organization. The responsibility of counseling her falls on you. Demonstrate how you will attend to her.

****The second time you do this role play, you, as the caseworker, are going to show an example of "good interviewing." Applying some of the helpful techniques and questions below, role-play a counseling session with the survivor using information gathered from discussions held on the guiding principles.*

Questions/Statements:

1. Would you like to speak to me or any other female counselor?
2. This is a safe space and everything you say will be kept confidential. Are you okay with answering a few questions?
3. Do you have any safety risks? If yes, what should I know about?
4. What have you had to eat in the past 24 hours?
5. When was the last time you slept for six to eight hours?

Remind survivors that they are strong for speaking to you and what happened to them is not their fault. Refer to "Do no harm" principles.

ANNEX 9. GUIDING PRINCIPLES FOR WORKING WITH GBV SURVIVORS

Gender-based violence is defined as violence directed at an individual based on the person's biological sex or gender identity. It is rooted in structural gender inequalities, patriarchy, and power imbalances. Gender-based violence is typically characterized by the use or threat of physical, psychological, sexual, economic, legal, political, social, and other forms of control and/or abuse. It affects individuals across the life course, and has direct and indirect costs to families, communities, economies, global public health, and development. In an effort to prevent and respond to gender-based violence, the key principles of *Do No Harm*, listed in the sidebar, should be kept in mind at all times.¹

A Survivor-Centered Approach means recognizing and prioritizing the rights, needs, and wishes of the person who has experienced gender-based violence. A survivor-centered approach creates a supportive environment, ensures safety and dignity to promote a survivor's recovery, and reinforces the survivor's capacity to make decisions about possible interventions.

Survivors' Fundamental Rights

Survivors have the right to:

- Give verbal or written consent before any action, referrals, or medical exams or support is provided
- Choose and decide whether, when, and which services they need
- Seek any support, free from coercion, and change their minds at any time
- Access chosen support in a safe and discreet way that is comfortable for them, and be accompanied by a trusted person, if requested
- Have a safe space to talk
- Choose the sex of the person providing the service
- Disclose or not disclose their story

Guiding Questions

When a survivor is referred or comes to you, use these questions to guide your assessment of the person's immediate needs:

- Would you prefer talk to a male or a female?
- What are your immediate needs?
- Have you eaten something today or in the last 24 hours?
- When was the last time you slept or got a full night's sleep?
- Do you need any health services or a doctor's appointment?
- Have you felt in danger or unsafe in the last week or the last 30 days?
- Do you feel like anyone you live with is in danger or unsafe?
- Can you tell me who or what is making you feel unsafe?
- Can you tell me what makes you feel safe?
- How do you think I might be able to assist you?
- Would you be open to answering more questions or would you like to take a break?

DO NO HARM



SAFETY

It is essential to ensure the safety of the survivor and their family at all times, including their children and people who have assisted them.

CONFIDENTIALITY

Respect the confidentiality of survivors (and their families) at all times by not disclosing any information, at any time, to any party without the informed consent of the person concerned. Ensure the survivor's trust and empowerment.

RESPECT

All actions or decisions should be guided by respect for the survivor's choices, wishes, rights, and dignity.

NONDISCRIMINATION

Survivors should receive equal and fair treatment, regardless of their age, sex, race, marital status, sexual orientation, or any other characteristic.

HONESTY

Survivors should receive honest and complete information about possible referrals for service, be made aware of any risks or implications of sharing information about the situation, and have the right to limit the types of information shared and whom it is shared with.

¹ United States Strategy to Prevent and Respond to Gender-Based Violence Globally, 2016 Update.
Accessible at: <https://www.state.gov/documents/organization/258703.pdf>

DO...

- ✓ **Be aware of your body language.** How you stand and hold your arms and head, your expression, and your tone of voice all send a clear message about how you perceive the situation.
- ✓ **Explain who you are,** your role and responsibilities, and that you are there to support the survivor.
- ✓ **Ask what would make the survivor feel safe right now** and whether they have any immediate needs they would like your help in fulfilling.
- ✓ **Use a survivor-centered approach** and seek permission from the survivor to ask questions about their experience. Remind the survivor that they do not have to answer a question if they choose not to. Explain why you are interested and how you will use the information to support them. Emphasize that nothing they say will be used against them, and that they can choose to participate in the conversation or not.
- ✓ **Reassure the survivor.** If they choose not to disclose, that is their right and they have full choice over their participation. Ask whether there is anything they would like to ask or tell you. This helps take the pressure off the survivor and empowers them to take the lead in the conversation.
- ✓ **Explain that all information will remain confidential** and inform the survivor about any limitations to confidentiality.
- ✓ **Tell the survivor they can take a break whenever they want** and can refuse to answer a question.
- ✓ **Use eye contact and focus all your attention on the individual.** If you must write something down, at the beginning, explain that you have to write notes from time to time, why this is important, and how written information will be used to ensure the survivor gets the best services possible. You can also remind them of this whenever you note something down.
- ✓ **Show a nonjudgmental and supportive attitude,** and validate what the survivor is saying.
- ✓ **Use an empathetic voice** to reassure the survivor.
- ✓ **Listen carefully** to the survivor's experience and assure them their feelings are justified.
- ✓ **Show the survivor you believe their story,** commend them for doing what they needed to do to survive, and recognize their courage and resiliency.
- ✓ **Be patient,** keeping in mind that the survivor is in a state of crisis and could have contradictory feelings. The survivor also might not be able to remember some things, such as an accurate timeline of events.
- ✓ **Emphasize that violence is not their fault** and that the perpetrator is responsible for their own behavior.
- ✓ **Use supportive statements,** such as "I'm sorry this happened to you" or "You have really been through a lot" or "We're going to try and get you some help."
- ✓ **Highlight that options and resources are available** to the survivor. Emphasize that they can choose which services they want to receive and can change their mind at any point.
- ✓ **Try to find adequate services together with the survivor.** Leave an "open door" for the survivor to come back to you.
- ✓ **Create a safety plan so the survivor can continue accessing services without jeopardizing their safety.** If the survivor lives with the perpetrator, you might need to help the survivor think through times they can access services. Ask whether it is safe to text or call, or you should wait for them to contact you. Do not give materials to take home unless you talk through the impact. For example, if the perpetrator could get upset, it might be best to create time in the office for the survivor to read through the materials.

DON'T...

- ✗ Use body language that conveys a message of irritation, judgment, accusation, boredom, shock, dislike, or anger toward the survivor.
- ✗ Judge a survivor's behavior based on their age, appearance, clothing, culture, religion, type of work, or relationship to the perpetrator. *There are no reasons for gender-based violence.*
- ✗ Pressure the survivor to disclose.
- ✗ Make any promises you cannot keep.
- ✗ Suggest or force couples counseling or mediation between a survivor and the perpetrator. *This can be traumatizing and is known to be an ineffective method.*
- ✗ Ask about violence in the presence of a partner, family member, friend, or anyone else unless the survivor suggests it. *The survivor's safety is the key.*
- ✗ Rely on passive listening and non-commenting. This could make the survivor think you do not believe them, or that they are wrong and the perpetrator is right.
- ✗ Interrupt the survivor (for any reason) when they are talking.
- ✗ Accuse the survivor of making contradictory statements. Trauma can make it difficult to remember all the facts or timelines, and they could feel one way about the experience one day and completely differently another day. Your job is to listen and try to piece together the puzzle; you might never know all the details. Gather only as much detail as you need to provide services or support. Only ask questions that will help you assess the services and support the survivor needs and deserves.
- ✗ Blame the survivor or ask questions like "Why do you stay with your partner?" (if the partner is the perpetrator) or "Did you have an argument before it happened?" or "What were you doing out alone?" or "What were you wearing?" Instead, reinforce that gender-based violence is a violation of their rights and is never acceptable.
- ✗ Ask the same question multiple times. If you do not get an answer, keep the conversation going. You can try to rephrase later, once you have built more rapport with the survivor.

ANNEX 10. ORGANIZATIONS THAT PROVIDE GBV SERVICES

Sexual Assault Resource Centers (SARCs)

Mirabel Sexual Assault Referral Center

Child Lagos State University Teaching Hospital (LASUTH), Ikeja, Lagos State

Email: sarc@pjnigeria.org; partners@pjnigeria.org; partners4justice@yahoo.com

Phone: 0815 577 0000; 0811 555 4877; 0818 724 3468; 0817 627 5732; 0701 349 1769

Lagos State Domestic and Sexual Violence Response Team

Lagos State Ministry of Justice, State Secretariat Alausa, Ikeja, Lagos State

Email: dsvrt@lagos.gov.ng

Phone: 0813 976 0048

Website: <http://www.dsvrtlago.org/>

Tamar Sexual Assault Referral Centre

FSP Medical Centre Opposite Former Institute of Management and Technology (IMT), Enugu, Enugu State

Email: waco@nigeria.org

Phone: 0909 133 3000; 0909 277 7000

Dr. Abbas Yau Garba, Centre Manager, Jigawa SARC

Dutse General Hospital, Kaduna City

Phone: 0803 383 7025

Dr. Yinka Umeh, Centre Manager, Rayuwa SARC

Niger State Police Clinic, Minna, Niger State

Phone: 0818 810 7782

Julianna Joseph, Centre Manager, Salama SARC

Gwamna Awan General Hospital, Kaduna

Phone: 0803 383 7025

Dr. Auwal Garba, Centre Manager, Kano SARC

Murtala Mohammed Specialist Hospital, Kano State

Phone: 0803 188 2149

Dr. Babagana Kolo, Centre Manager, Yobe SARC

Miriam Sani Abacha Maternal and Child Hospital, Damaturu, Yobe State

Phone: 0703 010 3847

Yobe SARC: Mariam Abacha Hospital for Women and Children, Gashua Road, Damaturu, Yobe State

Borno SARC: Umaru Shehu General Hospital, Maiduguri, Borno State

Adamawa Hope Centre Adamawa State SARC

Adamawa State Specialist Hospital, Yola, Adamawa State

Women at Risk International Foundation Private Non-governmental Organization SARC

Dr. Kemi DaSilva-Ibru

6, Turton Street, off Thorburn Avenue, off Ozone Cinema, Yaba, Lagos State

Email: info@warifng.org

Phone: 0809 210 0009

Other Organizations

ACTS Generation

Phone: 0803 395 1460

Email: actsgeneration2007@gmail.com

Website: www.actsgeneration.org

Centre for Women's Health and Information

34, McNeil Road, Off Montgomery Road

Yaba, Lagos State

Phone: 0907 418 7490; 0802 319 4731

Email: info@cewhin.com; cewhin@yahoo.com

Website: www.cewhin.com

Civil Resource Development and Documentation Centre

Abuja: Suite B2, Victory Plaza, 7, Onitsha Crescent, Off Gimbiya Street, Area 11, Garki, Abuja, Federal Capital Territory

Enugu: Fourth Dimension Complex, No. 16, 5 Avenue, City Layout, New Haven, Enugu State.

Email: cirddoc96@yahoo.com; info@cirddoc.org

Phone: 0706 206 7354

Website: <http://www.cirddoc.org>

Girl's Power Initiative

Calabar: Anyamurua Residential Estate, Atimbo Road, Calabar

Phone: 0803 357 8595

Email: gpicalabar@gpinigeria.org

Benin: 67, New Road, by Amadasun Street Junction, Ugbiyoko Quarters, Ekehuan Road, Benin City, Edo State

Phone: 0807 304 2499

Email: gpibenin@gpinigeria.org; gpinigeriaweb@gmail.com

Website: <http://gpinigeria.org/>

Lagos State Ministry of Women Affairs

Lagos State Secretariat, Alausa, Ikeja

Phone: 0808 575 3932; 0810 267 8442¹

Media Concern Initiative—for Women and Children

15A, Bolodeoku Crescent, Dideolu Estate, by Sweet Sensation, Ijaiye Road, Ogba, Lagos State

Phone: 0809 952 2487; 0802 333 1036

Email: info@mediaconcern.net

Website: <http://www.mediaconcern.net/>

Priests Peace and Justice Initiative/Palace of Priests Assembly

Ebenezer Place, Durumi 2, After Divine Hand, Off Gwagwalada Park Road Area 1, Abuja, Federal Capital Territory

Phone: 0803 303 9797

Email: otiveigbuzor@yahoo.co.uk

Project Alert on Violence Against Women

21 Akinsanya Street, Off Isheri Road, Ojodu-Berger, Lagos, Lagos State

Phone: 0818 009 1072

Email: projectalert@projectalernig.org; info@projectalernig.org

Website: <http://www.projectalernig.org/>

Stand to End Rape Initiative

2nd Floor, FCT City Library, 2, Gwani Street, Opposite IGI House, Zone 4, Wuse, Abuja, Federal Capital Territory

Alternate address: No. 19A, YPO Shodehinde, Opposite Ansaru-Islam Mosque, Utako, Abuja, Federal Capital Territory

Phone: 0816 896 7217; 0813 032 0270

No. 1B, Godson Ilodiana Close, off Ayo Babatunde Crescent, Oniru, Lagos, Lagos State

Phone: 0809 596 7000

Email: contactus@standtoendrape.org

Tonia Bruised But Not Broken Foundation

Anthonia Ojenagbon

0809 898 7884

Email: toniaojenagbon@gmail.com

¹ These phone lines cater to *child abuse* cases/survivors only.

Women Against Rape, Sexual Harassment and Exploitation

Conference Centre Shopping Complex, Obafemi Awolowo University, Ile-Ife, Osun State

Phone: 0803 407 8730

Email: warshen@yahoo.com

Website: www.warshe.org

Women's Aid Collective

No. 9, Umuezebi Street, PO Box 2718, New Haven, Enugu State

Phone: (042) 256 678/303 742; 0803 306 2359

Email: wacolenugu@wacolnigeria.org; wacolnig@yahoo.com.

Women's Rights Advancement and Protection Alternative

19, Monrovia Street, Off Aminu Kano Way, Wuse II, Abuja, Federal Capital Territory

Phone: 0818 869 9961; 0817 212 5692; 0706 380 7887

Email: wrapa399@gmail.com; wrapa399@yahoo.com

Website: www.wrapanigeria.org



AIDSFree Nigeria

JSI Research & Training Institute, Inc.

Gender Technical Assistance Project

Gwandal Center - Plot 1015 Fria Close off Coree Bay Crescent - Wuse II

Abuja, FCT

aidsfree.usaid.gov