



# NATIONAL PLAN OF ACTION: Addressing Gender-based Violence and HIV/AIDS (GBV/HIV/AIDS) Intersections 2015-2017

FEDERAL MINISTRY OF WOMEN AFFAIRS AND SOCIAL DEVELOPMENT



United Nations Entity for Gender Equality  
and the Empowerment of Women



# NATIONAL PLAN OF ACTION:

Addressing  
Gender-based Violence  
and HIV/AIDS  
(GBV/HIV/AIDS)  
Intersections  
2015-2017

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DECEMBER 2014

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# TABLE OF CONTENTS

<b>Acronyms and Abbreviations</b>	<b>7</b>
<b>Foreword</b>	<b>10</b>
<b>Preface</b>	<b>11</b>
<b>Acknowledgement</b>	<b>13</b>
<b>Team</b>	<b>14</b>
<b>Introduction</b>	<b>16</b>
<b>Definition of Terms</b>	<b>18</b>
<b>Background and Context</b>	<b>20</b>
<b>Alignment with Relevant National HIV/AIDS and Gender Policy Documents</b>	<b>23</b>
<b>Development of National Plan of Action</b>	<b>24</b>
Tools and Analyses	24
Issues and Challenges	25
<b>National Plan of Action Addressing GBV/HIV/AIDS Intersections</b>	<b>28</b>
Outcome of the Plan of Action	28
Goal of the Plan of Action	28
Action Plan Outputs	29
Strategic Objectives	29

Action Plan Framework	29
Individuals	31
Community	31
Enabling Environment	32
Implementation Roles and Responsibilities	32
<b>Thematic Area 1:</b> Enabling Environment (Leadership, Policy, Legal)	<b>34</b>
<b>Thematic Area 2:</b> Community Participation, Partnership and Collaboration	<b>37</b>
<b>Thematic Area 3:</b> Service Delivery	<b>39</b>
<b>Thematic Area 4:</b> Finances and Resource Allocation	<b>44</b>
<b>Thematic Area 5:</b> Research, Management Information System and Monitoring & Evaluation	<b>46</b>
<b>References</b>	<b>49</b>
<b>Participation</b>	<b>50</b>

# ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ASCON	Administrative Staff College of Nigeria
ASWHAN	Association of Women Living with HIV/AIDS in Nigeria
BCC	Behavioural Change Communication
BON	Broadcasting Organisation of Nigeria
CBOs	Community Based Organisations
CDC	Centres for Disease Control
CSOs	Civil Society Organization
DEC	Development Exchange Centre
DPs	Development Partners
DPRS	Department of Planning, Research and Statistics
FBOs	Faith Based Organisations
FHI	Family Health International
FIDA	Federation of Women Lawyers
FMOE	Federal Ministry of Education
FMOF	Federal Ministry of Finance
FMOH	Federal Ministry of Health
FMOI	Federal Ministry of Information
FMOJ	Federal Ministry of Justice
FMOYD	Federal Ministry of Youth Development
FMWASD	Federal Ministry of Women Affairs and Social Development
F&SMOWA	Federal and State Ministries of Women Affairs
F&SOME	Federal and State Ministries of Education
F&SMOJ	Federal and State Ministries of Justice
GADA	Gender and Development Action
GBV	Gender-based Violence
GF	Global Fund
GTC	Gender Technical Committee
GTWG	Gender Technical Working Group

HIV	Human Immunodeficiency Virus
HR	Human Resource
IDPs	International Development Partners
IEC	Information, Education, Communication
IHVN	Institute of Human Virology – Nigeria
IPPAN	Independent Print Publishers Association of Nigeria
JUNTA	Joint United Nations Team on AIDS
LACA	Local Government Action Committee on AIDS
LGAs	Local Government Areas
LGBT	Lesbian, Gay, Bisexuals and Transvestites
MDAs	Ministries, Departments and Agencies
M&E	Monitoring and Evaluation
MOV	Means of Verification
MSH	Management Sciences for Health in Nigeria
MPPI	Minimum Prevention Package Interventions
NACA	National Agency for the Control of AIDS
NAP	National Action Plan
NAWOJ	National Association of Women Journalists
NBA	Nigerian Bar Association
NCC	National Communications Commission
NCNNM	National Council of Nigerian Nurses and Midwives
NCWD	National Centre for Women Development
NDHS	National Demographic and Health Survey
NEPWHAN	Network of People Living With HIV/AIDS
NGOs	Non-Governmental Organizations
NHRC	National Human Rights Commission
NOA	National Orientation Agency
NPC	National Population Commission
NPF	Nigerian Police Force
NHRC	National Human Rights Commission
NUJ	Nigerian Union of Journalist
NYC	National Youth Commission

PATA	Positive Action for Treatment Access
PEP	Post Exposure Prophylaxis
PHC	Primary Health Care
PMTCT	Prevention of Mother To Child Transmission
POA	Plan of Action
SACA	State Action Committee on AIDS
SFH	Society for Family Health
SMOED	State Ministry of Education
SMOH	State Ministry of Health
SMOI	State Ministry of Information
SMOJ	State Ministry of Justice
SMOY	State Ministry of Youth
SMWA	State Ministry of Women Affairs
SPHC	State Primary Health Centres
SOGON	Society of Gynaecologists and Obstetricians in Nigeria
SOP	Standard of Practice
SRH	Sexual and Reproductive Health
SWODEN	Society for Women Development and Empowerment of Nigeria
TOT	Training of Trainers
TWG	Technical Working Group
UN	United Nations
UN WOMEN	United Nations Entity for Gender Equality and the Empowerment of Women
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nation Population Fund
UNICEF	United Nations Children's Fund
UNTG	United Nations Theme Group
WDU	Women Development Unit
WHO	World Health Organization
WRAPA	Women Rights Advancement and Protection Alternative
WWD	Women with Disabilities

# FOREWORD

**T**here is adequate empirical evidence of a strong link between Gender-based Violence (GBV) and HIV in many countries. For example, a recent study on HIV-related intimate partner violence among pregnant women in Nigeria showed that HIV positive pregnant women experienced physical violence in the course of the index pregnancy 6 times more than HIV-negative women in Nigeria; sexual violence, about 4 times more than HIV-negative. This demonstrates clearly, the intersection between GBV and HIV/AIDS in Nigeria, with significant challenges for women and girls in particular, and the stakeholders of the national HIV and GBV responses in general.

Though Nigeria has made some progress in reducing the national HIV prevalence rates over the years to the current 4.1%, the feminization of the epidemic has continued to be a serious concern.

At the global level, Target 7 of the UN General Assembly 2011 Political Declaration on HIV/AIDS is to eliminate gender inequalities and gender-based abuse and violence, and increase the capacity of women and girls to protect themselves from HIV. In a similar vein, the Government of Nigeria recognizes gender inequality as one of its major development challenges. Thus it has included Gender and HIV/AIDS as cross-

cutting issues for its development priorities.

In line with this realization that GBV is one of the key social drivers of the epidemic, and in order to move towards the achievement of one of the UNAIDS three zeros – Zero New Infection, UNDP in collaboration with the Joint UN Team on AIDS, NACA and other development partners have embarked on this initiative as a strategy for reduced gender-based violence and enhanced HIV prevention and mitigation. The first phase – the mapping of policies and laws including readiness assessment of available GBV services – was undertaken in 2013. This has now been taken forward with the development of a plan of action to address the findings and recommendations of the mapping exercise.

I hope this National Plan of Action, which addresses the gender dimensions of the HIV epidemic, would be implemented through concerted efforts by all stakeholders in the country.

**Hajiya Zainab Maina**, CON, FCIA  
**Honourable Minister,**  
**Federal Ministry of Women Affairs and Social  
Development, Abuja**

# PREFACE

The incidence of GBV across the world is high and has been described as one that 'occurs in epidemic proportions' (UNDP, 2005). The HIV prevalence in the general population in Nigeria is currently 3.4% (NARHS, 2012) but the national median prevalence among pregnant women is 4.1% (FMOH, 2010). While about 3.1 million people are living with HIV, women show a higher HIV prevalence than men (NACA, 2013). Results of the National HIV/AIDS Reproductive Health Survey (NARHS 2012) revealed that gender inequality is an important driver of the epidemic. HIV prevalence was higher among females (3.5%) than males (3.3%). The survey showed higher levels of vulnerability and infections for girls and women relative to boys and men.

The National Plan of Action addressing GBV-HIV/AIDS intersections is based on the issues, challenges and needs identified from the national mapping exercise and the outputs from the National Stakeholder meeting held in June 2014, and the technical meeting in Abuja in October, 2014. It is a 3-year plan to run from 2015 to 2017. It aims to reduce the incidence of HIV by addressing GBV, using a multi-sectoral approach with the involvement of all stakeholders at the national, states and local levels.

The desired outcome of the National Plan of Action is to enhance gender equality and the protection of vulnerable groups using the rights-based approach for the reduction in incidence of GBV and HIV/AIDS, while the goal is to significantly reduce by 80%, incidence of HIV/AIDS arising from GBV through prevention education, and ensure that services are available for all victims of GBV at all levels of care.

The Plan has the following outputs:

- Reviewed laws and policies to mitigate incidence of GBV, and improve access to health education and justice services
- Strengthened capacity of public, private institutions and community organizations to foster partnerships and collaborations, and improved community involvement for GBV/HIV programmes
- Increased knowledge and awareness of prevention and management of GBV and HIV/AIDS by the general population especially the vulnerable group
- Strengthened institutional, technical and operational capacity of public and private sector institutions and civil society to provide GBV/HIV services
- Availability and utilization of quality data to improve programme planning, implementation, monitoring and evaluation of GBV/HIV interventions

FMWASD, in collaboration with NACA, is ready to partner with all stakeholders to ensure the implementation of the Plan of Action as a strategy for reduced gender-based violence and the spread of HIV.

**Professor John Idoko**  
**Director General,**  
**National Agency for the Control of AIDS**  
**(NACA)**



# ACKNOWLEDGEMENT

The development of the Plan of Action on Gender-based Violence and its Intersections with HIV derived from the findings and recommendations of the mapping of policies, laws and services on GBV and its intersections with HIV. It is a participatory and consultative process that availed the inputs and technical expertise of several stakeholders at international, national and sub-national levels.

It is therefore our pleasure to express gratitude to everyone and the institutions that contributed to this significant achievement which has provided the evidence-base to inform interventions on GBV and HIV in the national response to HIV in Nigeria – the UNDP Management for their guidance; David Owolabi, HIV Focal Point and Ifeoma Madueke, the Poverty & Gender Analyst; the National Consultants, Dr Godwin Asuquo and Barrister Adebanke Akinrimisi for facilitating the entire process,

Furthermore, specific mention must be made of the support provided by the National Agency for the Control of AIDS (NACA), the National Planning Commission (NPC) and members of the Joint UN Team on AIDS (JUNTA) for their support in the design and implementation of the project. These include UNAIDS, UN WOMEN and UNFPA. We

also thank the UNAIDS Country Director, Dr. Bilali Camara; UNAIDS Regional Gender Advisor, Ms. Berthilde Gahonyagire; Ms Christine Destephen-Sidibe, Global Fund Consultant; the UNDP HIV, Health & Development Group, BDP, New York, Susana Fried – Deputy Cluster Leader & Senior Gender, HIV and Health Adviser; and Deena Patel – Programme Specialist, RSCA, Addis Ababa, for their technical guidance and active participation in the process.

Our sincere gratitude also goes to all officers of government Ministries and Agencies who actively participated in the exercise. It is also important to acknowledge the contributions of members of Civil Society Organizations that responded to the call for information even at very short notice. These organisations include MEDIACON, Project Alert, GADA, PATA, WRAPA, FIDA, SWODEN, Hello Lagos, DEC, etc. We look forward to a successful implementation of this plan, working in collaboration with all of you.

**Dr. Habiba Muda-Lawal**  
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# TEAM

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# INTRODUCTION

**W**ith a population of more than 160 million, Nigeria currently has one of the highest HIV and AIDS epidemic burden worldwide. It is estimated that about 3.4 million persons are currently living with HIV. While significant progress has been made in the past decade to reduce the HIV/AIDS prevalence from the highest level of 5.8% in 2001 to 4.1% in 2010 (FMOH, 2010), Gender-based Violence (GBV) may be a hindrance to this progress.

GBV can be described as any form of violence that is directed at individuals on the basis of their gender (Interagency Coalition on AIDS and Development, 2008, Terry & Hoare, 2007). GBV is also said to refer to a range of harmful customs and behaviours against girls

**Gender-based violence affects women and girls irrespective of their race, ethnicity, class, age, economic or educational status, religious or cultural divide...**

and women, including intimate partner violence, assaults against women, child sexual abuse and rape (The Foundation for AIDS Research, 2005). Majority

of victims of GBV are women and girls. Gender-based violence affects women and girls irrespective of their race, ethnicity, class, age, economic or educational status, religious or cultural divide etc (UNAIDS). Increasing evidence shows a strong link between GBV and HIV, with GBV being one of the driving forces of the HIV/AIDS epidemic worldwide.

Significant challenges exist for women and girls living with HIV. For example, a recent study on HIV-related intimate partner violence among pregnant women in Nigeria showed that HIV positive pregnant women experienced physical violence in the course of the index pregnancy 6 times more than HIV-negative women in Nigeria; sexual violence about 4 times more than HIV-negative women.

There are three contexts in which violence is generally conceived to increase HIV risk are: the first is that violence constrains women's and girls' ability to negotiate safer sex; second, sexual abuse during childhood or adolescence increases risk of engaging in risky sexual practices; and third, rape increases the biological likelihood of HIV transmission, particularly where there might be tears and lacerations as a result of the use of force. These critical areas have shown that GBV and HIV cannot be effectively addressed without

the involvement of men and boys in efforts at addressing them.

Furthermore, the review of secondary data reveals among other things, that the overlap between GBV and HIV are five-fold: forced sex, which directly increases the risk of HIV through physical trauma; physical violence and threat of violence which often limits women's ability to negotiate safe sex; sexual abuse as a child, which may lead to adult sexual relationships at earlier ages and increased sexual risk taking; exposure to risk of violence following disclosure of HIV status by women and, the fact that key populations such as – men who have sex with men; transgender people; and transgender sex workers are at greater risk of gender-based violence due to high levels of stigma and discrimination, as well as legislation that criminalizes homosexuality and sex work (UNDP, 2013). It further reveals that the problem of GBV stems from the subordinate position that women are placed in, in most cultures and societies, compared to their male counterparts. Patriarchal norms, beliefs and practices continue to shape socialization such that boys and men see women and girls as persons of less power, and tools for satisfying their sexual desires. The recognition that unequal power relations between women and men is the bane of women's

**Patriarchal norms, beliefs and practices continue to shape socialization such that boys and men see women and girls as persons of less power...**

problem has only led to the creation of awareness of this vice among a high percentage of women, leaving the men folk largely uninformed, with the dire consequence of unmet strategic needs of women.

Interestingly, there exist a number of laws, policies, guidelines and services that address the issues of HIV and GBV in Nigeria, but they do not necessarily show or address the linkage. The situation is further worsened by the fact that the legal environment for addressing issues of GBV and its intersections with HIV are weak, with several bottlenecks. Also, available medical and social services for women and girls who experience physical and sexual violence are very few and concentrated in the Southern parts of the country. In addition, the necessary skills to effectively respond to the victim/survivors of abuse are often lacking even when certain services are said to be in place.

Hence, these issues need to be addressed to achieve the elimination of GBV which has been recognized as a key strategy in the fight against the spread of HIV, especially among women and girls. The desired outcome would be enhanced gender equality and the protection of vulnerable groups, using the rights-based approach to the reduction in incidence of GBV/HIV and AIDS.

# DEFINITION OF TERMS

**Gender:** According to the UNDP Gender Equality Strategy 2014–2017, “gender refers to the social attributes and opportunities associated with being male and female and the relationships between women and men and girls and boys, as well as the relations between women and those between men. These attributes, opportunities and relationships are socially constructed and are learned through socialization processes. They are context/time-specific and changeable. Gender determines what is expected, allowed and valued in a woman or a man in a given context. In most societies, there are differences and inequalities between women and men in responsibilities assigned, activities undertaken, access to and control over resources, as well as decision-making opportunities. Gender is part of the broader socio-cultural context. Other important criteria for socio-cultural analysis include class, race, poverty level, ethnic group and age.”

**Gender-based violence (GBV):** “Gender-based violence (GBV) is a term used to describe any harmful act that is perpetrated against a person's will, and that is based on socially ascribed differences between males and females. While men and boys can be victims/survivors of some types of GBV (particularly sexual violence) around the world, GBV has a greater impact on women and girls. Examples of GBV

throughout the life cycle include (but are not limited to): sex-selective abortion, differential access to food and services, sexual exploitation and abuse, including trafficking, child marriage, female genital mutilation/cutting, sexual harassment, dowry/bride price abuse, honour killing, domestic or intimate partner violence, deprivation of inheritance or property, and elder abuse.” (Global Protection Cluster, 2014)

**GBV/HIV/AIDS intersections:** The causal link between the experiences of gender-related violence and exposure to HIV infection. Research has shown that there is a strong link between GBV and HIV infection, with violence being a risk factor for HIV as well as a consequence of being HIV positive. (Global Protection Cluster, 2014)

**GBV/HIV services:** The following represent the Minimum Package which include rapid HIV testing with referral to care and treatment as appropriate; post exposure prophylaxis (PEP) for HIV – if person reached within the first 72 hours; STI screening/testing and treatment; emergency contraception, where legal and according to national guidelines – if person reached within the first 72 hours; and counselling (other than counselling for testing, PEP, STI and EC). Referrals for

non-clinical services, where applicable, include longer-term psycho-social support (e.g., peer support groups); legal counsel; police; and child protection services. These services may be offered by one provider

(e.g., in a health centre) or may be offered in different units by different providers in the same site (e.g., in a hospital, mobile clinic). (PEPFAR Level 1 indicator package for Gender, \*2014)

## BACKGROUND AND CONTEXT

The prevalence of GBV across the world is very high and has been described as one that 'occurs in epidemic proportions' (UNDP, 2005). According to WHO (2013), 35.6% of women across the world 'have experienced either non-partner sexual violence or physical or sexual violence by an intimate partner, or both'. In investigating violence against women at the country level during the 2008 NDHS, female respondents aged 15 – 49 years were asked if they had ever experienced sexual violence, their age at first experience of sexual violence, and their relationship with the perpetrators. About 7% of the 21,468 respondents reported having experienced sexual violence at some point.

The study also revealed that young girls in the 15 – 19 age category are highly vulnerable to sexual abuse in Nigeria. Of the girls in this age bracket, 23% reported being violated between the ages of 10 – 14 years and another 45% reported being violated between the ages of 15 – 19 years. Another 5% of the young girls were abused sexually before they turned ten (10). Across all age categories, reports of first experience of sexual violence are highest between the ages of 15 – 19 years. Women in the South-south and south-east zones experienced sexual violence most, with 13.4% and 11.8% respectively. The north-west and south-west

had the least at 2.7% and 3.2% respectively. The 2008 NDHS also revealed that women of different age brackets experienced physical violence since age 15, and within the last 12 months preceding the survey at almost the same rate (between 26% and 30%).

HIV prevalence among the general population in Nigeria is 3.6% and the national median prevalence among pregnant women is 4.1%. With about 3.1 million people living with HIV, women showed a higher HIV prevalence than men (NACA, 2013). Result of the National HIV/AIDS Reproductive Health Survey (2007) revealed that gender inequality is an important driver for the epidemic. Prevalence rates were found to be higher among females (4.0%) than males (3.2%). The survey showed higher levels of vulnerability and infections for girls and women relative to boys and men. Figure 1 (page 21) shows national HIV/AIDS prevalence by sex:

Studies have shown that exposure to violence is a strong predictor of HIV infection (WHO, 2000). For instance, data from a counselling and testing centre in Tanzania in year 2000 revealed that HIV positive women are 2.6 times more likely to have experienced sexual violence by intimate partners when compared to their counterparts that are HIV negative (Maman et al,



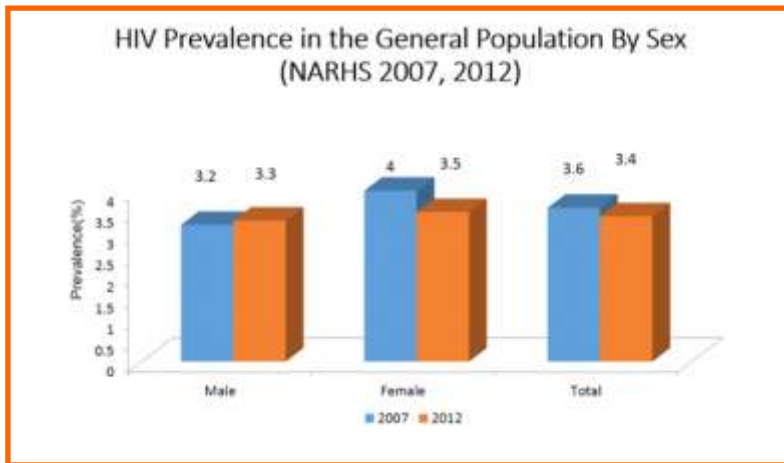


Figure 1 : HIV Prevalence in General Population by Sex

2000 in UNDP, 2005). Furthermore, a more recent WHO study (2013) found that women who have been physically or sexually abused by their partners in some regions of the world are 1.5 times more likely to acquire HIV when compared to women who have not experienced partner violence.

The intersections between Gender-based Violence and HIV have been well articulated by many writers (Harvard School of Public Health, 2006). The overlap between GBV and HIV has been classified as follows:

- Forced sex, which directly increases the risk of HIV through physical trauma
- Physical violence and threat of violence, especially by a husband or partner, which may limit the ability of women to negotiate safe sexual behaviour, particularly

condom use and the ability to say no to sex

- Sexual abuse as a child, which may lead to adult sexual relationships at earlier ages and increased sexual risk-taking, including involvement in sex work and higher numbers of sexual partners in adolescence and adulthood

- Women who test positive to HIV and share test results with partners and families may be at increased risk of violence from their partner or other family members [Lewis, Maruia, Mills and Walker, 2007; World Health Organisation (WHO)

2004]

- Men who have sex with men; transgender people; and male, female; and transgender sex workers are at greater risk of gender-based violence due to high levels of stigma and discrimination, as well as legislation that criminalises homosexuality and sex work (UNDP, 2013).

Therefore, in line with this realization that GBV is one of the key social drivers of the epidemic, and in order to move towards the achievement of one of the UNAIDS three zeros – Zero New Infection, UNDP in collaboration with the Joint UN Team on AIDS, NACA and other development partners embarked on the initiative of mapping of laws, policies and services on gender-based violence and its intersections with HIV as a strategy for reduced gender-based violence

and enhanced HIV prevention and mitigation. It is against this backdrop that this National Plan of Action addressing GBV-HIV/AIDS Intersections 2015–2016 was developed.

The chart below (figure 2) shows national HIV prevalence trend from 2001 to 2010 revealing the huge and disproportionate burden of HIV/AIDS among women in Nigeria.

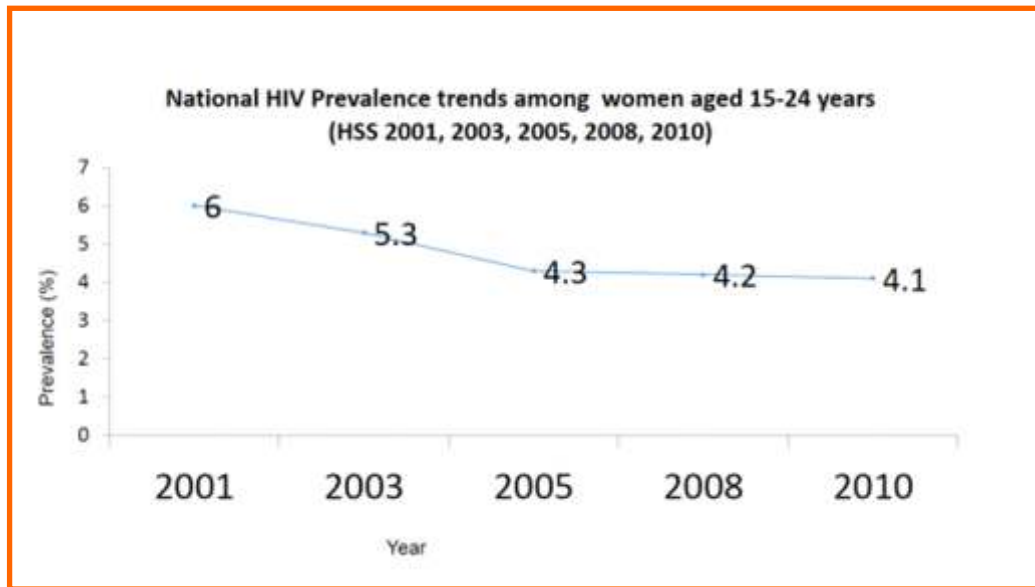


Figure 2 : HIV Prevalence Trends among Women Aged 15-24 Years

# ALIGNMENT WITH RELEVANT NATIONAL HIV/AIDS AND GENDER POLICY DOCUMENTS

**T**he National Plan of Action on GBV and HIV/AIDS has as its foundation, all key national HIV/AIDS and gender documents and gives expression to strategies and activities to be implemented in synergy with all national policies and plans for improved outcomes for women and men in particular and the general population as a whole. In this regards, it is in line with the guiding principles and priorities of the National Gender Policy. It keys into the major goal of the policy which is to eradicate all forms of gender-based violence and discrimination and ensure that women and men enjoy similar rights irrespective of their age, ethnicity, religion and class.

Similarly, the National HIV/AIDS Policy and Strategic Plan, and the various operational plans across the states including the Minimum Prevention Package Interventions (MPPI), recognize the need

**The National Plan of Action ... is in line with the guiding principles and priorities of the National Gender Policy...to eradicate all forms of gender-based violence and discrimination and ensure that women and men enjoy similar rights irrespective of their age, ethnicity, religion and class.**

for a coordinated action to stop the feminization of the HIV/AIDS epidemic. Similarly, there exists national guidelines for various guidelines and protocols in various programmatic areas – PMTCT, Care and Support, Treatment, Sex Work, Palliative Care etc. However, none of the existing policy documents and guidelines has yet provided a continuum of strategic activities and concerted plan addressing issues of GBV and HIV/AIDS intersections. This is the gap that is addressed by this document. It is important to note that this document is developed within the context of these national documents and would be used in a synergistic

manner to reduce gender-related vulnerability to HIV/AIDS in Nigeria. There is no attempt therefore, to develop a new programme based on this document, but to strengthen the response in a manner that would be more impactful and enhance the delivery of critical GBV-related results.

# DEVELOPMENT OF THE NATIONAL PLAN OF ACTION

Prior to the development of this Plan, a mapping of laws, policies, existing services and other mechanisms available in Nigeria for GBV and HIV intersections was conducted through review of secondary data and gathering of primary data from different stakeholders in different sectors. In reviewing secondary data, laws, policies, conventions and guidelines that have implications for HIV were identified, collected and reviewed. Other reports, published and unpublished materials related to the subject were also reviewed in order to have a general overview of the subject, gaps in literature and opportunities for future interventions. In reviewing the laws, policies, plans/guidelines, a tool of analysis was developed.

## TOOL OF ANALYSIS

1. What are the key issues that form the basis of the law/policy/ guideline?
2. Can this law/policy/guideline help to achieve reduction in women and girls' vulnerability to HIV infection or is it bound to increase their vulnerability?
3. Does the guideline serve the purpose of a

protocol to enable actors know what step to take in different situations?

4. What are the gaps in this law/policy/guideline and how can they be addressed?
5. Can this law serve as a deterrent to offenders?

In gathering information for the mapping exercise, a questionnaire with open-ended questions was developed and used as a guide to generate relevant information from stakeholders. The questions asked include, but are not limited to the following:

- What services/mechanisms are available to address GBV and HIV/WWD/SRH intersections?
- Where are such services/mechanisms located?
- What is the level of coverage of such services/mechanisms and what are the gaps and opportunities in such services/mechanisms?

In selecting those that were interviewed, stakeholders were drawn from the 6 geo-political zones of the country. In other words, major stakeholders located in each zone or those that have projects in any of the zones

were identified. The idea was to ensure that information was generated regarding the status of GBV/HIV/AIDS intersections in all zones of the country.

The stakeholders that were interviewed include the national HIV coordinating body for HIV – National Agency for the Control of AIDS (NACA), Government service providers, NGOs/human rights advocates working on GBV and HIV/AIDS or providing service, beneficiaries of existing services, policy makers and development agencies etc.

Interviews were conducted physically and electronically. Physical (one-on-one) interviews were limited to Lagos and Abuja. Electronic interviews were conducted through either completion of questionnaires or telephone discussions. The interviewees were purposively selected through a snowball approach where one stakeholder led us to another. When the report for the analysis was produced, a stakeholders meeting was organized for stakeholders in the national response and those working on Gender and related issues to validate the report and work together to develop a draft framework and Plan of Action to move these issues forward. This meeting gave birth to the priority intervention areas and strategies that form the basis of this Plan.

## **ISSUES, CHALLENGES AND NEEDS**

During the stakeholders meeting, participants brainstormed and reached consensus on the common issues, challenges and needs to be addressed in the plan. The outputs from this exercise corroborated the findings and recommendations of the mapping report for a set of coordinated activities to be urgently undertaken in collaboration with all partners to address issues of GBV/HIV intersections in Nigeria. These include:

1. The need for more detailed and state-level “legal environment assessments” in order to better understand the local barriers to ensuring strong HIV and GBV linkages
2. There is a need for different strategic actors/stakeholders to work together to establish a coordinated multi-sectoral and inter-agency response. Effective coordination mechanism remains the key to successful programming for GBV and its intersections with HIV/AIDS
3. Advocacy and capacity building on linkages between GBV and HIV/AIDS for parliamentarians, members of the Executive, the judiciary, law enforcement agents and health personnel
4. Advocacy for review of training curriculum of the police and other law enforcement agents, doctors, nurses, social welfare workers, lawyers etc. to include GBV and HIV and the training of all these professionals

5. There is a need to identify and support opportunities for dialogue and information-sharing among NGOs and government ministries, working on both or either of the issues of HIV/AIDS and GBV and the development of a holistic strategy in relating with GBV and HIV/AIDS
6. Integrate a comprehensive set of responses to violence within health services, including confidential screening, emotional and medical support, and referrals to other services that support survivors
7. Form linkages across sectors (e.g., clinics, shelters, police, and legal networks) to be able to provide comprehensive services to women and girls/survivors of GBV
8. It is important to have a clear referral system amongst organizations and amongst governmental and non-governmental organizations so that victim/survivor can know where to go to receive assistance in a timely manner
9. It is important that a national data collection system around GBV issues is made priority as it will facilitate the development of effective programmes and response strategies. Paucity of reliable data continues to hinder proper planning of interventions resulting in poor results
10. Strategic engagement with and involvement of males in a range of programme areas on GBV responses
11. Design of innovative options for integrated responses, that will include different sectors responsible for GBV (law, order, justice, education and social services)
12. The use of emerging technology such as mobile and social media in designing interventions and communication approaches will be very useful in reaching both in and out of school youths with information on the linkages between GBV and HIV/AIDS
13. Sectors such as education and health should be used as champions for implementing structural interventions that will improve both GBV and HIV programme outcomes
14. Work closely with legal aid agencies and networks of relevant GBV and HIV/AIDS interventions and build synergy between the various organizations and networks for a more consolidated work on GBV and HIV/AIDS
15. Support the development of standard protocols and guidelines for the different actors within the response system for GBV
16. Strengthen linkages amongst relevant civil society actors, such as between networks of women living with HIV, women's health and rights organizations, HIV service organizations and human rights organizations.

**NATIONAL PLAN OF ACTION  
ADDRESSING GBV/HIV/AIDS  
INTERSECTIONS  
2015 - 2017**

# NATIONAL PLAN OF ACTION

## ADDRESSING GBV/HIV/AIDS INTERSECTIONS

### 2015 - 2017

**T**he National Plan of Action addressing GBV/HIV/AIDS Intersections is based on the issues, challenges and needs identified from the national mapping exercise and the outputs from the National Stakeholder meeting held in June 2014. It is a 3-year plan to run from the first quarter of 2015 to 2017. It aims to reduce the incidence of HIV by addressing GBV using a multi-sectoral approach with the involvement of all stakeholders at the national, states and local levels.

The Plan of Action addresses the following areas: enabling environment (policy, legal, popular support), community participation, partnership and collaboration, services, human resources, institutional capacity, financing and resource allocation, monitoring and evaluation and research.

#### **OUTCOME OF THE PLAN OF ACTION**

The desired outcome of the National Plan of Action is to enhance gender equality and the protection of vulnerable groups using rights-based approaches to reduce the incidence of GBV/HIV and AIDS.

#### **GOAL OF THE ACTION PLAN**

The goal of the Plan is to significantly reduce by 30%\* incidence of GBV through prevention education and ensure that integrated GBV/HIV services are available at all levels.

**According to the 2013 National Demographic and Health Survey, percentage of women aged 15 - 49 who have experienced physical violence since age 15 is 28% (ranges from 20% in the north to 40% in the south-south (NDHS,2013))**



## **ACTION PLAN OUTPUTS**

The action plan outputs include:

- Laws and policies reviewed to mitigate incidence of GBV and improve access to health education and justice services
- The capacity of public, private institutions and community organization strengthened to foster partnerships, collaborations and improved community involvement for GBV/HIV programmes
- The general population, especially the vulnerable group, will have increased knowledge and awareness of prevention and management of GBV and HIV/AIDS
- Institutional, technical and operational capacity of public and private sector institutions and civil society are strengthened to provide GBV/HIV services
- Quality data available and utilized to improve programme planning, implementation, monitoring and evaluation of GBV/HIV interventions

## **STRATEGIC OBJECTIVES**

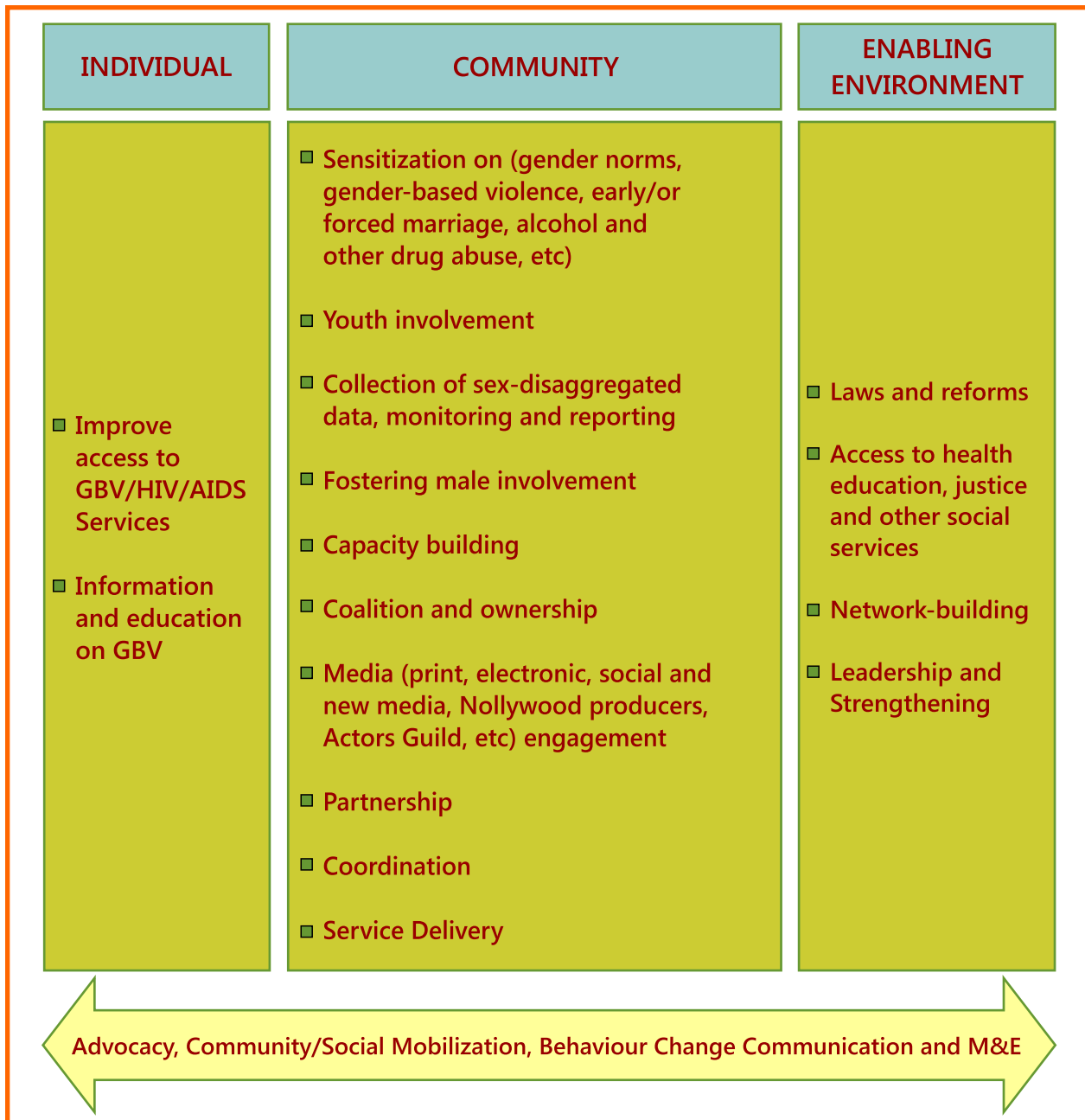
1. To improve coordination of response activities on gender based violence intersection with HIV/AIDS by 2017
2. To advocate for the review and/or repeal of 80% of the laws and policies which promote GBV 2017
3. To foster partnerships, collaboration and active involvement of all stakeholders thus ensuring that 70% of communities across the Federation

contribute are actively contributing to GBV/HIV programme efforts.

4. To develop operational capacity of public and private institutions to implement programmes to reduce GBV/HIV
5. To ensure that all victims of GBV are provided quality preventive, treatment and rehabilitation services by skilled service providers in line with national guidelines
6. To increase the resources allocated and available for public and private sector institutions and civil society to provide GBV/HIV services
7. To improve programming and strengthen comprehensive monitoring/reporting and data utilisation through the integration of GBV/HIV indicators into the National health management information system

## **ACTION PLAN FRAMEWORK**

At the June 2014 Action Planning stakeholders meeting in Kaduna and the October 2014 technical meeting in Abuja, participants brainstormed on the framework for a multi-sectoral intervention in GBV/HIV/AIDS and adopted an intervention framework which emphasized concerted actions at the individual, relationship, community and societal levels. The enabling environment, through cross-cutting, was identified as a major intervention pillar in view of its significance and pivotal role for programme success. Stakeholders adopted with some modifications, a



combination of the Global Fund Model for addressing GBV/HIV intersections and the CDC's social-ecological model for GBV prevention. The model and its applicability in the Nigerian context are described below (figure 3).

The ultimate goal is to predict and stop violence before it begins. It is predicated on the understanding that prevention requires understanding the factors that influence violence. It considers the complex interplay between individual, community, and societal factors. It allows us to address the factors that put people at risk of experiencing or perpetrating violence. Based on the model, stakeholders brainstormed and reached consensus on a continuum of activities that address the multiple levels of the model.

### **Individuals**

The first level identifies biological and personal history factors that increase the likelihood of becoming a victim or perpetrator of violence. Some of these factors are age, education, income, substance use, or history of abuse. Identified strategies at this level were designed to promote attitudes, beliefs, and behaviours that ultimately prevent violence. Specific approaches include education and life skills training. Closely linked with the first level are relationships that may increase the risk of experiencing violence as a victim or perpetrator. A person's closest social circle—peers, partners and family members—influences their

behaviour and contributes to their range of experience. Selected interventions at this level include mentoring and peer programmes designed to reduce conflict, foster problem solving skills, and promote healthy relationships.

### **Community and Societal**

At this level, settings such as schools, workplaces, and neighbourhoods, in which social relationships occur are explored; and characteristics of these settings that are associated with becoming victims or perpetrators of violence are identified. Identified strategies at this level are designed to impact the climate, processes, and policies. Behaviour change and social marketing campaigns are often used to foster community climates that promote healthy relationships. In our modified model, the societal level is taken together with the community, and broad societal factors that help create a climate in which violence is encouraged or inhibited. These factors include social and cultural norms. Other large societal factors include the health, economic, educational and social policies that help to maintain economic or social inequalities between groups in society.

In view of the misunderstandings, misconceptions and pervasive ignorance on issues of GBV in our communities, there is a need to foster greater understanding about these issues at the community level. There is the need also, for strong community

networks, linkages, partnerships and coordination. Strengthening community leadership and awareness about existing services and how to access them are also critical. Hence activities to strengthen community leadership, male involvement and collaboration form an important part of this plan.

### **Enabling Environment**

To create an enabling environment and popular support for GBV/HIV programmes, it is important that the society is mobilized to push for the reform of laws and policies that promote gender-based violence and advocate for favourable policies and a change of attitude at the highest levels – at the Legislature and at the Executive arms of government. This will involve sustained capacity building, measures to promote access to justice, monitoring and evaluation, network building and resource mobilization. Another important aspect of the framework is the fact that advocacy and social mobilization are critical elements for success and are therefore cross-cutting themes in the framework.

### **Implementation Roles and Responsibilities**

At the federal level, ownership of this document dwells with the Federal Ministry of Women Affairs and Social Development and NACA. It is expected that a strong partnership with all HIV/AIDS and gender line ministries – Education, Youth Development, Agriculture, and Sports etc will be enhanced. At the federal level, policy direction and coordination, monitoring, supervision and technical backstopping, including selected capacity building and advocacy activities.

Most of the activities in the Plan will be implemented at the states and local levels with each state providing leadership, supervision, capacity building, monitoring, and ensuring availability of tools and resources for implementation. Successful implementation of the planned activities will depend on strong collaboration and partnership at all levels and adequate participation of the civil-society, youth groups and networks of women and vulnerable groups in the communities.

NATIONAL PLAN OF ACTION  
ADDRESSING GBV/HIV/AIDS  
INTERSECTIONS  
2015 - 2017  
**FRAMEWORK**

## THEMATIC AREA 1: ENABLING ENVIRONMENT (LEADERSHIP, POLICY, LEGAL)

OUTPUT: Laws and policies reviewed to mitigate incidence of GBV and improve access to health education and justice services																			
Strategic Objectives: 1. To improve coordination of response activities on gender based violence intersection with HIV/AIDS by 2017 2. To advocate for the review and/or repeal of 80% of the Laws and Policies which promote GBV 2017																			
Serial number	Component activities	Level of implementation	Responsible Agency	Key partners	2015				2016				2017				Indicators	MOV	Cost
					Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4			
<b>Strategy 1.1: Production of the POA</b>																			
1.1.1	Produce POA	Federal	NACA FMWASD	NGO, CSO, NHRC, Global Fund, UNDP, UNFPA, FMOY/SMOY, FMOH/S MOH, FMOE/SMOED, F&SMOJ, NPF, LGA, MDAs	X											POA finalized	Copy of POA  Progress report	750,000	
1.1.2	Disseminate and distribute the POA at national, states and local levels	Federal State LGA	FMWASD & NACA,	NGO, CSO, NHRC, Global Fund, UNDP, UNFPA, FMOY/SMOY, FMOH/S MOH, FMOE/SMOED, F&SMOJ, NPF, LGA, MDAs			X	X		X				X		POA disseminated	Availability of POA at state and LGA  Progress report	5,000,000	
1.1.3	Support states to adapt National POA	Federal and states	FMWASD & NACA,	NGO, CSO, NHRC, Global Fund, UNDP, UNFPA, FMOY/SMOY, FMOH/S MOH, FMOE/SMOED, F&SMOJ, NPF, LGA, MDAs	X	X	X	X								Training guide developed and orientation held	Copy of training guide and training report	1,500,000	
<b>Strategy 1.2: Advocacy for support for the implementation of POA</b>																			
1.2.1	Develop advocacy and policy briefs on GBV/HIV	Federal State LGA	NACA FMWA&SD	NGO, CSO, NHRC, Global Fund, UNDP, UNFPA, FMOY/SMOY, FMOH/S MOH, FMOE/SMOED, F&SMOJ, NPF, LGA	X	X	X	X	X							No of advocacy and policy briefs developed		3,000,000	
1.2.2	Conduct advocacy visits to Policy makers at national, state and LGA on the repeal of obnoxious policies and laws	Federal	FMWASD, NACA,	NGO, CSO, NHRC, Global Fund, UNDP, UNFPA, FMOY/SMOY, FMOH/S MOH, FMOE/SMOED, F&SMOJ, NPF, LGA	X	X	X	X	X	X	X					No of advocacy visits conducted No of statement of key officials favourable to GBV/HIV prevention		3,000,000	

1.2.3	Organize consultative meetings with the media on POA implementation	Federal and states	FMWASD, NACA	NGO, CSO, NHRC, Global Fund, UNDP, UNFPA, FMOY/SMOY, FMOH/S MOH, FMOE/SMOED, F&SMOJ, NPF, LGA	X	X	X										No of meetings held	Programme report	5,000,000
<b>Strategy 1.3: Strengthen Management &amp; Coordination</b>																			
1.3.1	Appoint Gender/HIV desk officers where they do not already exist	Federal State LGA	FMWASD & NACA,	DPs AND NGOs, CBOs, F&SMOJ, NPF	X	X	X	X	X	X							Number of Gender Desk Officers appointed	Progress report	0
																	Number of MDAs with desk/focal officers		
1.3.2.	Constitute Technical Working Groups (EWG) at different levels where they do not exist	Federal State LGA	FMWASD & NACA,	DPs AND NGOs, CBOs, F&SMOJ, NPF	X	X	X	X	X	X							Number of functional TWGs addressing GBV/HIV issues	Progress report	0
1.3.3	Review functions/mandate of existing TWGs with a view to integrate GBV/HIV issues	Federal State LGA	FMWASD & NACA, SMWA & SACA, WDU & LACA	DPs AND NGO's, CBO's. OTHERS	X	X	X	X									Terms of reference of TWG reviewed	Minutes of meetings	
1.3.4	Expand membership of TWG by involving strategic stakeholders	Federal State LGA	FMWASD & NACA, SMWA & SACA, , LACA	DPs and NGO's, CBO's. OTHERS	X	X	X	X	X								Number of new members attending TWG meetings	Progress report	

1.3.5	Hold meetings of TWGs at different levels	Federal State LGA	FMWASD & NACA,	UNFPA, Global Fund, F&SMOJ, NPF	X	X	X	X	X	X	X	X	X	X	X	X	X	Number of TWG meetings held and addressing GBV/HIV issues	Minutes of meetings of TWG Report of activities of TWG	2,000,000
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**Strategy 1.4: Strengthen legal and policy environment for response on GBV and HIV**

1.4.1	Advocate speedy passage of the VAPP Bill, Child's Rights Law in states that do not have	Federal State LGA	FMWASD & NACA	LACVA W, UNICEF, F & SMOJ	X	\	X		X		X	X	X					Number of Advocacy visits to State and Federal Houses of Assembly	Reports of visits, meetings	
1.4.2	Advocate repeal of discriminatory laws against women and girls and laws that encourage violence against women (i.e. relevant sections in Penal and Criminal Codes, Constitution)	Federal State LGA	FMWASD & NACA	LACVAW, UNICEF, F & SMOJ	X	X	X	X	X	X								Number of Advocacy visits to State and Federal Houses of Assembly	Reports of visits, meetings	
1.4.3	Review existing youth- friendly service policies to integrate GBV/HIV	Federal State LGA	FMWASD & NACA	UNFPA, UNICEF, FMOH				X	X									No of youth-friendly policies integrating GBV/HIV	Reports of meetings, activities	



## THEMATIC AREA 2: COMMUNITY PARTICIPATION, PARTNERSHIP AND COLLABORATION

OUTPUT: 2 The capacity of public, private institutions and community organizations strengthened to foster partnerships, collaborations and improved community involvement for GBV/HIV programmes																			
OBJECTIVE:2 To foster partnerships, collaboration and active involvement of all stakeholders thus ensuring that 70% of communities across the Federation contribute actively to GBV/HIV programs																			
Serial number	Component activities	Level of implementation	Responsible Agency	Key partners	2015				2016				2017				Indicators	MOV	Cost
					Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4			
<b>Strategy 1.1: Strategy 2.1: Awareness creation on policies and Plans</b>																			
2.1.1	Organize sensitization campaigns on GBV/HIV programme at various communities – traditional rulers, religious leaders, community heads, and village heads	Federal /State level and LGA	SACA, LACA, SMWA	MDAs DPs CSOs CBOs, FBOs, NGOs etc	X	X			X					X	No of sensitization events held No of persons sensitized	Event reports, Pictures of events & participants	4,000,000		
2.1.2	Disseminate Action Plan using Ministries' official websites.	Federal/State	SACA, LACA, SMWA	MDAs	X	X	X								No of MDAs websites with the policies and frameworks mounted or linked	Programme report  Website assessment	0		
2.1.3	Popularise the action plan using modern media like Facebook, blogs, twitter and traditional information systems such as town criers, pictures, posters and handbills at community level	Federal	SACA, LACA, SMWA	CBOs, FBOs, CSOs, SPHCDA					X	X	X				No of official websites disseminating POAs	Programme Report, pictures	500,000		

2.1.4	Sensitization of indigenous groups, men & women groups, town hall meeting on GBV/HIV integration.	Federal and State	SACA, LACA, SMWA	CBOs, CSOs, FBOs,	X	X	X	X										Number of groups reached No of sensitization meetings held	Progress report	4,000,000
2.1.5	Translate and distribute synopsis of NAP in three major Nigerian languages	State and LGA level	SACA, LACA, SMWA	FMOI, NOA CSOs, MDAs	X	X	X											Number of policies in various languages	Copies of policies various languages	3,000,000
2.1.6	Conduct Public presentations on GBV for key government and NGOs at sub-national levels	State and LGA level	SACA, LACA, SMWA	MDAs CSOs, NHRC, UN System				X	X	X	X	X						Number of states with public presentation  Number and type of stakeholders that participated in public presentation	Programme report	5,700,000
2.1.7	Conduct orientation and sensitisation of the media on the NAP on reporting for increased community participation	State and LGA level	SACA, LACA, SMWA	Media MDAs LGAs, CSOs, Private Sector, SMOI, Health Promotion Unit, SPHC	X		X			X	X							Number of media practitioners participating in orientation & sensitisation programmes	Report of orientation & sensitisation events  List of attendance	6,000,000
<b>Strategy 2.2 Create new partnerships and strengthen existing ones</b>																				
2.2.1	Organize media roundtables and networks on advancing response on issues of GBV/HIV in Nigeria	State and LGA level	SACA, LACA, SMWA	Line Ministries, LGAs, CSOs, Private Sector, DPs		X				X	X	X						Number of media roundtables held, no of networks established	Progress report	2,000,000
2.2.2	Facilitate the establishment of network of religious and traditional leaders on GBV/HIV	State and LGA level	SACA, LACA, SMWA	Line Ministries, LGAs, CSOs, Private Sector, DPs						X	X	X						No of networks of religious and traditional leaders established on GBV/HIV	Data base of network members on the GBV/HIV intersection	1,000,000

## THEMATIC AREA 3: SERVICE DELIVERY

Output: The general population especially the vulnerable group will have increased knowledge and awareness of prevention and management of GBV and HIV/AIDS																			
Institutional, technical and operational capacity of public and private sector institutions and civil society are strengthened to provide GBV/HIV services																			
Objective: To ensure that all victims of GBV are provided quality preventive, treatment and rehabilitation services by skilled service providers in line with national guidelines																			
Serial number	Component activities	Level of implementation	Responsible Agency	Key partners	2015				2016				2017				Indicators	MOV	Cost
					Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4			
<b>Strategy 3.1: Capacity Building for Service Delivery</b>																			
3.1.1	Conduct mapping of all institutions and key stakeholders on the GBV/HIV interface including service delivery providers	Federal /State level and LGA	F & SMWA	MDAs , NACA/SACA, Private Sectors, DPs CSO FBO, Support Groups of PLWH, Law Enforcement Agents etc.	X	X	X								No of Institutions providing GBV/HIV services identified	Mapping report	3,000,000		
3.1.2	Conduct capacity and training needs assessment	Federal/State	NACA, FMWASD	MDAs , SACA, Private Sectors, DPs CSO FBO, Support Groups of PLWH, Law Enforcement Agents etc	X	X	X	X		X					Numbers of institution accessed,	Assessment report	3,000,000		
3.1.3	Review and adopt standard training manuals and slides for GBV/HIV	Federal	NACA and FMWASD	PLWHA, MDAS, SACA/CSO, Faculty of Law, FIDA, Human Rights Commission, MoJ, Legal Aid Council	X	X	X								Availability of the training manual and slides	Copy of manual developed	1,000,000		
3.1.4	Training of trainers on delivery of GBV and HIV services	Federal	FMWASD, NACA	Other IDPs	X	X	X								Number of training programmes carried out Number of personnel trained	Participant list Training reports.	5,000,000		
3.1.5	Training of service providers on GBV and HIV (such as counsellors and social workers, human resource managers, etc)	State and LGA level	SACAs, CSOs	FMWASD NACA Implementing partners, IDPs, CSOs, Private Sector		X	X				X	X		X	X	Number of training programmes carried out Number of personnel trained Type of training conducted	Training and Progress report	5,000,000	

Strategy 3.2: Human Resource Development																		
3.2.1	Assess availability of HR policies that are inclusive of gender, GBV and HIV issues	Federal State LGA	F & SMOWA NCWD	MDAs CSOs IDPs Private Sector	X		X		X	X						Data available No of MDA/organisations with HR policies determined	Assessment report	
3.2.2	Support organisations to review existing HR policies to mainstream gender and GBV issues	Federal State LGA	F & SMOWA	MDAs CSOs IDPs Private Sector	X	X	X				X	X		X	X	Number of HR policies incorporating gender/GBV issues	Programme reports	
3.2.3	Conduct training on GBV interventions for GBV desk officers on how to mobilise resources using POA	Federal State LGA	FMWASD & NACA	NGO, CSO, NHRC, Global Fund, UNDP, UNFPA, FMOY/SMOY, FMOH/S MOH, FMOE/SMOED, F&SMOJ, NPF, LGA, MDAs	X	X	X		X	X						Training conducted	Report of training	
																No of officers trained and using the POA	Participants lists No of activities implemented in the POA	
3.2.4	Conduct training for members of the media, Police and the Judiciary on GBV/HIV and their role for effective response	Federal and State	FMWASD/ NACA	NBA, NPF, NAWOJ, FIDA	X				X						X	No of media personnel Police officers and Judicial officers trained	Training report	Participants list
Strategy 3.3: Integrate GBV and HIV/AIDS into health and social services																		
3.3.1	Establish, equip and provide additional GBV and HIV/AIDS services outlets in existing health facilities and emergency settings	Federal State LGAs	CSOs/NACA/ FMOW NAPITIP	Private Sector, CSOs, MDAs	X	X	X	X	X	X						Number of additional GBV service outlets No of health facilities providing friendly GBV/HIV services		

3.3.2	Establish one-stop shop centre for GBV/HIV Victims in each state of the country	Federal and State	DPs, NACA and F&SMOWA F& SMOH, F& SMOJ	CSO FBO Law Enforcement Agencies, Relevant Health Agencies, Judiciaries	X	X						X	X								
3.3.3	Put in place adequate and comprehensive referral system for survivors	Federal State	FMSW	FMOH, FMOJ, FMFA, Development Partners, CSOs,	X	X		X	X										Number of GBV service centres linking up to provide service on same cases		
3.3.4	Develop comprehensive referral directory for GBV & HIV linkages	Federal State	FMSW	FMOH, FMOJ, FMFA, Development Partners, CSOs,							X	X	X	X					Number of health services with referral directory		
3.3.5	Integrate GBV & HIV/AIDS linkages into health education, counselling and related existing HIV/health services	Federal State LGA	F&SMOH F&SMWA NACA/SAC As LGA PHC Dept	CSOs Private organisations IDPs		X	X		X	X	X	X	X	X	X	X			Number of GBV/ counselling & related services established		
<b>Strategy 3.4: Promotion of information on GBV &amp; HIV/AIDS services</b>																					
3.4.1	Design and adapt IEC/BCC materials on GBV & HIV/AIDS for specific target groups	Federal State LGAs	FMOW/NA CA SMOH/SAC A LACA	CSOs and Development Partners	X			X											Number of IEC/BCC messages disaggregated by type	Developed IEC/BCC Messages	2,000,000
3.4.2	Produce information materials and bill boards on GBV/HIV	Federal and states	FMWASD, NACA	NGO, CSO, NHRC, Global Fund, UNDP, UNFPA, FMOY/SMOY, FMOH/S MOH, FMOE/SMOED, F&S MOJ, NPF, LGA	X	X					X	X	X						Number and types of information materials produced	Program reports	15,000,000

3.4.3	Printing & dissemination (social, new, electronic and print media) of IEC/BCC materials on GBV & HIV/AIDS	Federal States LGAs	FMOW/NA CA, MDA's, line ministries, Development Partners, CSO's SMOH/SAC ALACA, Ward Development Committee	Development Partners, CSOs	X	X			X									Number of printed materials	Materials printed and distributed	25,000,000
3.4.4	Integrate GBV & HIV/AIDS information into existing hotline/helpline	Federal State LGAs	CSOs/NAC A/FMOW (National HIV Call Centre) NHCC	NCC, Telecomm Companies	X	X	X	X	X	X								Number of integrated hotlines/help lines	Reports Directory	2,000,000
3.4.5	Establish new toll free hotlines	Federal State LGAs	CSOs/NAC A/ FMOW (National HIV Call Centre) NHCC	NCC, Telecomm Companies			X	X	X	X								Number of newly established lines	Reports Directory	5,000,000
<b>Strategy 3.5: Eliminating gender barriers/ strategic male engagement</b>																				
3.5.1	Identify and appoint male champions on GBV/HIV response at all levels.	Federal, State, LGA and communities	National Human Right Commission Community/ Religious leaders and groups	DPs ,FMOL,FMOJ the Press, CSO FBO Etc.	X	X		X										No of male and boys champions identified and empowered	Programme Reports	
3.5.2	Organize training and orientation sessions for male champions	Federal, State, LGA and communities	FMWASD, NACA	CBOs, Support groups, community groups		X		X										No of trainings conducted	Activity report	2,500,000

3.5.3	Review of approaches and protocol for the treatment of GBV offenders	Federal, State, LGA and communities	DPs, F&SMOW, NACA and CSOs, Law Enforcement Agencies, Private Sector	CSOs, Law Enforcement Agencies, Private Sector, MoH						X								No of approaches and protocol reviewed	Report	
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**Strategy 3.6: Building Institutional Capacity for improved legal/ medical response on GBV/ HIV related issues**

3.6.1	Advocate review of training curriculum for Lawyers, Police on Medical personnel to include knowledge of GBV/HIV intersection and effective sectoral response	Federal/ State	NACA, FMH,, Nigerian Police Commission and FMJ	Council of Legal Education NMC NPF DPs, CSO FBO	X					X								X	No of advocacy conducted	Activity report Reviewed curriculum	
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## THEMATIC AREA 4: FINANCING AND RESOURCE ALLOCATION

Output: Institutional, technical and operational capacity of public and private sector institutions and civil society are strengthened to provide GBV/HIV services																			
Strategic Objective: To increase the resources allocated and available for public and private sector institutions and civil society to provide GBV/HIV services.																			
Serial number	Component activities	Level of implementation	Responsible Agency	Key partners	2015				2016				2017				Indicators	MOV	Cost
					Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4			
<b>Strategy 4.1: Mobilize resources for GBV/HIV activities at state and LGA level</b>																			
4.1.1	Undertake costing of GBV and HIV National plan of action for National , states, LGAs and community levels	Federal States LGA Communities	NACA, SACA	F&SMWA F&SMOE F&SMOI F&SMOF, Planning & Budget Other MDAs TWG UNDP,NHRC, NGOs IDPs Media		X										GBV/HIV Plan cost	Copies of cost Action Plan	1,500,000	
4.1.2	Advocate to Ministers/Perm Secs/ Commissioners for inclusion of planned activities on GBV and HIV/AIDS in annual budgets of MDAs at Federal, States and LGAs	Federal States LGA	NACA, Federal Ministry of Women Affairs And Social Development, Relevant state Ministries, Departments and Agencies, Ministry of Local Govt. Administration Chieftaincy Affairs	NPC, FM FUNAIDS, World Bank, WHO, UN Women, UNODC, UNDP, UNICEF, UNFPA , Human Right Commission, FMOH, NEPWHAN, ASHWAN, CSOs			X				X					Numbers of MDAs with budget line for GBV/HIV Numbers of state agencies and ministries with budget line for GBV/HIV Numbers of LGAs with budget line for GBV/HIV	Copies of Ministries budgets with GBV/HIV	500,000	
4.1.3	Conduct advocacy to Ministers/Perm Secs/ Commissioners for the establishment of budget line for planned activities on GBV/HIV at all levels	Federal States LGA	NACA and FMWASD	NPC, FMF, FMOH Other MDAs  NGOs IDPs	X		X	X	X	X	X	X	X	X	X	No of advocacy visits conducted	Progress reports	500,000	



4.1.4	Identify funding gap for implementation of GBV plans	Federal State LGA	F&SMYD F&SMOH	F&SMWA F&SMOE F&SMOI TWG, NYC, FMF				X		X									Documentation of Funding gap	Programme report submitted	50,000			
4.1.5	Organise advocacy training for Resource mobilisation for community members	Community	SACA SMWA	F&SMWASD NACA F&SMF UNDP						X		X							TOT for CSOs conducted	Training report/data base of trainers established	4,000,000			
4.1.6	Develop resource mobilization plan for GBV and HIV intersection	Federal State Community	F&SMWASD NACA UNDP	SMWASD SACA UNAIDS UNFPA CSO				X		X									RMP for GBV/HIV NAP produced	Copy of RMP produced.	2,000,000			
4.1.7	Mobilise funds from private sectors, IDPs and other non-governmental sources as well as special government's sources such as MDGs office and country coordinating mechanism (CCM)	Federal State LGA/ Community	CSOs F&SMWASD NACA	CSO TWG UN F&SMOH			X				X	X	X	X	X	X	X		No of GBV/HIV proposals developed and submitted to private sector & IDPs	Copies of submitted project proposals Bank statements	7,560,000			
<b>Strategy 4.2: Conduct tracking of financial resource utilisation</b>																								
4.2.1	Conduct tracking of financial resource utilisation quarterly	Federal State LGA	FMOF CSO	F&SMWASD F&SMOH TWG NGOs CSO														X	X	X		Proportion of resource mobilized expended	Quarterly expenditure report	2,000,000

## THEMATIC AREA 5: RESEARCH, MANAGEMENT INFORMATION SYSTEM & MONITORING & EVALUATION

Objective: To improve programming and strengthen comprehensive monitoring/reporting and data utilisation through the integration of GBV/HIV indicators into the National health management information system																		
Output: Quality data available and utilized to improve program planning, implementation, monitoring and evaluation of GBV/HIV interventions																		
Serial number	Component activities	Level of implementation	Responsible Agency	Key partners	2015				2016				2017		Indicators	MOV	Cost	
					Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4		
<b>Strategy 5.1: Strengthen evidence base for effective policy-making and programming</b>																		
5.1.1	Develop compendium of existing studies on GBV and HIV/AIDS intersection and identify research gaps	Federal State	F&SMWAS DNACA/ SACA	UN Agency	X			X	X	X				X		compendium developed Research gaps identified	Copy of the compendium	2,000,000
5.1.2	Disseminate research information on GBV/HIV interventions widely to stakeholders through multiple channels (fact sheets, policy briefs and other materials)	Federal State LGA Community	UNDP – NACA - FMWASD		X	X			X	X	X	X	X	X	X	Number of dissemination activities carried out -Workshops - Radio - Tabloids - Community dialogues –	Reports/coverage of activities	3,000,000
5.1.3	Conduct operations research on critical programme and service delivery issues	Federal State LGA	IPs CSOs NGOs CBOs FBOs	UNDP UNAIDS UNFPA CSOs MDAs WHO FMOH F&SMWASD NACA/SACA		X			X	X	X	X	X	X	X	Protocols for research activities developed Number and types of operations research conducted	Reports of operations research	10,000,000

**Strategy 5.2: Development of M&E plan**

5.2.1	Develop and print M&E plan for GBV/HIV Plan of Action	Federal State LGA	F&SMWAS DTWG NACA SACA LACA	DPRS			X	X				X				Number of copies of M&E plan developed and printed	Copy of M&E plan	5,000,000
5.2.2	Review and adapt existing M&E tools to integrate GBV indicators into Health information management systems	Federal	TWG F&SMWAS DNACA FMOH			X										M&E tools adapted to include GBV/HIV indicators	Modified M&E tools	2,000,000
5.2.3	Print and disseminate revised tools and checklist to state and relevant MDAs and stakeholders	Federal State	FMWASD NACA	UNDP UNAIDS UNFPA			X	X	X							Checklist and monitoring tools printed and distributed	Checklist and tools available at state and LGA levels	3,000,000
5.2.4	Organise Training of M&E Officers and Gender Focal Persons in using tools and for data collection and collation	Federal State LGA	FMWASD NACA	DPRS UNDP UNAIDS UNFPA FMOH		X		X	X							Number of person's trained	Training report/attendance sheets/pictures	5,000,000
5.2.5	Train Gender focal points to use tools to monitor, track, analyse and use information on the integration of GBV into HIV services	Federal State LGA	FMWASD & NACA, SMWA & SACA, WDU & LACA	DPRs AND NGO's, CBO's. Others	X		X									No of implementer's use tools for monitoring tracking and planning	Progress report, meeting reports	0

5.2.6	Monitor GBV and HIV plan implementation	Federal State Community	F&SMWAS DNACA/ SACA	F&SMOH F&SMWA F&SMOE F&SMOI TWG NGOs/CSOs		X						X	X	X	X	X	X	Proportion of POA activities being implemented	Progress reports/monitoring reports	2,000,000
5.2.7	Conduct quarterly data analysis & reporting	Federal State LGA	F & SMWASD	NACA/SACA CSOs			X		X	X	X	X	X	X	X	X	X	number of data analysis reports developed	Reports of routine data analysis	1,000,000
5.2.8	Conduct Mid and end term review of POA	Federal State	F&SMWAS DNACA/ SACA TWG	Other MDAs CSOs	X	X						X				X		Mid and end term reviews of POA conducted	Mid and end term evaluation reports	3,000,000
5.2.9	Produce and disseminate reports mid and end term reviews	Federal State	F & SMWASD NACA/ SACA	UN Agencies									X			X		Number copies of reports disseminated	Acknowledgment letters from recipients Delivery acknowledgment receipts	2,000,000

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