



FEDERAL MINISTRY OF HEALTH

Essential Services Package for

**SEXUAL AND REPRODUCTIVE
HEALTH AND RIGHTS NEEDS OF
WOMEN AND GIRLS SURVIVORS
OF GENDER BASED VIOLENCE,
CHILD MARRIAGE AND FEMALE
GENITAL MUTILATION IN NIGERIA**



**Spotlight
Initiative**
*To eliminate violence
against women and girls*



CONTENT

Abbreviations	V
Executive Summary	VIII
Module 1	
Overview and Context	1
Overview	1
Context	4
Gender-Based Violence (GBV)	4
Child Marriage	8
Female Genital Mutilation (FGM)	11
Women and Girls with Disabilities (WGWD)	14
Legal and Policy Frameworks	15
International and Regional Conventions and Treaties	15
National Laws, Policies and Plans	18
State Laws, Policies and Plans	25
Purpose and Scope	27
Language and terms	27
Essential Services for the Sexual and Reproductive Health and Rights (SRHR) Needs of Women and Girls Survivors of GBV, Child Marriage and FGM	34
Principles	35
Characteristics	37
Foundational elements	42



Module 2

Essential Health Services for SRH Needs of Women and Girls Survivors of GBV, Child Marriage and FGM	45
Purpose and Scope	46
Language and Terms	47
Unique Features of The Essential Services Package	
Framework Specific to Essential Health Services	52
Principles	52
Common Characteristics	53
Foundational Elements	53
Summary of Health Services	54
Standard Operating Procedures	58
Gender Based Violence	59
Child Marriage	80
Female genital mutilation	99

Module 3

Justice and Policing	145
Justice and Policing in Nigeria	145
Purpose and scope	148
Language and Terms	149
Unique Features of the Essential Services Package	
Framework Specific to Essential Justice and Policing Services	157
Principles	158
Common Characteristics	158
Foundational Elements	159
Standard Operating Procedures for Essential Justice and Policing Services	159

Module 4

Social Services	223
Social Services in Nigeria	223
Purpose and Scope	224
Language and Terms	236
Unique Features of the Essential Services Package Framework Specific to Essential Social Services	242
Principles	242
Common characteristics	243
Standard Operating Procedures for Social Services	243
Guidelines for Foundational Elements Specific to Essential Social Services	244

Module 5

Coordination and the Governance of Coordination	269
Purpose and scope	270
Language and terms	271
The Importance of Coordination and Governance	276
Coordination and Governance of Coordination	281
Standard Operating Procedures for Coordination and Governance of Coordination	282
Guidelines for National Level Coordination and Governance of Coordination of Essential Services	282
Guidelines for Subnational Level Coordination and Governance of Coordination of Essential Services	297
Implementation Guide	30
Language and terms	307

Guide to implementation	313
Part I: Enabling Environment to Support Implementation	313
Comprehensive Legislation and Legal Frameworks	313
Gender Responsive Policies and Practices	314
Resources and Financing	317
Training and Capacity Development	318
Governance, Oversight and Accountability	319
Monitoring and evaluation	321
Part II: The Implementation Process	323
1. Identifying the Entity Responsible for Implementation	323
2. Conducting an Assessment	325
3. Developing a Costed Implementation Plan	326
4. Monitoring and Evaluating Implementation	328
5. Review Cycle and Adapting an Implementation Plan Special Considerations for Implementation	329
Appendices	
Appendix 1: Checklist for the Health Sector	333
Appendix 2: Checklist for the Justice and Policing Sector	338
Appendix 3: Checklist for the Implementation Process Considerations Specific for the Social Services Sector	353
Appendix 4: Checklist for the Implementation Process Considerations for Coordination and Governance of Coordination	377
Appendix 5: COVID-19 Pandemic Considerations for Essential Services Package Implementation	385
References	387

ABBREVIATIONS



AIDS	Acquired Immunodeficiency syndrome
ANC	Antenatal Care
ARV	Antiretroviral drugs
CBOs	Community Based Organisations
CBT	Cognitive Behaviour Therapy
CEDAW	Convention on the Elimination of All forms of Discrimination Against Women
CIDA	Canadian International Development Agency
CMR	Clinical Management of Rape
COVID-19	Coronavirus Disease of 2019
CRPD	Convention on the Rights of Persons with Disabilities
CSOs	Civil Society Organisations
DNA	Deoxyribonucleic Acid
EDD	Expected Date of Delivery
EU	European Union
FCT	Federal Capital Territory
FGM	Female genital mutilation
FMOH	Federal Ministry of Health
FP/RH	Family Planning/Reproductive Health
GBV	Gender Based Violence
GoN	Government of Nigeria
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma virus

IOM	International Organisation for Migration
IUD	Intrauterine (contraceptive) Device
MG	Milligram
MoU	Memorandum of Understanding
NAPEP	National Poverty Eradication Programme
NAPTIP	National Agency for the Prohibition of Trafficking in Persons
NCFRMI	National Commission For Refugees, Migrants and Internally Displaced Persons
NCWD	National Centre for Women Development
NDHS	Nigeria Demographic and Health Survey
NHRC	National Human Rights Commission
NIN	National Identity Number
NGOs	Non Governmental Organisations
PEP	Post Exposure Prophylaxis
PII	Personally Identifiable Information
PNC	Postnatal Care
PTSD	Post Traumatic Stress Disorder
PWD	Persons With Disabilities
RVF	Recto-vaginal Fistula
SBA	Skilled Birth Attendant
SDGs	Sustainable Development Goals
SGBV	Sexual and Gender Based Violence
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STIs	Sexually Transmitted Infections
UKAid	United Kingdom Agency for International Development

USAID	United States Agency for International Development
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNHCR	United Nations High Commissioner for Refugees
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
VAPP	Violence Against Persons Prohibition act
VAW	Violence Against Women
VAWG	Violence Against Women and Girls
VVF	Vesico-vaginal fistula
WGWD	Women and Girls with Disabilities
WHO	World Health Organisation

EXECUTIVE SUMMARY

Gender based violence (GBV), child marriage and female genital mutilation (FGM) are important issues that challenge the sexual and reproductive health and rights (SRHR) of women and girls in Nigeria. These challenges are present in all parts of the country although child marriage is more common in the northern part while FGM is more common in the south.

These 3 challenges are intertwined with GBV being more likely to occur among survivors of child marriage and FGM and child marriage being more likely to occur among girls who have suffered from GBV especially if they get pregnant as a result of the incident. Similarly, FGM is more likely to occur among survivors of child marriage especially if they have difficulties during childbirth.

The United Nations Joint Global Programme on Essential Services for Women and Girls Subject to Violence (the “Programme”), a partnership by UN Women, UNFPA, WHO, UNDP and UNODC, aims to provide greater access to a coordinated set of essential and quality multi-sectoral services for all women and girls who have experienced GBV.

This programme developed a package of essential services that should be offered to women and girls survivors of GBV comprising of 5 interlinked modules (overview and introduction; health essential services; justice and policing essential services; essential social services; and essential actions for coordination and governance of coordination).

The package also includes an implementation guide that give direction

¹ Federal Ministry of Women Affairs and Social Development, National Strategy to End Child Marriage In Nigeria (2016–2021), 2016

on how to implement the essential services package and how to monitor and evaluate the implementation. The package is based on a rights-based and survivor-centred approach, and advances gender equality and women's empowerment, as well as safety, and perpetrator accountability. This package was developed to provide guidance and be adapted to suit the peculiar needs of each country in order to be culturally and age sensitive, and acceptable to the people.

The Spotlight Initiative is a global partnership between the European Union (EU) and the United Nations (UN) and it aims to eliminate all forms of violence against women by the year 2030, as a precondition and driver for the achievement of the Sustainable Development Goals (SDGs).

The interventions of this initiative are based on 6 interlinked pillars – laws and policies; institutions; prevention; services; data; and women's movements. The United Nations Agencies involved in this initiative in Nigeria include UNDP, UNFPA, UN Women, UNICEF, and UNESCO.

The Spotlight Initiative in Nigeria, as part of her support to the Government of Nigeria's efforts to eliminate all forms of violence against women and girls in Nigeria, adapted the Essential Services Package to suit the SRHR needs of women and girls survivors of GBV, child marriage and FGM.

This package comprises the required services, the details of how to provide these services, and guidance on how to implement, monitor, and evaluate the Essential Services Package in order to achieve the desired goal.

ACKNOWLEDGEMENT

I wish to recognise the efforts of several contributors representing various MDAs and other Organisations who made valid inputs towards the review of the National Training Manual on Peer-To-Peer Health Education for Adolescents and Young People and its accompanying participant reference manual theory of this document is very busy through active collaboration with the EU/ UN-UNFPA Spotlight Initiative through the team led by Dr. Rabi Sageer.

My appreciation goes to all Ministries, Departments and Agencies and adolescent serving/ supporting CSOs at both National and Sub-National levels. These include in no particular order, the federal Ministries of: Education, Women Affairs, Youth and Sports, Justice; National Primary Health Care Development Agency (NPHCDA), Legal Aids Councils, YouthHubAfrica, State MDAs such as: FCTPHCB, SmoH, SPHCDA/B, Nigeria Police Force. The able representatives of the various Adolescent Health and Development Desk Officers are highly commendable

I wish to express my deepest gratitude to three consultants; Mrs Oluyemisi Ayoola, Dr Sa'adat Sule and Dr Tope Adeleke for their resourcefulness in providing leadership and technical expertise towards successful review of the documents.

Finally, I extend my appreciation to Dr C.C.Ugboko, Director and Head, Gender, Adolescent/School Health and Elderly Care (GASHE) Division and his able Team for all their contributions and strategic leadership role in the



Dr. Salma Ibrahim Anas, MBBS, FHCPH, NWACP

FOREWORD

Adolescents and young people are without question bearers of the potential for a prosperous, healthy, and sustainable world. The Sustainable Development Goals (SDGs) of 2015 established young people are agents of Change, constituting the driving force for development –if they are provided with the skills and opportunity to reach their potential and contribute to peace and security.

Nigeria, like the rest of the world, is committed to engaging its resource of youth towards achieving the targets of the SDGs. The Health, Education, Youth and Sports Development Ministries of Health, Education, Women Affairs and Social Development are in collaborative efforts to equip Adolescents and young people with needed knowledge and skills to advance their health and wellbeing and contribute to the nation's sustainable development.

One such inter-sectoral effort was the development of a training manual on Peer-to-Peer Youth Health Education in 2013 With the aim of addressing the needs of Adolescents and young people particularly women and girls. To date, the manual has been employed in delivering health and related messages in a simple and comprehensive manner through the Peer-to-Peer approach and has been reviewed to expatiate on contemporary and trending subjects like Sexual & Gender Based Violence /Violence Against Women and Girls (SGBV/VAWG), Child Marriage as well as practices like Female Genital Mutilation.

Gender Based Violence (GBV) is on record as one of the most common human rights violations in the world which scares the lives of many and constitutes a major obstacle to many women, girls and boys achieving

their full potential. GBV undermines the health, dignity, security and confidence of those affected and its rising incidence calls for urgent interventions. Victims often suffer forced and unwanted pregnancies and their attendant complications, Unsafe abortions, genital injuries, traumatic fistula, Sexually transmitted infections including HIV, any of which could claim lives. Outbreak of Covid-19 has further exacerbated SGBV/VAWG and it must be given the attention it deserves.

This newly revised National Training Manual on Peer-To-Peer Health Education for Adolescents and Young People and the accompanying participants' Reference Manual captures detailed information about Sexual Reproductive Health & Rights (SRHR), SGBV/VAGW, Harmful practices-Child Marriage and Female Genital Mutilation; Life Management Skills, Preventing Pregnancy; Personal Hygiene, Mental Health and Nutritional Requirements in an easy and detailed style, to facilitate effortless comprehension.

In addition, The manual shall be used in training and monitoring a crop of peer educators, whose mandate will be to promote SRHR and related health issues and build awareness on GBV and harmful practices Curbing prevalence.

It is of utmost Importance that young people are empowered with knowledge and skills necessary for the attainment of their good health and wellbeing.



Dr. Osagie Ehanire MDFWACS

Honorable Minister of Health

MODULE 1: OVERVIEW AND CONTEXT

OVERVIEW



The Essential Services Package aims to fill the gap between the agreements and obligations made at the international level for the provision of services for violence against women (VAW), including the agreed conclusions of the 2013 Commission on the Status of Women, and country level activity by providing technical guidance on how to develop quality essential services.

These obligations are detailed in human rights instruments, international agreements and accompanying declarations and policies that provide global norms and standards upon which to build the Essential Services Package.

Extensive commitment to respond to, and prevent violence against women and girls has occurred at a global level over the last decades. However, many women and girls have inadequate or no access to the range of supports and services that can protect them, assist in keeping them safe, and support them to address the short and long term consequences of experiencing various forms of violence.

The United Nations Joint Global Programme on Essential Services for Women and Girls Subject to Violence (the “Programme”), a partnership by UN Women, UNFPA, WHO, UNDP and UNODC, aims to provide greater access to a coordinated set of essential and quality multi-sectoral services for all women and girls who have experienced gender-based violence.

The Programme identifies the essential services to be provided by the health, social services, police and judiciary sectors (the “Essential Services”) as well as guidelines for the coordination of Essential Services and the governance of coordination processes and mechanisms (the “Coordination Guidelines”).

Service delivery guidelines for the core elements of each essential service have been identified to ensure the delivery of high quality services, particularly for low and middle-income countries for women and girls experiencing violence. Taken together, these elements comprise the “Essential Services Package”.¹ The Essential Services Package comprises five overlapping modules:

- 1 Module 1: Overview and Context
- 2 Module 2: Health Essential Services
- 3 Module 3: Justice and Policing Essential Services
- 4 Module 4: Essential Social Services
- 5 Module 5: Essential Actions for Coordination and Governance of Coordination
- 6 There is also an implementation guide that give directions for implementation, monitoring and evaluation of the package

The Spotlight Initiative is a global partnership between the European Union and the United Nations and it aims to eliminate all forms of violence against women by the year 2030, as a precondition and driver for the achievement of the Sustainable Development Goals (SDGs). The United Nations Agencies involved in this initiative in Nigeria include UNDP, UNFPA, UN Women, UNICEF, and UNESCO.

The interventions of this initiative are based on 6 interlinked pillars – laws and policies; institutions; prevention; services; data; and women’s movements. It is in this regards that the Spotlight Initiative in Nigeria

aims to support women, adolescents, and children to ensure services provided by the health care, social service, police and justice sectors secure the sexual and reproductive rights, safety and well-being of any woman or girl who experiences gender-based violence, child marriage or FGM.

In order to ensure the principles of a rights-based approach, advancing gender equality and women's empowerment, culturally and age appropriate and sensitive, survivor centred approach, safety, and perpetrator accountability, the essential services package has been adapted to the Nigerian context for effective implementation.

CONTEXT



Women and girls in Nigeria are exposed to various challenging situations including gender-based violence (GBV), child marriage and female genital mutilation (FGM). There is a complex relationship between these situations where GBV can occur as a result of low self-esteem, lack of empowerment and/or sexual dysfunction resulting from FGM or child marriage.

GBV can also result in child marriage particularly when incidents of sexual violence result in pregnancy. Similarly, child marriage can increase the risk of a girl being subjected to FGM especially genital cutting during difficult childbirth.

FGM also increases the risk of additional genital cutting after marriage to facilitate sexual intercourse or to facilitate childbirth. Pregnancy, which is a stressful condition, may also be complicated by GBV or FGM, especially in the survivors of child marriage who are not empowered to take decisions and who may have difficulties during childbirth due to their immature reproductive tracts. This creates the unfortunate vicious cycle where women and girls survivors are subjected to further suffering.

Gender-Based Violence (GBV)


Gender based violence (GBV) is violence directed at a person because of their gender or violence that affects persons of a particular gender disproportionately. GBV may be physical, sexual, psychological/emotional, or economic and women and girls are the main victims.

The United Nations defines violence against women as 'any act of gender-based violence that results in or is likely to result in physical, sexual or mental harm or suffering to women including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or private life'. With this definition, GBV includes sexual violence, sexual abuse, sexual harassment, sexual exploitation, early marriage or forced marriage, gender discrimination, denial (such as education, food, freedom) and female genital mutilation.²

Based on data from the Nigeria Demographic and Health Survey (NDHS) 2018³, among women of reproductive age (15-49 years), 31% have experienced physical violence, 9% have experienced sexual violence, and 6% of women have experienced physical violence during pregnancy.

Among those who had ever experienced sexual violence, 4% had the experience before the age of 18 years. In addition, 36% of ever-married women reported having experienced spousal physical, sexual, or emotional violence and among these women, 29% reported that they sustained injuries including cuts, bruises or aches (26%), and deep wounds, broken bones, broken teeth, or other serious injuries (9%).





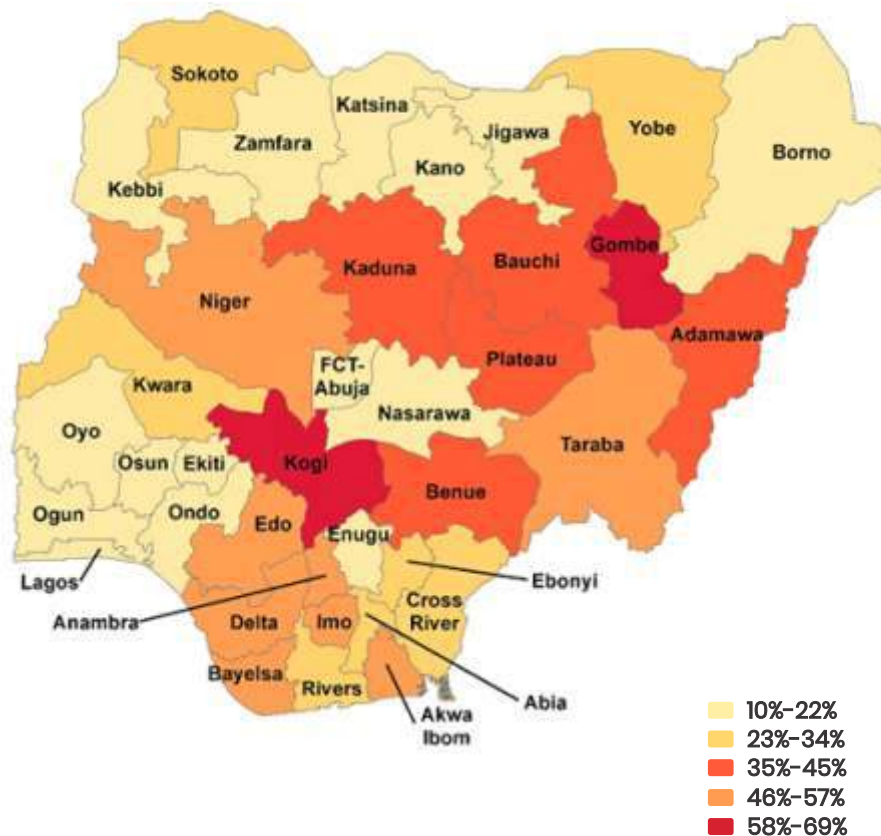
However, more than half of women (55%) who have experienced physical or sexual violence have never sought help to stop the violence while only 32% have sought help with the women's own families (73%) and the male partner's families (26%) being the most common source of help. Only 1% of such women sought help from medical personnel, the police or lawyers while 4% sought help from a religious leader and a negligible proportion sought help from social work organisations.

Informal pathways (family networks and local community structures) are preferred for reporting and addressing GBV as they are accessible, have a better understanding of the local context, and are less associated with stigma.⁴ In addition to the injuries described above, GBV can also result in unwanted pregnancies and unsafe abortions that may be life-threatening or result in long term challenges like infertility or mental health problems. The experience of spousal violence varies by state as shown in the figure below.





Percentage of ever-married women aged 15 to 49 years who experienced spousal physical, sexual, or emotional violence in the 12 months preceding the NDHS 2018



Source: NDHS 2018

GBV can result in various complications that affect SRH including immediate complications that may be life-threatening like bleeding, shock, infection, pain and pregnancy, as well as long term complications such as chronic infections (HIV, hepatitis B) and mental or psychological complications like fear of intimacy and vaginismus.

Child Marriage

Child, early, and forced marriage refers to formal marriage or informal union of an individual under the age of legal consent in the country. In Nigeria, the Child Rights Act of 2003 states that a child is any person under the age of 18 years. The term child, early and forced marriage is used to highlight the fact that child marriage occurs too early in terms of the physical and mental development of the child, and the fact that usually they are forced marriages. For the purpose of simplicity in this package, the term child marriage is used to denote child, early and forced marriage.

Child marriage is common in Nigeria, particularly in the northern part of the country, and this leads to early childbearing which results in various challenges including disruption of education, lack of socio-economic empowerment and health challenges due to early sexual exposure and early childbearing including risk of HIV/sexually transmitted infections (STIs), severe anaemia, hypertensive disorders of pregnancy, bleeding, difficult delivery resulting in obstetric fistula, low birth weight and other complications. Child marriage is associated with poor outcomes for the children born to these young mothers.

It also results in poor reproductive health seeking behaviours including low uptake of contraception which leads to high number of births with its attendant challenges. The NDHS 2018 shows that nationally, 18.7% of girls aged 15 to 19 years had commenced childbearing with the proportion in the northern part of the country being 23.1% compared to 8.3% in the southern part of the country. The median age at first marriage among women aged 20 to 49 years is 19.1 years although this ranges from 15.8 years in the North West to 23.6 years in the South East.

Among women aged 20 to 49 years, the percentage of women that got married before age 18 years is 43% while the percentage of women aged

15 to 19 years, 8% got married before the age of 15 years. Education plays a key role in delaying the age at first marriage with those who had no education getting married 6 years earlier (15.9 years) than those who had secondary education (21.9 years).

There is a vicious cycle involving child marriage and lack of education – child marriage disrupts education and lack of education increases the tendency for child marriage. Child marriage also limits participation of women and girls in decision making regarding their health with only 19.8% of women aged 15 – 49 years making such decisions on their own or jointly with their husbands compared to 54.7% of women aged 45 – 49 years.

The proportion of women making decisions regarding their own health on their own or jointly with their husbands increases steadily with increasing age. Similarly, the proportion of women making decisions regarding their own health either on their own or jointly with their husbands increases steadily with increasing education ranging from 22.8% among women with no education to 52.1% among those with primary education, 62.4% among those with secondary education and 73.1% among those with more than secondary education.³



Both GBV and child marriage are increasing particularly in the north-eastern part of the country due to the boko haram insurgency which has resulted in large numbers of women and girls being abducted or internally displaced, and subjected all forms of violence including forced marriage, rape and other forms of sexual abuse.

It has also been noted that many of such internally displaced persons are people with disabilities⁵ who have been reported to be more likely to experience violence as they are less able to escape, less likely to report such violence, are less likely to be believed and are less likely to have access to support services.⁴

A similar situation is also present among internally displaced persons in the north-western part of the country where banditry and other forms of insecurity have resulted in people being displaced from their communities.⁶ Similarly, women and girls are being forced into prostitution and subjected to other forms of GBV, sexual exploitation and violence when they are trafficked within and outside the country mainly for economic reasons.⁴

In addition, the COVID-19 coronavirus pandemic may have resulted in increased GBV due to the prolonged confinement of families during the lockdown periods – this is evident from the increased reports of GBV incidents during this period.⁷

The lockdowns may also increase the risk of child marriage due to school closures, economic uncertainty, and disruption in various programme activities aimed at reducing child marriage.^{7,8} In addition, the lockdowns resulted in disruption of all services thus limiting access of survivors to the required services. Response programmes by government and development partners were also disrupted by the

lockdowns with resources being diverted to the fight against the COVID-19 coronavirus pandemic.

Female Genital Mutilation (FGM)

Female genital mutilation (FGM) or female genital cutting or female circumcision is defined as any procedure that involves partial or total removal of the external genitalia and/or injury to the female genital organs whether for cultural or any other non-therapeutic reasons (WHO, UNICEF, and UNFPA 1997). The World Health Organisation (WHO) classifies female genital mutilation into four main categories:

Type I:

Excision of the prepuce with or without excision of part or all of the clitoris.

Type II:

Excision of the clitoris with partial or total excision of the labia minora.

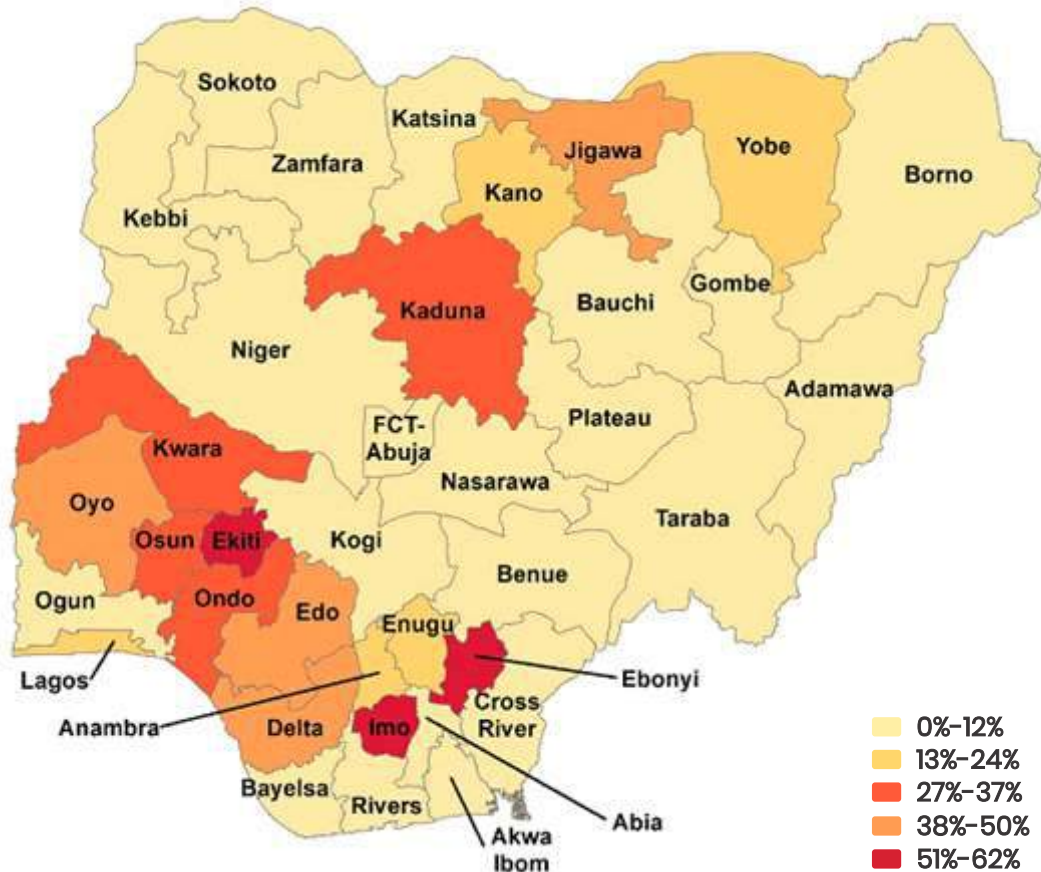
Type III:

Excision of part or all of the external genitalia and stitching or narrowing of the vaginal opening (infibulation).

Type IV (unclassified):

Other forms of mutilation or cutting of the female genital tract including pricking, piercing, or incising of the clitoris and/or labia; stretching of the clitoris and/or labia; cauterization by burning of the clitoris and surrounding tissue; scraping of tissue surrounding the opening of the vagina (angurya) or cutting of the vagina for various health indications (gishiri cuts); and introduction of corrosive substances or herbs into the vagina to cause bleeding or to tighten or narrow the


FGM among women aged 15 to 49 years by state



Source: NDHS 2018

In Nigeria, angurya cuts (40.4%), gishiri cuts (13%) and corrosive substances inserted in the vagina (6.6%) were the most common types of type IV FGM.

FGM, like child marriage, is associated with education with the proportion of circumcised daughters, aged 0 – 14 years, decreasing



from 24.4% among mothers with no education to 16.7% among mothers with primary education, 14.1% among mothers with secondary education, and 7.5% among mothers with more than secondary education. FGM can result in complications that affect the SRH of women girls and reduce their quality of life. Immediate complications of FGM include severe bleeding, pain, shock, infections (pelvic, urinary tract or systemic), damage to tissues, and severe psychological stress.

Such complications may be life-threatening for the woman or girl, and when FGM is performed during pregnancy, these complications may also threaten the well-being or life of the unborn baby. FGM can also result in long-term complications including retention of menstrual blood, dysmenorrhoea, difficulties with sexual intercourse (painful intercourse, lack of penetration, lack of desire or arousal, lack of orgasm), difficulties with conceiving, vulval keloids or cysts, clitoral neuroma, fistula, chronic infections (pelvic, urinary tract or systemic), and difficulties during childbirth (prolonged labour, obstructed labour, perineal lacerations, foetal distress). The difficulties in sexual intercourse may also result in increased risk of GBV among these survivors.

Based on data from the NDHS 2018, FGM is mainly performed by traditional agents (85.4%) comprised of traditional circumcisers and traditional birth attendants who perform 75.7% and 8.4% of FGM respectively. Trained medical professionals also engage in the practice with 7.7% being performed by nurses/midwives and 0.8% being performed by doctors while the remaining 0.1% are performed by other medical professionals.

Women and Girls with Disabilities (WGWD)

Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.⁸ It is estimated that about 25 million Nigerians are living with some disability and of these, 3.6 million have significant difficulties in functioning. Women and girls living with disabilities in Nigeria are estimated to be about 13 million.⁹

WGWD have the same reproductive health needs as those without disabilities, however, they are less able to access services due to their special circumstances that create barriers to access such as communication barriers, stigmatisation, and low capacity to address their needs among health providers. Due to their special circumstances, they are more likely to experience gender-based violence, forced marriage and greater risk of contracting STIs/HIV. This situation has been worsened in the north eastern part of the country by the boko haram insurgency and is being further compounded by the COVID-19 restrictions that have resulted in increased proximity to perpetrators and decreased access to support networks and services.⁷

Fistula is another serious disability that occurs among women and girls in Nigeria and it can result from prolonged obstructed labour (i.e. obstetric fistula which is particularly common among girls giving birth before the pelvis is fully developed) and it can also result from FGM. A fistula is an abnormal opening between adjacent structures in the body and in the case of such women and girls, the common types are vesico-vaginal fistula (VVF) which connects the bladder and the vagina and recto-vaginal fistula (RVF) which connects the rectum and the vagina.

Legal and Policy Frameworks

The Government of Nigeria (GoN), in recognition of these challenges faced by women and girls, has ratified international policies, passed national legislations and developed national policies and plans to address these issues including the following:

International and Regional Conventions and Treaties

- 1 The Convention on the Elimination of All forms of Discrimination Against Women 1979 (CEDAW)¹²: This is an international treaty adopted by United Nations in 1979 that was ratified by Nigeria in 1985 and it requires countries to abolish legislations, policies, customs and practices which constitute discrimination against women.
- 2 African Charter on Human and Peoples' Rights 1981 (Banjul Charter)¹³: This international treaty was ratified by Nigeria in 1983. It promotes the rights of all persons without discrimination on any basis including sex (article 2), prohibits all forms of exploitation and degradation (article 5), and preserves the rights of all persons to enjoy the best possible physical and mental health including receiving medical attention when needed (article 16).

In addition, it also requires that countries protect the rights of women, children, the aged and the disabled and protect them from any form of discrimination (article 18).

- 3 Convention on the Rights of the Child 1989¹⁴: This international treaty was adopted by the United Nations and Nigeria ratified it in 1991. It stipulates that all persons under the age of 18 are entitled to all the rights in this convention including the rights to good health (article 24), care and support for any disability (article 23), education (article 28), protection from sexual abuse (article 34), protection from other activities that can harm their development (article 35), and the right to special help for those who have been neglected or abused (article 39).

- 4 African Union Charter on the Rights and Welfare of the Child 1990¹⁵: This charter was ratified by Nigeria in 2000. Similar to the convention on the rights of the child, this charter recognises anyone under the age of 18 years as a child (article 1) and protects all children from discrimination based on sex or any other qualities (article 2).

This charter grants all children similar rights as have been stated in the convention on the rights of the child including the right to be protected from physical and sexual abuse (article 16) as well as harmful social and cultural practices such as child marriage and customs and practices that are discriminatory to children based on sex (article 21). Article 27 of this charter also requires countries to take measures to ensure that all children are protected from sexual exploitation and abuse.

- 5 Rome Statute of the International Criminal Court 1998¹⁶: This was ratified by Nigeria in 2001 and includes various forms of GBV as war crimes and crimes against humanity. These include sexual slavery, forced prostitution, rape, forced pregnancy, forced sterilisation (article 8 paragraph 2e).

- 6 United Nations Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention Against Transnational Organized Crime 2000¹⁷:

This protocol was ratified by Nigeria in 2001 and it requires countries to take measures to ensure the physical, psychological and social recovery of trafficking victims including by providing counselling, medical, psychological and material assistance (article 6 number 3b and 3c) taking into account their age, gender and other special needs (article 6 number 4).

- 7 Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol) 2003¹⁸: This was ratified by Nigeria in 2004 and calls on all countries to take appropriate measures to eliminate all forms of discrimination against women (article 2) and

protect the rights of women to dignity, life, integrity and security (articles 3 and 4).

It also requires countries to take measures to eliminate all forms of harmful practices against women including FGM and all other forms of violence, abuse and intolerance (article 5) as well as measures to prevent forced marriage and child marriage (article 6).

This protocol also requires countries to take measures to protect the rights of women and girls to education (article 12) and safeguard their reproductive health and rights (article 14) and provide special protection for women with disabilities (article 23) and women in distress (article 24).


- 8 The United Nations Convention on the Rights of Persons with Disabilities 2006 (CRPD)⁹: This was ratified by Nigeria in 2010 and it promotes and protects all rights person with disabilities including their right to protection from gender-based violence (article 9) as well as their reproductive health and rights (articles 22, 23, and 25). These rights are protected in all situations including during humanitarian crises.
- 9 African Union Convention for the Protection and Assistance of Internally Displaced Persons in Africa (Kampala Convention) 2009¹⁹: This was ratified by Nigeria in 2012 and it requires countries to provide protection and assistance for all internally displaced persons including protection and assistance relating to GBV including abduction, rape, sexual slavery, forced prostitution, trafficking, and other forms of sexual exploitation especially of women and children in situations of armed conflict (article 7) or during internal displacement (article 9).

National Laws, Policies and Plans

- 1 Abortion-related legislation²⁰: The Nigerian criminal code (operates in southern states) and penal code (operates in northern states) provide legislation on abortion. Abortion in Nigeria is permissible only to save the life of a woman (Criminal Code Act 1990, Chapter 77, Articles 228–230, 297, 309, 328 and Penal Code Federal Provisions Act 1990, Chapter 345 Articles 232–236).
- 2 The National Adolescent Health Policy 1995²¹ and National Strategic Framework on the Health and Development of Adolescents and Young People in Nigeria 2007 – 2011 (Federal Ministry of Health)²²: The policy and framework detail the strategies for addressing various challenges faced by young people including GBV, child marriage and SRHR issues.
- 3 Child Rights Act 2003²³: This act defines a child as any person under the age of 18 years and stipulates that a child has the right to the care and protection required for his/her wellbeing (article 2) and a child should not be subject to discrimination on any basis including sex (article 10).

This act states that a child should not be subject to any form of abuse including sexual abuse (article 11) and is entitled to the best possible physical, mental and spiritual health (article 13). The act also states that a child is entitled to education and specifies that pregnancy and childbearing should not result in complete discontinuation of education for the girl child (article 15).

This act prohibits child marriage and child betrothal in Nigeria (articles 21 and 22), child prostitution and pornography (article 30), sexual intercourse with a child (article 31), and other forms of sexual abuse and exploitation (article 32).

- 
- 4 Compulsory, Free Universal Basic Education Act 2004²⁴: This stipulates that all children are entitled to compulsory, free full-time basic education which comprises of primary school and junior secondary school.


It states that parents are responsible for ensuring that their children attend and complete basic education, and makes it an offence for any parent who does not meet this stipulation. This Act is currently undergoing amendment in the Nigeria House of Assembly.

- 5 The Police Act: The Police Act 2004²⁵ stipulates that women police officers should be involved in investigation of sexual offences against women and children and crowd control where women and children are present.

It also states that women police officers should be present when male officers are interviewing women and children (including recording of statements), and that they should conduct searching, escorting, and guarding of female suspects or prisoners (article 121).

The Police Act 2020²⁶ (which is still being contested in court following a ruling nullifying it²⁷) states that intimate searches where necessary should be performed by a suitably qualified police officer of the same sex (section 53) and the Act clearly prohibits gender discrimination (section 136) by the Police Force or other persons.

- 6 National Gender Policy 2008²⁸ and Strategic Framework 2008 – 2013²⁹ (Federal Ministry of Women Affairs): These provide the



administrative framework to guide the implementation of multisectoral (legal, education, health, employment/labour, agriculture, etc) measures to eliminate gender discriminatory practices including GBV, child marriage and FGM.

Strategies to improve and maintain the sexual and reproductive health and rights of women and girls are also covered in these documents and these include family planning, safe motherhood, as well as prevention of sexually transmissible infections (STIs)/HIV, abortions and vesicovaginal fistula (VVF).

- 7 Nigeria Vision 20: 2020³⁰: This document was launched in 2009 and it also prioritises the empowerment of women and girls and reduction of harmful practices against women and girls including GBV (section 2.6), reduction of child marriages and teenage pregnancies (Table 2-5), as well as promotion and protection of the rights of persons living with disabilities (Table 2-6).



8 The National Transformation Agenda 2011 – 2015³¹: This identifies the role of empowerment of women and girls as a vital component for national development and outlines strategies to minimise gender-based discrimination and violence and improve the health and lives of women and girls (section 7.4).

9 National Policy and Plan of Action for the Elimination of FGM in Nigeria 2013 – 2017 (Federal Ministry of Health)³²: This document provides a costed plan to guide the implementation, monitoring and evaluation of various interventions aimed at eliminating FGM in the country at all levels.

Interventions included in this document include community activities, health facility activities (to prevent medicalisation of FGM), law enforcement and legislative activities to provide an enabling environment. This policy has been reviewed, finalised and adopted. It will be launched mid 2021 and will run from 2020 to 2024³³ with the inclusion of strategies to address gaps in the previous policy (communications, research, monitoring and evaluation).

10 National Health Act 2014 (Federal Ministry of Health)³⁴: This Act provides for persons living in Nigeria the best possible health services within the limits of available resources (section 1c). It also provides all users of the health system, the right to full disclosure about their health condition (except where this would be detrimental to their health), as well as the available diagnostic and treatment options for the condition (section 23). The Act also provides all users of the health system their right to confidentiality (section 26).

11 Violence against Persons Prohibition Act 2015³⁵: This act makes

illegal all forms of violence against persons whether in public or private life and details the measures to protect the victims/survivors as well as measures to punish perpetrators.

Violent activities detailed in this Act include rape and other forms of sexual assault (using physical force, through intimidation/coercion, or by administering a substance to overpower the victim), FGM, spousal battery, harmful practices, attack with harmful substances (chemical or biological), incest, indecent exposure, in addition to other forms of physical, psychological, emotional or economic distress.

The Act clearly stipulates the punishment for each of these offences that should serve as a deterrent to such crimes. It also includes the rights of the victims/survivors and defines the roles of the judiciary, law enforcement, health and social workers in reporting and addressing such violent acts.

- 12 The National Road Map for Ending Violence Against Children³⁶: This was launched in 2016 and it aims to implement the child rights act. The implementation of the road map is led by the Ministry of Women Affairs and Social Development in collaboration with other government and non-governmental agencies.

It includes a child protection modelling process in 8 states (Benue, Cross River, Edo, Gombe, Kano, Kaduna, Lagos and Plateau) and the Federal Capital Territory (FCT).

- 13 National Health Policy 2016 (Federal Ministry of Health)³⁷: One of the goals (goal 4.1.1) of this policy is to "reduce maternal, neonatal, child and adolescent morbidity and mortality in Nigeria, and promote universal access to comprehensive sexual and

reproductive health services for adolescents and adults throughout their life cycle".


The policy also addresses other conditions that may be associated with GBV, child marriage and FGM including HIV/AIDS (4.1.2), mental health (4.1.5.1), disabilities (4.1.5.4), and nutrition (4.1.6.1) with aim of preventing and managing these conditions effectively. Mainstreaming of gender issues in health is also covered in this policy document (4.1.6.6).

- 14 National Reproductive Health Policy 2017³⁸: The goal is to ensure that all persons living in Nigeria have access to the best possible sexual and reproductive health within available resources.

This policy has several priority areas that address some of the needs of women and girls survivors of GBV, child marriage and FGM, including safe motherhood (4.1.2.a), adolescent sexual and reproductive health (4.1.2.b), STIs/HIV (4.1.2.c), fertility management (4.1.2.d), healthy reproduction (4.1.2.e), gender equality and elimination of discrimination (4.1.2.f) and reproductive health in humanitarian settings (4.1.2.g).

- 15 The National Social Protection Policy 2017³⁹: This policy provides the framework to ensure that people with disabilities have the required education (policy measure 2), health care and other special assistive devices (policy measure 3) as well as health care and other supportive services for survivors of GBV including rape (policy measure 6).

- 16 Second National Action Plan on the Implementation of UN Security Council Resolution 1325 and Related Resolutions on Women, Peace and Security 2017–2020⁴⁰: This action plan developed by the



Federal Ministry of Women Affairs with support from UN Women and the European Union. The plan includes strategies to prevent violence against women and girls (VAWG) and to ensure that the relief and recovery needs of survivors are met.

- 17 National Policy on Sexual and Reproductive Health and Rights of Persons with Disabilities with emphasis on Women and Girls 2018 (Federal Ministry of Health)⁴¹: This document provides a framework for the inclusion of persons with disabilities (PWD) in sexual and reproductive health and rights, and removing barriers they face with accessing SRHR information and services.
- 18 National Strategic Framework for the Elimination of Obstetric Fistula in Nigeria 2019 – 2023 (Federal Ministry of Health)⁴²: Some strategies to eliminate obstetric fistula as detailed in this document include prevention through prevention of early marriage by promoting education of the girl child, as well as treatment, rehabilitation and reintegration of fistula survivors.



State Laws, Policies and Plans

State Specific Laws^{3,43, 44, 45}: Some State Governments have also enacted legislation that address some of these challenges. These include:

- 1 Laws prohibiting FGM (including medicalisation): Anambra, Bayelsa, Cross River, Delta, Ebonyi, Edo, Ekiti, Imo, Kaduna, Kwara, Ogun, Ondo, Osun, Oyo, and Rivers states
- 2 Laws against domestic violence (VAPP)⁴⁵: Lagos, Ogun, Oyo, Osun, Cross River, Ebonyi, Ekiti, Edo, Enugu, Anambra, Benue, Kaduna, Plateau, Bauchi, Abia, and Kwara states and FCT
- 3 Laws prohibiting child marriage: Cross River,
- 4 Laws prohibiting harmful practices against women and children (including widowhood practices): Abia, Ebonyi, Edo
- 5 State Gender Policy: Ekiti, Jigawa
- 6 Child Rights Law: Abia, Akwa Ibom, Anambra, Bayelsa, Benue, Cross River, Delta, Ebonyi, Edo, Ekiti, Enugu, FCT-Abuja, Imo, Kaduna, Kogi, Kwara, Lagos, Nasarawa, Niger, Ogun, Ondo, Osun, Oyo, Plateau, Rivers, and Taraba states
- 7 Laws (Shariah)⁴³ protecting children against various forms of physical and psychological/emotional violence: Zamfara, Kano, Kebbi, Kaduna and Sokoto
- 8 Laws protecting people with disabilities: Plateau, Ekiti, Lagos, Bauchi, Ogun. Jigawa provides social security allowance for people with physical disabilities

9 Bauchi: Prohibition of Withdrawal of Girls from School for Marriage Law

10 Katsina: Sexual Harassment and Rape Law

Despite the various laws, policies and plans, many survivors of GBV, child marriage and FGM do not access services for various reasons including fear of stigmatisation, fear of the spouse/partner or the parent, lack of information and difficulties in accessing services due to financial or administrative barriers or due to low capacity of the service providers (including poor attitudes).

There are also gender norms that make it difficult for women and girls to seek services e.g. marital rape is not a valid concept to many Nigerians and there is tolerance of wife beating and child marriage in some communities.^{3,46} In addition, there is a need for revision or updating some of the policies and domestication at the state level.

And some of the laws and policies need to be translated into workable plans that can be implemented. There is also a need for effective coordination, monitoring and evaluation of the implementation of policies that aim to protect women and girls through various interventions for both prevention and service provision.



Purpose and Scope

This essential services package aims to provide guidance to stakeholders involved in providing SRHR services for women and girls survivors of GBV, child marriage and FGM in Nigeria. The overall goal is to ensure that these women have access to the help and support they need to overcome the challenges associated with these experiences and be reintegrated as productive members of their communities. The essential services are required for all survivors including those in humanitarian crisis/conflict settings.


However, it is important to note that these guidelines do not focus on interventions in crisis or humanitarian settings although the responses described within these guidelines are complementary, to the extent possible within current guidelines, to those that focus on crisis/humanitarian settings.

The scope of the package is limited to the SRHR needs of women and girls survivors which although are not the only needs of such women and girls, form a key part of their needs. Addressing the SRHR needs of these women allows them to fulfil their SRH potentials and restores their confidence and self-esteem to help themselves to overcome other challenges.

This document is targeted at policy makers, programme managers, health facility managers, the police, the judiciary, social service providers, and other stakeholders involved in providing services for women and girls survivors of GBV, child marriage and FGM.

Language and terms

Coordination is a central element of the response to GBV and other harmful practices against women and girls (child marriage and FGM). It



is required by international standards that aim at ensuring that the response to harmful practices against women and girls is comprehensive, multidisciplinary, coordinated, systematic and sustained. It is a process that is governed by laws and policies.

It involves a collaborative effort by multi-disciplinary teams and personnel and institutions from all relevant sectors to implement laws, policies, protocols and agreements and communication and collaboration to prevent and respond to harmful practices against women and girls.

Coordination occurs at the national level among ministries that play a role in addressing these issues, at the local level between local-level service providers, stakeholders and, in some countries, at intermediate levels of government between the national and local levels. Coordination also occurs between the different levels of government.

Core elements are features or components of the essential services that apply in any context, and ensure the effective functioning of the service.

Essential services encompass a core set of services provided by the health care, social service, police and judiciary sectors. The services must, at a minimum, secure the rights, safety and well-being of any woman or girl who experiences GBV, child marriage or FGM.

Formal justice systems are justice systems that are the responsibility of the State and its agents. They include government supported laws, and institutions such as police, prosecution services, courts, and prisons that have the responsibility to enforce and apply the laws of the State and to administer the sanctions imposed for violations of laws.

Gender based violence is any act of violence directed against a person



because of that persons gender or violence that affect persons of a particular gender disproportionately. For this Essential Services Package for women and girls survivors of violence, it is defined as any act of violence that is directed against a woman or girl because she is a woman/girl or that affects women and girls disproportionately.

Governance of coordination is the accountability function of governance, which identifies as strengths and weaknesses of coordination, and leads modifications that enhance laws, policies and practice. It has two major components. The first component is the creation of laws and policies required to implement and support the coordination of Essential Services to eliminate or respond to GBV, child marriage and FGM.

The second component is the process of holding stakeholders accountable for carrying out their obligations in their coordinated response to GBV, child marriage and FGM and ongoing oversight,

monitoring and evaluation of their coordinated response. Governance is carried out at both the national and local levels.

Health system refers to (i) all activities whose primary purpose is to promote, restore and/or maintain health; (ii) the people, institutions and resources, arranged together in accordance with established policies, to improve the health of the population they serve.

Health care provider is an individual or an organization that provides health-care services in a systematic way. An individual health-care provider may be a healthcare professional, a community health worker; or any other person who is trained and knowledgeable in health. Facilities include hospitals, clinics, primary care centres and other service delivery points. Primary health care providers are nurses, midwives, doctors or others.

Intimate partner violence is “the most common form of violence experienced by women globally and it includes a range of sexually, psychologically and physically coercive acts used against adult and adolescent women by a current or former intimate partner, without her consent. Physical violence involves intentionally using physical force, strength or a weapon to harm or injure the woman.

Sexual violence includes abusive sexual contact, making a woman engage in a sexual act without her consent, and attempted or completed sex acts with a woman who is ill, disabled, under pressure or under the influence of alcohol or other drugs.

Psychological/emotional violence includes controlling or isolating the woman, and humiliating or embarrassing her. Economic and financial violence includes denying a woman access to and control over basic resources.” Justice service provider includes State/government



officials, judges, prosecutors, police, legal aid, court administrators, lawyers, paralegals, and victim support/social services staff.

The Justice continuum extends from a victim/survivor's entry into the system until the matter is concluded. A woman's journey will vary, depending on her needs. She may pursue a variety of justice options, ranging from reporting or making a complaint which initiates a criminal investigation and prosecution or seeking protection, and/or pursuing civil claims including divorce and child custody actions and/or compensation for personal or other damages, including from State administrative schemes, concurrently or over time.

Multi-disciplinary response teams are groups of stakeholders who have entered into agreements to work in a coordinated manner to respond to violence against women and girls within a community. These teams are focused on ensuring an effective response to individual cases and may contribute to policy making.




Non-partner sexual violence refers to violence by a relative, friend, acquaintance, neighbor, work colleague or stranger. It includes being forced to perform any unwanted sexual act, sexual harassment and violence perpetrated against women and girls frequently by an offender known to them, including in public spaces, at school, in the workplace and in the community.

Quality guidelines support the delivery and implementation of the core elements of essential services to ensure that they are effective, and of sufficient quality to address the needs of women and girls. Quality guidelines provide 'the how to' for services to be delivered within a human rights-based, culturally-sensitive and women's-empowerment approach. They are based on, and complement international standards and reflect recognized best practices in responding to gender-based violence.

The social services sector is the sector that provides a range of support services to improve the general well-being and empowerment to a specific population in society. They may be general in nature or provide more targeted responses to a specific issue; for example responding to women and girls experiencing GBV, child marriage or FGM.

Social services for women and girls who have experienced violence includes services provided by, or funded by government (and therefore known as public services) or provided by other civil society and community actors, including non-governmental organizations and faith-based organizations. Social services responding to GBV, child marriage or FGM are specifically focused on victims/survivors of these incidents.

They are imperative for assisting women's recovery from violence, their empowerment and preventing the reoccurrence of violence and, in



some instances, work with particular parts of society or the community to change the attitudes and perceptions of GBV, child marriage and FGM. They include, but are not limited to, providing psycho-social counselling, financial support, crisis information, safe accommodation, legal and advocacy services, housing and employment support and others, to women and girls who experience these incidents.

Stakeholders are all government and civil society organizations and agencies that have a role in responding to GBV, child marriage or FGM at all levels of government and civil society. Key stakeholders include victims and survivors and their representatives, social services, health care sector, legal aid providers, police, prosecutors, judges, child protection agencies, and the education sector, among others.

Victim/survivor refers to women and girls who have experienced or are experiencing GBV, child marriage or FGM to reflect both the terminology used in the legal process and the agency of these women and girls in seeking essential services.

Violence against women (VAW) means “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.





Essential Services for the Sexual and Reproductive Health and Rights (SRHR) Needs of Women and Girls Survivors of GBV, Child Marriage and FGM

Good sexual and reproductive health is a state of complete physical, mental and social well-being in all matters relating to the reproductive system. It implies that people are able to have a satisfying and safe sex life, the capability to reproduce, and the freedom to decide if, when, and how often to do so.⁴⁰ Sexual and reproductive rights refer to the right of people to enjoy good sexual and reproductive health without coercion, discrimination or violence.

The services required to address the SRHR needs of women and girls survivors of GBV, child marriage and FGM cut across several sectors including the health, justice and policing, and social services. These essential services must secure the needs of such survivors as it relates to their sexual and reproductive wellbeing and rights. It is important to have proper coordination and effective linkages between these sectors in order to address the needs of these women and girls. Where possible, there should be teams comprising members from the various sectors available to respond the needs of survivors.

The principles and common characteristics of essential services for women and girls survivors are summarised in the table below which is followed by detailed description of the issues.

Essential Services Package: Overall framework diagram

Principles	A rights based approach	Advancing gender equality and women's empowerment	Culturally and age appropriate and sensitive
	Victim/survivor centred approach	Safety is paramount	Perpetrator accountability
Common characteristics	Availability		Accessibility
	Adaptability		Appropriateness
	Prioritize safety		Informed consent and confidentiality
	Data collection and information management		Effective communication
	Linking with other sectors and agencies through referral and coordination		


Principles

In order to be effective, all essential services need to adhere to the following principles:

- 1 A rights-based approach**

The rights of survivors to quality services is a fundamental human right as enshrined in the various legal and policy documents described above. As detailed in the various documents, women and girls survivors of GBV, child marriage and FGM in Nigeria are entitled to services that protect their health and wellbeing and ensure their access to justice.
- 2 Advancing gender equality and women's empowerment**

Essential services must ensure that survivors are empowered to take decisions including the decision to refuse services. The services must be provided in a gender sensitive and gender responsive manner that will encourage utilisation by survivors.



Service providers must not constitute an impediment to utilisation of these services and must not perpetrate or condone any practices that discriminate against women and girls as detailed in many laws and policies that support the empowerment of women as described in the section on legal and policy frameworks.

3 Culturally and age appropriate and sensitive

Essential services must take into consideration the age, individual circumstance and experiences, and cultural background of survivors in order to be acceptable to them. Such services must be able to respond to various needs of survivors and create linkages to other services as required.

4 Victim/survivor centred approach

Essential services must take into consideration the specific needs of each survivor and respect her wishes. The rights, needs, and desires of survivors must be the focus and guide service delivery activities. The multiple needs of survivors, their risks and vulnerabilities and the impact of decisions and actions must all be taken into consideration. Women and girls with disabilities that have additional needs must also be considered.



5 Safety

safety and security of survivors and their support persons must be secured when providing services in order to avoid inflicting further harm. It is also important to consider the safety and security of service providers to ensure that they provide high quality services, especially in humanitarian crisis settings such as in the north east.

6 Perpetrator accountability

Perpetrators must be held accountable while ensuring fairness. An enabling environment needs to be created for the participation of the survivor in the justice process without placing the burden of seeking justice on her but on the state.

Characteristics

In addition to the above principles, service delivery should also have the following characteristics regardless of the sector:

1 Availability

Adequate quantity of high-quality essential services must be available to all survivors regardless of her age, place of residence, ethnicity, nationality, religion, race, migrant or refugee status, marital status, literacy level, disability, or other characteristics. There should be no discrimination in provision of services on any basis, and remote underserved, vulnerable or marginalised populations must be taken into consideration. There should be continuity of care across the network of services and over the life cycle of survivors with innovations such as mobile clinics and courts and use of technology to broaden coverage.

2 Accessibility

Essential services must be accessible physically (within reach), economically (affordable), linguistically (language and communication formats and media) to all women and girls who need them. Women and girls should be able to access services without undue financial (free of charge) or administrative burden.

As much as possible, services should be available in the local language and in multiple communication formats (oral, written, electronic) using plain language that is easily understood.

3. Adaptability

Essential services must recognise the differences in how people and communities respond to GBV, child marriage and FGM. These services must respond to the needs of survivors in ways that integrate human rights and culturally sensitive principles.

A comprehensive range of services are provided to allow women and girls to have options of services that best meet their individual circumstances. Services must be able to adapt to changing needs of survivors including those in humanitarian settings.

4 Appropriateness

Essential services must be centred on the survivor, being delivered in a manner that respects her dignity, guarantees confidentiality and prevents stigmatisation, and is sensitive to her needs and perspectives. Essential services must minimise secondary victimisation by minimising the number of people she has to deal with and the number of times she has to relay her story.

It is vital to ensure the availability of well-trained multi-disciplinary teams that support survivors to fully understand their options, feel empowered to help themselves and seek help, while respecting the survivors' autonomy and their decisions.

5 Prioritize safety

Women and girls face many risks to their immediate and ongoing safety that are specific to the individual circumstances of each woman and girl. Risk assessment and management can reduce the level of risk, and requires consistent and coordinated approaches within and between social, health and police and justice sectors.

Essential services must use risk assessment and management tools regularly and consistently, to assess the individual risks for each woman and girl. Essential services must use a range of risk management options, solutions and safety measures to support the safety of women and girls ensuring that women and girls receive a strengths-based, individualized plans that include strategies for risk management.

6 Effective Communication and Participation by Stakeholders in design, implementation and assessment of services.

All communication with women and girls must promote their dignity and be respectful of them in order to empower them to seek essential services. Service providers must be non-judgmental, empathetic, supportive, and demonstrate effective listening skills.

Survivors must be given the opportunity (if willing) to tell their stories, have their stories accurately recorded, and express their needs and concerns according to their abilities, age, intellectual

maturity and evolving capacity. Service providers must provide information and counselling that supports survivors to make their own decisions.

7 Informed consent and confidentiality

All essential services must be delivered in a way that protects the woman or girl's privacy, guarantees her confidentiality, and discloses information only with her informed consent, to the extent possible. Information about the woman's experience of violence can be extremely sensitive.

Sharing this information inappropriately can have serious and potentially life-threatening consequences for the women or girls and for the people providing assistance to her.

Essential services must have a code of ethics for the exchange of information (in accordance with existing legislation), including what information will be shared, how it will be shared, who it will be shared with and when it will be shared.

Service providers working directly with women and girls are informed about, understand, and comply with, the code of ethics, ensuring that information relating to individual women and girls is treated confidentially, and stored securely. Women and girls are supported to fully understand their options and the implications of disclosure.

8 Data collection and information management

The consistent and accurate collection of data about the services provided to women and girls is important in supporting the continuous improvement of services. Services must have clear and documented processes for the accurate recording and

confidential, secure storage of information about women and girls, and the services provided to them. There must be a documented and secure system for the collection, recording and storing of all information and data (including client files, legal and medical reports, and safety plans) about women and girls who are accessing services.

Accurate data collection must be ensured by supporting staff to understand and use the data collection systems, and providing them adequate time to enter data in data collection systems. Data must only be shared using agreed protocols between organizations.

There must be promotion of analysis of data collection to assist in understanding the prevalence of the issues (GBV, child marriage and FGM), trends in using the essential services, evaluation of existing services and to inform prevention measures.



9 Linking with other sectors and agencies through coordination

Linking with other sectors and agencies through coordination, such as referral pathways, assist women and girls receive timely and appropriate services. Referral processes must incorporate standards for informed consent.

To ensure the smooth navigation of the different essential services for survivors, protocols and agreements about the referral process with relevant social, health and justice services, including clear responsibilities of each service, need to be in place.

The procedures between services for information sharing and referral must be consistent, known by agency staff, and communicated clearly to women and girls. Services must have mechanisms for coordinating and monitoring the effectiveness of referrals processes.

Services must refer to specific services as required and appropriate, such as, services specific to children or women and girls with disabilities.

Foundational Elements

Strong foundations are required to ensure that essential services are of high quality and these foundations involve all the sectors with effective coordination. These foundations include:

1 Comprehensive legislation and legal frameworks

There must be comprehensive legal and policy framework that provides the legal and judicial basis for victims/survivors' seeking



health, social services, justice and policing services.

2 Governance, oversight and accountability

In order to ensure that essential services are of high quality and are provided in an effective manner, governance, oversight and accountability are required. Elected and government officials must be encouraged to support these efforts by facilitating dialogue on whether and how guidelines should be implemented; determining the quality of service standards, and in monitoring compliance with service standards and identifying systemic failures in their design, implementation and delivery.


Women and girls need to have recourse when essential services are denied, undermined, unreasonably delayed or lacking due to negligence. There must be accountability in order to ensure that essential services are available, accessible, adaptable and appropriate. Accountability is enhanced by ensuring the participation of stakeholders in design, implementation and assessment of services.

3 Resources and financing

Resources and financing are required to build and sustain each sector as well as an integrated coordinated system that has capacity and capability to provide quality essential services that effectively and efficiently respond to violence against women and girls.

4 Training and workforce development

Training and workforce development are needed to ensure that sector agencies and coordination mechanisms have the capacity and capability to deliver quality services, and that service providers have the competency required to fulfill their



roles and responsibilities. All service providers must have opportunities to build their skills and expertise and to ensure their knowledge and skills remain up to date.

5 Monitoring and evaluation

Regular monitoring and evaluation is required to maintain and continuously improve the quality of all essential services for women and girls survivors. This relies on collection, analysis and publication of comprehensive data in a form that can be used to gauge and promote quality service provisions.

6 Gender sensitive policies and practices

Policies in each sector and for coordination mechanisms need to be gender sensitive as well as integrated into a national plan to ensure that all sectors work together in an integrated way to provide the most effective response to women and girls subjected to GBV, child marriage and FGM.

MODULE 2:

ESSENTIAL HEALTH SERVICES FOR SRH NEEDS OF WOMEN AND GIRLS SURVIVORS OF GBV, CHILD MARRIAGE AND FGM

Women and girls survivors of GBV, child marriage and FGM usually seek help for the health effects of their experiences even if they do not disclose the history of such. A high index of suspicion and good rapport with survivors is required for health workers to be able to detect, confirm and appropriately manage these challenges.

The health system in Nigeria is comprised of the public and the private sectors and there are 3 levels of care – primary, secondary and tertiary. The Federal Ministry of Health (FMOH) is responsible for the overall coordination and supervision of the health system in the country while the State Ministries of health have similar responsibilities in the states.

The primary health facilities (primary health centres, dispensaries, health posts) provide the first point of contact with the health system for majority of the population. The secondary health facilities (general hospitals) provide some specialist services in addition to serving as referral centres for the primary health facilities.

The tertiary health (teaching hospitals, federal medical centres, specialist hospitals) provide the highest level of specialist care. In general, primary health facilities are managed by the local governments in collaboration with the State Ministries of Health and/or State Primary Health Care Development Boards, while secondary health facilities are managed by State Ministries of Health and tertiary health facilities are managed by the FMOH and in some instances, State Ministries of Health.

The private health sector includes individuals or groups (e.g. faith-based organisations) offering services for profit as well as non-profit organisations.

Women and girls survivors can present to any level of the health care system in the country (public or private) so all levels of the health care system need to be involved in provision of care for them. This requires health facilities to have the required policies, guidelines, personnel, equipment and structures to provide the needed services in a sensitive and acceptable manner.

In keeping with the principles of Respectful Maternity Care adopted by FMOH, survivors of GBV, child marriage and FGM have the right to non-discriminatory high quality health care that respects their dignity, privacy, confidentiality, and autonomy.⁴⁷

Purpose and Scope

The health system is often the first point of contact for women and girls survivors of GBV, child marriage and FGM. These women may present with immediate or long-term complications of the incident and health service providers need to be aware of, and sensitive to the various needs of these women and girls in order to satisfactorily offer them the services they require.

This module provides guidance on the health needs of these survivors that affect their SRH due to physical, psychological or mental complications. These interventions include preventive, curative or palliative services as well as medico-legal services that facilitate the process of seeking justice for those survivors who wish to pursue legal action.



Language and Terms

Case finding or clinical enquiry refers to the identification of women and girls experiencing violence who present to health care settings, through use of questions based on the presenting conditions, the history and, where appropriate, examination of the patient. These terms are used as distinct from “screening” or “routine enquiry”.

Child marriage refers to formal marriage or informal union of an individual under the age of legal consent in the country. In Nigeria, the Child Rights Act of 2003 states that a child is any person under the age of 18 years.

Cognitive behaviour therapy (CBT) is based on the concept that thoughts, rather than external factors such as people or events, are what dictate one's feelings and behaviour. CBT typically has a cognitive component (helping the person develop the ability to identify and challenge unrealistic negative thoughts), as well as a behaviour component. CBT varies, depending on the specific mental health

problems.

Core elements are features or components of the essential services that apply in any context, and ensure the effective functioning of the service.


Economic and financial violence refers to any act or behaviour which causes economic harm to an individual e.g. property damage, restricting access to financial resources, education or the labour market, or not complying with economic responsibilities, such as alimony. It includes denying a woman or girl access to and control over basic resources.

Essential Services encompass a core set of services provided by the health care, social service, police and judiciary sectors. The services must, at a minimum, secure the rights, safety and well-being of any woman or girl who experiences gender-based violence.

Female genital mutilation (FGM) or female genital cutting or female circumcision is any procedure that involves partial or total removal of the external genitalia and/or injury to the female genital organs whether for cultural or any other non-therapeutic reasons.

First-line support refers to the minimum level of (primary psychological) support and validation of their experience that should be received by all women who disclose violence to a health care (or other) provider. It shares many elements with psychological first aid in the context of emergency situations involving traumatic experiences.

Gender based violence is any act of violence directed against a person because of that persons gender or violence that affect persons of a particular gender disproportionately. For this Essential Services



Package for women and girls survivors of violence, it is defined as any act of violence that is directed against a woman or girl because she is a woman/girl or that affects women and girls disproportionately.


Health service provider is an individual or an organization that provides health-care services in a systematic way. An individual health-care provider may be a healthcare professional, a community health worker; or any other person who is trained and knowledgeable in health. Health facilities include hospitals, clinics, primary care centres and other service delivery points.

Health system refers to (i) all activities whose primary purpose is to promote, restore and/or maintain health; (ii) the people, institutions and resources, arranged together in accordance with established policies, to improve the health of the population they serve.

Intimate partner violence is “the most common form of violence experienced by women globally and includes a range of sexually, psychologically and physically coercive acts used against adult and adolescent women by a current or former intimate partner, without her consent.

Mandatory reporting refers to legislation passed by some countries or states that requires individual or designated individuals such as health-care providers to report (usually to the police or legal system) any incident of actual or suspected GBV, child marriage or FGM.

Medico-legal evidence documented extra and ano-genital injuries and emotional state as well as those samples and specimens that are taken from the victim's body or clothing solely for legal purposes. Such evidence includes saliva, seminal fluid, head hair, pubic hair, blood, urine, fibre, debris and soil.



Non-partner sexual violence refers to sexual violence by a relative, friend, acquaintance, neighbor, work colleague or stranger. It includes being forced to perform any unwanted sexual act, sexual harassment and violence perpetrated against women and girls frequently by an offender known to them, including in public spaces, at school, in the workplace and in the community.

Physical violence involves intentionally using physical force, strength or a weapon to harm or injure the woman or girl.

Psychological/emotional violence includes controlling or isolating the woman or girl, and humiliating or embarrassing her. It involves the intentional act against a person that results in mental, spiritual, moral and social harm, including insults, threats, and verbal abuse.

Quality guidelines support the delivery and implementation of the core elements of essential services to ensure that they are effective, efficient, and of sufficient quality to address the needs of women and girls.



Quality standards provide 'the how to' for services to be delivered within a human rights-based, culturally-sensitive and women's-empowerment approach. They are based on, and complement international standards and reflect recognized best practices in responding to gender-based violence.

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

Sexual violence includes abusive sexual contact, making a woman or girl engage in a sexual act without her consent, and attempted or completed sex acts with a woman or girl who is ill, disabled, under pressure or under the influence of alcohol or other drugs.

Victims/Survivors refers to the women and girls who have experienced or are experiencing gender-based violence to reflect both the terminology used in the legal process (victims) and the agency of these women and girls in seeking essential services. Victims/survivors may also be pregnant women who experience GBV or FGM during pregnancy.

Violence against women and girls (VAWG) means “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women and girls, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.

Unique Features of The Essential Services Package Framework Specific to Essential Health Services


Essential Services Package: Overall framework diagram

Principles	A rights based approach	Advancing gender equality and women's empowerment	Culturally and age appropriate and sensitive
	Victim/survivor centred approach	Safety is paramount	Perpetrator accountability
Common characteristics	Availability		Accessibility
	Adaptability		Appropriateness
	Prioritize safety		Informed consent and confidentiality
	Data collection and information management		Effective communication
	Linking with other sectors and agencies through referral and coordination		

Principles

In applying the overall principles, health service providers, should keep in mind:

- 1 A rights-based approach includes the right to the highest attainable standard of health and the right to self-determination, which means women being entitled to make their own decisions including sexual and reproductive decisions; entitled to refuse medical procedures and/or take legal action.
- 2 Assuring gender equality in health means providing care fairly to both women and men, taking into account their specific health needs and concerns so that they are equally able to realize their



rights and potential to be healthy. It requires also being cognizant of inequalities in power relationships between women and men and between providers and patients.

Common Characteristics

In applying the overall principles, health service providers, should keep in mind:

1. Informed consent and safeguarding of confidentiality means the provision of health care, treatment and counselling should be private and confidential; information disclosed only with the consent of the woman or girl and includes the right to know what information has been collected about their health and having access to this information, including medical records.

Foundational Elements

In applying the overall principles, health service providers, should keep in mind:

1. Violence against women and girls health policies need to be linked to national policy, where it exists; include addressing workplace/institutional violence and includes companion procedures and protocols. Care for women experiencing intimate partner violence and sexual violence should, as much as possible, be integrated into existing health services rather than as a stand-alone service.
2. Workforce development in the health sector includes building capacity on these issues at pre-service, as well as through continuing education and in-service training. It also requires inter-

sectoral team building; and health work force supervision and mentoring.

While a country needs multiple models of care for survivors for different levels of the health system, priority should be given to building capacity and service delivery at the primary level of care where majority of survivors will present.

Furthermore, a health care provider (nurse, doctor or equivalent) who is trained in gender sensitive sexual assault care and examination should be available at all times of the day or night (on location or on-call) at a district/area level. It is also important to ensure that all health service providers involved in maternity care, are trained in respectful maternity care.

- 3 Engaging with the community and advocacy for women and young girl survivors is an important component of essential health services for victims and survivors.
- 4 Another important component of essential health services is the availability of medical products/commodities, equipment and technology. This includes reproductive and maternal health commodity security and settings to enable confidentiality, privacy and safety.
- 5 Monitoring and evaluation of essential health services requires health information systems; measures of accountability; client feedback and assessments.

Summary of Health Services

The health services required to address the SRH needs of survivors include preventive, curative, palliative, rehabilitative and health promotion services and are detailed in the table below.

	SRH challenge	Type of survivor	SRHR needs	Essential SRHR services
	Immediate health challenges			
1	Pain, bleeding, shock, swelling	GBV, FGM, child marriage	Pain relief, control of bleeding and replacement of blood loss Screening, classification and documentation of injuries/FGM	Basic health services – information, stabilisation, documentation, blood transfusion, Surgical services
2	Infection	GBV, child marriage, FGM	Screening, prophylaxis, treatment	HIV and hepatitis testing, counselling and treatment services STI screening and treatment Vaccines – tetanus, hepatitis B, human papilloma virus
3	Anxiety	GBV, FGM, child marriage	Information and counselling on STI/HIV, fertility/in-fertility, and sexual health.	Mental health and psychosocial services
4	Pregnancy	GBV, child marriage	Prevention of pre-gnancy Safe termination of pregnancy Safe motherhood	Family planning services – counselling, emergency contraception Safe abortion care services. Maternal and newborn care services – antenatal care, delivery services, postnatal care

Long-term health challenges (all require continuous counselling)

1	Chronic pain (genital, pelvic)	GBV, FGM, child marriage	Pain management	Specialised services – gynaecology, pain management
2	Chronic infection (genital tract, urinary tract, HIV/STI)	GBV, FGM, child marriage	Screening and treatment of infections	Laboratory services – microbiology, serology). Vaccines Treatment – pharmaceuticals
3	Sexual dysfunction (fear, vaginismus and lack of penetration, lack of desire and arousal, painful intercourse, lack of lubrication)	GBV, child marriage, FGM	Diagnosis and appropriate treatment (medical and surgical)	Specialised services – gynaecology, sexual health
4	Menstrual problems (irregularity, pain, difficulty in passing menstrual blood)	FGM, child marriage	Menstrual hygiene management Appropriate treatment (medical and surgical)	Imaging services – ultrasound scan Specialised services – gynaecology
5	Infertility	GBV, child marriage, FGM	Diagnosis and appropriate treatment (medical, surgical, assisted reproductive technologies)	Laboratory services – microbiology, clinical chemistry, serology. Imaging services – ultrasound scan, x-ray, MRI. Specialised services – gynaecology
6	Fistula	Child marriage, FGM, less commonly GBV	Diagnosis and appropriate treatment (surgical, conservative)	Specialised services – gynaecology, urology

Long-term health challenges (all require continuous counselling)				
7	Obstetric challenges (anaemia in pregnancy, hypertension in pregnancy, prolonged and difficult labour and delivery, genital tract lacerations and episiotomy, operative delivery – vaginal or abdominal, obstetric fistula, bleeding, fetal distress, stillbirth and neonatal death)	Child marriage, FGM	Safe delivery and prevention of complications. Diagnosis and appropriate treatment	Laboratory services – microbiology, clinical chemistry, serology, haematology Antenatal care Delivery services Postnatal care
8	Mental health challenges affecting SRH (post-traumatic stress disorder, anxiety, depression, stigmatisation/self-stigmatisation)	GBV, FGM, child marriage	Diagnosis and appropriate treatment	Mental health and psychosocial services

Service delivery models for SRH that have been found to be effective⁴⁸ and can be utilised to ensure that survivors have access to the required services, include the following

- 1 Static health facilities which may be primary, secondary or tertiary level and have various cadres of health service providers
- 2 Mobile outreach facilities which provide services at regular intervals using equipment, supplies and personnel from static health facilities, from non-governmental organisations, or both
- 3 Co-location and co-service provision (one stop centres), for

example, through women and girls' safe spaces which may include shelters or hostels that are supported by government or non-governmental organisations to provide a safe refuge for women and girls in need. Such spaces may provide some SRH services especially information and counselling. Health facilities can also serve as one stop centres by integrating other services for survivors including justice and policing, and social services.

- 4 Community based information and services including household visits, especially for counselling on SRH and referral of survivors for appropriate services

Health services should also take into consideration the needs of service providers from all sectors who may suffer mental health challenges resulting from repeated exposure to cases of GBV, child marriage and FGM. Service providers themselves may also be victims/survivors of these incidents. There should be opportunities for service providers to access services and be supported to overcome challenges so that they can provide high quality services.

Standard Operating Procedures

This section details the step-by-step guidelines for providing the necessary SRHR services for women girls survivors of GBV, child marriage and FGM.

Gender Based Violence

Essential Service 1: Identification of GBV Survivors

It is important for health service providers to be aware that a woman's health problems (including SRH problems) may be caused by, or made worse by GBV. Women subjected to GBV often seek health services for related emotional or physical conditions, including injuries. However, often they do not tell the provider about the violence due to shame or fear of being judged or fear of their partner.

Core Elements	Guidelines
Information	<p>Information on GBV in the form of</p> <ol style="list-style-type: none"> 1 Posters 2 Pamphlets or leaflets made available in private areas such as women's washrooms (with appropriate warnings about taking them home if an abusive partner is there) 3 Media jingles 4 Videos in local languages
Reception of Survivor	<ol style="list-style-type: none"> 1 Health service provider should introduce him/herself 2 Calm and reassure the survivor that they are in a safe place 3 Limit the number of people in the room to the minimum necessary. If the survivor consents, ensure that a trained support person or trained health worker of the same sex accompanies the survivor throughout the consultation. Ask if they also want to have a specific person present (e.g., family member or friend)

Core Elements	Guidelines
	<p>Determine the best way to communicate and adapt to the survivor's communication skill</p>
<p>Identification</p>	<ol style="list-style-type: none"> <li data-bbox="555 622 1289 1048">1 Health service providers should ask about exposure to GBV when assessing conditions that may be caused or complicated by GBV (e.g. repeated unexplained injuries, injuries inconsistent with explanation, etc) in order to improve diagnosis/identification and subsequent care <li data-bbox="555 1115 1289 1435">2 Asking women about GBV needs to be linked to an effective response, which would include a first-line supportive response, appropriate medical treatment and care as needed and referral either within the health system itself or externally <li data-bbox="555 1503 1289 1809">3 “Universal screening” or “routine enquiry” (i.e. asking women in all health-care encounters) is not recommended. While it can increase the identification of women suffering violence it has not been shown to improve health outcomes or even

Core Elements	Guidelines
	<p>referrals. It is challenging to implement in high-prevalence settings with limited resources or referral options. However, health-care providers should raise the topic with women who have injuries or conditions that they suspect may be related to violence⁴⁹</p> <p>4 Before asking about GBV, the health system should put in place the following minimum requirements:</p> <ol style="list-style-type: none"> a. Private setting (visual and auditory privacy) b. Health care providers who have been trained to ask appropriately (for example, in an empathic, non-judgmental manner) and how to respond appropriately c. System for referral in place d. Protocol in place <p>5 Where health service providers suspect violence but women do not disclose it:</p> <ol style="list-style-type: none"> a. Do not pressure her, give her time b. Provide information regarding available services and regarding effects of violence on women's health and their children's health c. Offer a follow-up visit

Essential Service 2: First line support

When providing first line support to a woman who has been subjected to violence, four kinds of needs deserve attention: (1) immediate emotional / psychological health needs; (2) immediate physical health needs; (3) ongoing safety needs; (4) ongoing support and mental health needs. First line support provides practical care and responds to a woman's emotional, physical, safety and support needs, without intruding on her privacy. Often, first line support is the most important care that can be provided.

Core Elements	Guidelines
Survivor centred care	<ol style="list-style-type: none"><li data-bbox="550 1064 1292 1209">1 Women and girls who disclose any form of GBV should be offered immediate support<li data-bbox="550 1265 1292 1881">2 Health service providers should, as a minimum, offer first-line support when women disclose violence. First-line support involves 5 simple tasks. The letters in the word “LIVES” can remind you of these 5 tasks that protect women's lives—Listen, Inquire about needs and concerns, Validate, Enhance safety, Support.⁵⁰ First line support includes:<ol style="list-style-type: none"><li data-bbox="646 1747 1252 1881">a. Being non-judgmental and supportive and validating what the woman is saying

Core Elements	Guidelines
	<ul style="list-style-type: none"> <li data-bbox="651 398 1278 577">b. Providing practical care and support that responds to her concerns but does not intrude on her autonomy <li data-bbox="651 591 1278 869">c. Asking about her history of violence, listening carefully, but not pressuring her to talk (care should be taken when discussing sensitive topics when interpreters are involved) <li data-bbox="651 882 1278 965">d. Listening without pressuring her to respond or disclose information <li data-bbox="651 978 1299 1301">e. Offering information; helping her access information about resources, including legal and other services that she might think helpful, and helping her to connect to services and social supports <li data-bbox="651 1314 1278 1592">f. Provide written information on coping strategies for dealing with severe stress (with appropriate warnings about taking printed material home if an abusive partner is there) <li data-bbox="651 1606 1294 1733">g. Assisting her to increase safety for herself and her children, where needed <li data-bbox="651 1747 1203 1785">h. Offering comfort and help to

Core Elements	Guidelines
	<p style="padding-left: 40px;">alleviate or reduce her anxiety</p> <p>i. Providing or mobilizing social support (including referrals).</p> <p>3 Health service providers should ensure:</p> <p>a. That the consultation is conducted in private</p> <p>b. Confidentiality, while informing women of the limits of confidentiality (i.e. when there is mandatory reporting).</p> <p>c. If health service providers are unable to provide first line support, they should ensure immediate referral to someone else (within their healthcare setting or another</p>
Mandatory reporting	<p>1 Mandatory reporting of violence against women to the police by health service providers is not recommended.</p> <p>2 Health service providers should offer to report the incident to the appropriate authorities, including the police, if the woman wants this and is aware of her rights.</p> <p>3 Child maltreatment and life-threatening incidents must be reported</p>

Core Elements	Guidelines
	to the relevant authorities by the health service provider, where there is a legal

Essential Service 3: Care of Injuries and Urgent Medical Issues

The examination and care of physical and emotional health should take place together. The services are divided here to provide clear guidance in terms of minimum standards.

Core Elements	Guidelines
History taking	<ol style="list-style-type: none"> <li data-bbox="555 1249 1313 1339">1 History taking should follow the standard medical procedures <li data-bbox="555 1395 1313 1619">2 Women and girls who have experienced GBV are likely to be traumatized, so review any papers she may have and avoid asking questions she has already answered <li data-bbox="555 1675 1313 1765">3 Avoid any distraction or interruption during the history-taking

Core Elements	Guidelines
	<p>4 Make sure the survivor feels comfortable. Use a calm tone. If culturally appropriate, maintain eye contact. Be aware of the survivor's body language and your own.</p> <p>5 Be systematic. Proceed at the survivor's own pace. Be thorough, but don't force the survivor.</p> <p>6 Let the survivor tell their story the way they want to Document the incident in the survivor's own words.</p> <p>7. Avoid questions that suggest blame (e.g., What were you doing there alone?).</p> <p>8 Be compassionate and non-judgmental</p> <p>9 The history should include.⁵¹</p> <ul style="list-style-type: none"> a. Type of GBV and where it happened b. The time since occurrence of the GBV incident c. Whether a sexual act occurred d. Actions taken since GBV occurred e.g. eating, drinking, showering/bathing, passing urine or stool, and douching d. Risk of pregnancy

Core Elements	Guidelines
	<ul style="list-style-type: none"> e. Risk of HIV and other sexually transmitted infections (STIs) f. Use of drugs (prescribed or recreational) g. Gynaecological and obstetric history h. Basic medical, surgical and psychiatric history i. Mental health status
Physical examination	<ol style="list-style-type: none"> 1 Conduct a complete physical examination (including genital tract examination). 2 Explain what is going to happen during each step of the examination, why it is important, what it will tell you, and how it will influence the care you will give. 3 Explain and obtain informed consent for each aspect (or a parent's informed consent in the case of a child): <ul style="list-style-type: none"> a. medical examination b. treatment c. forensic evidence collection d. release of information to third parties, ie police and courts 4 Make sure the survivor understands the

Core Elements	Guidelines
	<p>information provided and give them opportunities to ask questions and seek clarifications at any point during the consultation.</p> <p>5 Reassure the survivor they are in control of the examination. Explain that they can refuse any aspect of the examination they do not wish to undergo, and that this will not affect their access to treatment or care.</p> <p>6 If women want evidence collected, call in or refer to a specifically trained provider who can do this.</p> <p>7 Conduct a thorough physical examination. Record findings and observations clearly</p> <p>8 At each step of the exam, ensure communication and ask for permission first.</p> <p>9 Make sure the equipment and supplies are prepared before commencing the examination</p> <p>10 Always look at the survivor first before you touch them, and take note of their</p>

Core Elements	Guidelines
	<p>appearance and mental state.</p> <p>11 Reassure the survivor that the examination findings will be kept confidential unless the survivor decides to bring criminal charges</p>
Emergency treatment	<p>1 Where a woman has suffered life threatening or severe conditions, provide immediate care or refer immediately for emergency treatment.</p> <p>2 Resuscitate as required – airways, breathing, circulation (ABC of resuscitation).</p> <p>3 If there are bleeding genital tract injuries, control by applying pressure or ligating bleeding vessels.</p> <p>4 Genital tract injuries may require suturing (infiltrate the edges with local anaesthesia before suturing).</p> <p>5 Control pain – give oral or parenteral analgesics as required (depending on severity of pain)</p>

Essential Service 4: Sexual Assault Exam and Care

Sexual violence is a potentially traumatic experience that may have a variety of negative consequences on women's mental, physical, sexual and reproductive health, meaning they may require acute and, at times, long term care, particularly mental health care.

Core Elements	Guidelines
Complete history and physical examination	<ol style="list-style-type: none"><li data-bbox="563 913 1241 1189">1 Ensure complete history is taken, recording events to determine what interventions are appropriate and a complete physical examination is conducted (head-to-toe including genitalia).<li data-bbox="563 1249 1267 1570">2 The history should include:<ol style="list-style-type: none"><li data-bbox="660 1294 1267 1375">a. The time since assault and type of assault<li data-bbox="660 1391 1043 1429">b. Risk of pregnancy<li data-bbox="660 1444 1219 1525">c. Risk of HIV and other sexually transmitted infections (STIs)<li data-bbox="660 1541 1086 1570">d. Mental health status<li data-bbox="563 1585 1305 1720">3 The examination should include general findings including vital signs, and details of injuries (with diagrams)

Core Elements	Guidelines
Emergency contraception	<ol style="list-style-type: none"> <li data-bbox="555 421 1310 645">1 Offer emergency contraception to survivors of sexual assault presenting within 5 days of sexual assault, ideally as soon as possible after the assault, to maximize effectiveness <li data-bbox="555 712 1286 1335">2 Emergency contraception may be: <ol style="list-style-type: none"> <li data-bbox="655 757 1286 846">a. Levonorgestrel pills (e.g. Postinor) 2 tablets (1.5mg) at once <li data-bbox="655 857 1286 1081">b. Combined oral contraceptives (e.g. Microgynon, Lo-Femenal, Confidence, etc) 4 tablets repeated after 12 hours (total of 8 tablets) <li data-bbox="655 1104 1193 1193">c. Intra-uterine contraceptive device (IUD) <li data-bbox="655 1205 1246 1335">d. For more details, refer to the National FP/RH service delivery protocol⁵² <li data-bbox="555 1402 1286 1765">3 If a survivor presents after the time required for emergency contraception (5 days), emergency contraception fails, or the woman is pregnant as a result of rape, she should be offered available options in keeping with the national law (reproductive and maternal health services)

Core Elements	Guidelines
Maternal health services	<p>For survivors who are pregnant (as a result of GBV or child marriage) or who experienced FGM during pregnancy or childbirth:</p> <ol style="list-style-type: none"> 1 Ensure respectful care is provided during pregnancy, labour and delivery, and the postpartum period as detailed in section on child marriage below
HIV post-exposure prophylaxis	<ol style="list-style-type: none"> 1 Consider offering HIV post-exposure prophylaxis (PEP) for women that present within 72 hours of a sexual assault. Use shared decision-making with the survivor, to determine whether HIV PEP is appropriate <p>Follow national guidelines for prophylaxis:</p> <ol style="list-style-type: none"> 1 Screen for HIV <p>Counselling on:</p> <ol style="list-style-type: none"> a. Benefits and known toxicities of ARV b. Follow-up that will be necessary c. Benefit of adherence to recommended ARV dosing 2 3-drug ARV drug regimen TDF/3TC/EFV for 28 days (300/300/600mg) daily or

Core Elements	Guidelines
	<p>AZT/3TC (300/150mg) twice daily + EFV (600mg) daily). For additional details, refer to the National Guidelines for HIV</p>
<p>Post-exposure prophylaxis for sexually transmitted infections</p>	<ol style="list-style-type: none"> 1 Screen for STIs including Hepatitis B, HPV 2 Offer prophylaxis for the most common sexually transmitted infections (broad spectrum antibiotics) and hepatitis B vaccine 3 Prophylactic Hepatitis B vaccine national guidelines: 2 doses, first immediate and second one month later. For more details, refer to National Guidelines for the Prevention, Treatment and Care of Viral Hepatitis⁵⁴ 4 Offer HPV vaccine particularly for girls aged 9 to 26 years.^{55,56} HPV vaccine should be given according to WHO guidelines as early as possible but not children below the age of 9 years; two doses of the vaccine should be given at an interval of at least 6 months; do not give during pregnancy⁵⁷

Essential Service 5: Mental Health Assessment and Care

Many women who are subjected to GBV will have emotional or mental health problems that affect their SRH, as a consequence. Once the violence, assault or situation passes, these emotional problems will likely get better. Most people recover. There are specific ways health service providers can offer help and techniques to women to reduce her stress and promote healing. Some women, however, will suffer more severely than others. It is important to be able to recognize these women and to help them obtain care.

Core Elements	Guidelines
Mental health care for survivors of GBV	<ol style="list-style-type: none"><li data-bbox="544 1070 1310 1541">1 Women experiencing violence should be assessed for mental health problems (symptoms of acute stress/post-traumatic Stress Disorder (PTSD), depression, alcohol and drug use problems, suicidality or self-harm) and be treated accordingly, using the mhGAP intervention guide,⁵⁸ which covers WHO evidence-based clinical protocols for mental health problems<li data-bbox="544 1597 1278 1776">2 Mental health care should be delivered by health service providers with a good understanding of violence against women

Core Elements	Guidelines
Basic psychosocial Support	<p>1 After an assault, basic psychosocial support may be sufficient for the first 1-3 months, at the same time monitoring for more severe mental health problems. This includes:</p> <ul style="list-style-type: none"> a. Helping strengthen her positive coping methods b. Exploring the availability of social support c. Teaching and demonstrating stress reduction exercises d. Providing regular follow-up
More severe mental health problems	<p>1 Conduct an assessment of mental status (at same time as physical examination) assessing for immediate risk or self-harm or suicide and for moderate-severe depressive disorder and PTSD</p>
HIV post-exposure prophylaxis	<p>1 Conduct an assessment of mental status (at same time as physical examination) assessing for immediate risk or self-harm or suicide and for moderate-severe depressive disorder and PTSD</p> <p>2 Women with depression and PTSD will</p>

Core Elements	Guidelines
	<p>still benefit from first- line support, helping them strengthen social support, learning stress management and empathetic and support follow up. Referral to trained therapists if available</p> <p>3 Refer as necessary for brief psychological treatments, cognitive behaviour therapy or other psychosocial services</p>

Essential Service 5: Mental Health Assessment and Care

Health service providers have a professional obligation to record the details of any consultation with a patient. The notes should reflect what was said, by the patient, in her own words, and what was seen and done by the health care provider.

In cases of violence, the taking of accurate and complete notes during the course of an examination is critical as medical records can be used in court as evidence. If the woman consents to a forensic examination, there might be need to call in a registered or trained forensic examiner such as police medical personnel.

Core Elements	Guidelines
Comprehensive and accurate documentation	<ol style="list-style-type: none"> 1 Document in the medical record any health complaints, symptoms and signs, including a description of her injuries. 2 It may be helpful to note the cause or suspected cause of these injuries or other conditions, including who injured her. 3 Get her permission to write this information in her record 4. Follow her wishes
Collection and documentation of forensic specimens	<ol style="list-style-type: none"> 1 The survivor may choose not to have evidence collected. Respect her choice. 2 Where a woman has consented to forensic evidence collection, it is critical that the chain of custody evidence is maintained and that everything is clearly labeled 3 Forensic evidence can be collected only if: <ol style="list-style-type: none"> a. Timing is appropriate (e.g., less than 72 hours or more than 72 hours in contexts where the local law accepts evidence from more than 72 hours)

Core Elements	Guidelines
	<ul style="list-style-type: none"> b. Samples can be analysed in the local context c. Informed consent is obtained d. The chain of evidence can be maintained <p>4 Key samples for reported sexual assault include:⁵¹</p> <ul style="list-style-type: none"> a. Oral intercourse: mouth swab/saliva/mouth wash, appropriate skin swab b. Vaginal intercourse: swabs – vulval, perineal, low vaginal, high vaginal, endocervical, from speculum, from lubricants, from pelvic hair c. Anal intercourse: swabs (with proctoscope) – perianal, rectal, anal d. Buccal swabs for victim DNA
<p>Providing written evidence and court attendance</p>	<p>Health service providers need to be familiar with the legal system; know how to write a good statement; as a minimum, document injuries in a complete and accurate way; make sound clinical observations; and reliably collect samples from victims for when they choose to follow a legal recourse</p>

ARV – antiretroviral drugs, TDF – Tenofovir, 3TC – Lamivudine, EFV – Efavirenz, AZT – Zidovudine

Important Points to Note

As detailed in the Standard Operating Procedures for GBV Prevention and Response in Nigeria⁵⁹:

- 1 All humanitarian actors should pay particular attention to the importance of referring survivors of sexual violence to health and medical service providers in a timely and confidential manner. All humanitarian actors should be able to explain to survivors the importance of receiving medical treatment within 72 hours to minimize the risk of HIV/AIDS and within 120 hours to prevent unwanted pregnancy, while also explaining the benefits of seeking medical care (e.g. for treatment of STIs) even when accessed after 120 hours.
- 3 All health facilities should ensure their staff are committed to providing survivors of GBV with medical care as a first priority. A survivor should not be turned away from accessing health care because she has not first reported to the police. The provision of adequate health care to a survivor is the first priority.
- 4 Each health centre/facility should have post-rape treatment kits which includes post exposure prophylaxis (PEP), STI antibiotics and emergency contraception, and medical personnel trained in the provision of clinical management of rape (CMR), gender-sensitive sexual assault care and examination.
- 5 Emergency Contraception should be offered to a woman/girl at risk of pregnancy, after providing all the necessary information and getting her consent.
- 6 The first doses of PEP should not be delayed by baseline HIV Testing, the documentation of clinical evidence of assault (appropriate swabs and forensic specimens), STI prophylaxis and hepatitis B vaccination, trauma counselling and referral.

Child Marriage

Essential Service 1: Information and education about SRHR

Child marriage survivors may lack adequate information and education about their SRHR resulting in poor health seeking behaviours, which in addition to lack of access to services, results in various SRHR challenges among these women and girls.

Core Elements	Guidelines
Information	<ol style="list-style-type: none">1 Written information on SRHR (including GBV and FGM) in the form of posters, pamphlets or leaflets may not be effective for child marriage survivors as they may not be literate enough to understand them due to the disruption in their education.2 Information may be better provided verbally for this group of survivors, using simple terms in their local language3. Make allowances for those with disabilities that affect communication e.g. vision or hearing defects
Adolescent friendly counselling services	<ol style="list-style-type: none">1 Welcome survivor in a friendly manner2 Ensure privacy

Core Elements	Guidelines
	<p>3 Introduce yourself</p> <p>4 Reassure client about confidentiality</p> <p>5 Give survivor opportunity to speak, to ask questions and to express their needs and concerns</p> <p>6 Provide information in a non-judgmental manner</p> <p>7 Provide information on SRHR issues including:</p> <ul style="list-style-type: none"> a. Menstrual health and hygiene b. Sexual health c. Contraception, healthy timing and spacing of births d. Abortion and postabortion care e. Pregnancy and delivery including danger signs f. Postnatal care for mother and newborn g. Fistula h. STI/HIV i. GBV j. FGM k. Other issues that are of concern to the survivor

Essential Service 2: Reproductive and maternal health care

Child marriage survivors are exposed to sexual intercourse and childbearing from an early age and this puts them at risk of various complications during the reproductive process. They require adequate and appropriate services to ensure healthy outcomes for both mothers and babies.

Core Elements	Guidelines
Contraception services	<ol style="list-style-type: none"> 1 Ensure privacy 2 Reassure survivors about confidentiality 3 Offer a wide range of methods 4 Provide all the necessary information including possible side effects of each method 5 Ensure that the clients understand the information and provide opportunities for them to seek clarifications 6 Abstinence is usually not an option as they are married very young and are usually unable to negotiate sex. <p>Contraception for child marriage survivors must be provided following WHO eligibility criteria and the national FP/RH protocols.⁴⁰ Certain considerations due to their young age and special circumstances include:⁵⁰</p> <ol style="list-style-type: none"> a. Age alone is not a barrier to use of any method

Core Elements	Guidelines
	<ul style="list-style-type: none"> b. Ensure availability of emergency contraception and provide it in advance c. IUDs are more likely to be expelled in those who have not given birth because their uteruses are small d. Some young women and girls find it difficult to remember to take oral contraceptives correctly e. There is greater incidence of regret among young people with regards to sterilization so it should be avoided for this group of survivors
<p>Postabortion care services</p>	<ol style="list-style-type: none"> 1 Survivors of child marriage are more likely to have pregnancy complications including miscarriage as well as being more likely to procure unsafe abortions for unwanted pregnancies. 2 Ensure privacy and reassure about confidentiality. 3 Ask about her complaints in a non-judgmental manner 4 Explain the available options – medical and surgical and support her to make a decision.

Core Elements	Guidelines
	<p>5 Respect her choice and provide the service following national protocols.</p> <p>6 In emergency situations where the survivor is unable to take a decision, resuscitate using appropriate methods and provide the necessary care based on the clinical condition</p> <p>7 Offer postabortion counselling including information about return to fertility, healthy timing and spacing of pregnancies, and postabortion contraception</p>
Antenatal care (ANC)	<p>Welcome survivor in a friendly manner</p> <p>1 Be aware that the survivors may be scared or nervous and be very gentle and patient in dealing with them.</p> <p>2 Determine the best way to communicate and adapt to the survivor's communication skill level and language. Avoid medical terminology .</p>

Core Elements	Guidelines
	<p data-bbox="580 454 1267 680">3 Ask the survivor for the date of her last menstrual period if known. If she does not know the date or has never menstruated, acknowledge this in a non-judgmental manner.</p> <p data-bbox="580 745 1235 875">4 Obtain relevant history – medical, surgical, gynaecological, obstetric, family.</p> <p data-bbox="580 943 1230 1312">5 Obtain informed consent and conduct physical examination assessing for anaemia, oedema, breast conditions, as well as the condition of the abdomen/uterus. Conduct pelvic examination when indicated (e.g. self-reported FGM, genital tract complaints)</p> <p data-bbox="580 1379 1251 1509">5 Confirm pregnancy – urine or blood test, or ultrasound scan where available .</p> <p data-bbox="580 1576 1182 1706">6 Provide information about pregnancy and danger signs in pregnancy.</p> <p data-bbox="580 1774 1174 1805">7 Provide information about ANC</p>

Core Elements	Guidelines
	<p>including how often she will be expected to attend and what to expect at each visit.</p> <p>Provide ANC following guidelines⁶⁰ ensuring that the following are provided in a timely manner:</p> <ol style="list-style-type: none"> 1 Health promotion including counselling on: <ol style="list-style-type: none"> a. diet and nutrition b. avoidance of alcohol, tobacco, herbs, or recreational drug use c. use only drugs prescribed by a skilled ANC provider d. regular gentle exercise e. personal hygiene and infection prevention f. safer sex and prevention of STI/HIV g. early and exclusive breastfeeding h. postpartum contraception 2 Prevention of pregnancy complications through: <ol style="list-style-type: none"> a. iron and folic acid supplementation b. tetanus toxoid vaccination c. malaria prevention (intermittent preventive treatment in

Core Elements	Guidelines
	<p>pregnancy and use of long-lasting insecticide treated bednets)</p> <p>d. presumptive hookworm treatment (in areas of high prevalence).</p> <p>3 Early detection and management of complications by screening for:</p> <p>a. anaemia (haemoglobin, packed cell volume)</p> <p>b. sickle cell disease or trait</p> <p>c. pre-eclampsia (blood pressure, urinalysis)</p> <p>d. gestational diabetes mellitus (urinalysis, blood sugar).</p> <p>e. STIs including HIV, hepatitis, syphilis.</p> <p>f. Rhesus incompatibility</p> <p>g. GBV</p> <p>g. FGM</p> <p>i. other health issues based on any complaints presented</p> <p>4 Birth preparedness and complication readiness by ensuring the following are planned for:</p> <p>a. expected date of delivery (EDD)</p> <p>b. place of delivery</p> <p>c. skilled birth attendant (SBA)</p> <p>d. preferred companion during</p>

Core Elements	Guidelines
	<p>labour and delivery</p> <ul style="list-style-type: none"> e. transport arrangements during labour or if complication arises f. funds for delivery or complications g. blood donor if needed h. care for other children at home during labour (if any)
Delivery services	<ol style="list-style-type: none"> 1 Welcome survivor in a friendly manner. 2 Be aware that the survivors may be scared or nervous and be very gentle and patient in dealing with them. 3 Encourage them to have a companion of their choice with them throughout labour and delivery, if they wish. 4 Determine the best way to communicate and adapt to the survivor's communication skill level and language. Avoid medical terminology. 5 Counsel the survivor on what to expect during labour.

Core Elements	Guidelines
	<p>6 Ask the survivor for the date of her last menstrual period if known. If she does not know the date or has never menstruated, acknowledge this in a non-judgmental manner.</p> <p>7 Ask about signs of labour and when they started.</p> <p>8 Obtain relevant history – medical, surgical, gynaecological, obstetric, family (if not attending ANC at your facility).</p> <p>9 Obtain informed consent and conduct general physical examination as well as examination of the pregnant uterus and pelvic examination.</p> <p>10 Confirm labour and manage appropriately ensuring the following:⁶¹</p> <ol style="list-style-type: none"> a. adequate monitoring using a partograph b. appropriate management of pain c. allow oral intake of clear fluids and light foods in low risk patients d. encouraging maternal mobility and adoption of preferred position for

Core Elements	Guidelines
	<p>labour and delivery in low risk patients</p> <ul style="list-style-type: none"> - delivery by the safest means based on individual needs – spontaneous vaginal delivery, operative vaginal delivery or cesarean section (provide the service or refer to a higher level facility where the required service is available) - avoid harmful practices like fundal pressure - restrict the use of procedures (like shaving of pubic hair, amniotomy and episiotomy) to when there is an indication - active management of the third stage to prevent postpartum haemorrhage - appropriate care of the newborn (cleaning, cord clamping, skin to skin contact with mother). <p>11 Provide adequate postpartum care for mother and newborn – maternal vital signs, newborn resuscitation, repair of episiotomy or perineal laceration.</p> <p>12 Ensure breastfeeding is commenced within 1 hour of delivery and support</p>

Core Elements	Guidelines
	<p style="text-align: center;">mother to breastfeed correctly.</p> <p>13 If the newborn has problems, seek</p>
<p>Postnatal care services⁵⁶</p>	<p>1 Discharge 24 hours after delivery if there are no complications.</p> <p>2 Before discharging a mother and her newborn, counsel on the following:</p> <ol style="list-style-type: none"> a. normal changes during the puerperium – genital tract and perineum, lochia, breasts b. hygiene (especially handwashing) c. diet d. rest and exercise e. care of the mother (genital tract hygiene, wound care – episiotomy, laceration or cesarean section) f. cord care (preferably with chlorhexidine gel) g. breastfeeding h. healthy timing and spacing of births and contraception i. safer sex j. use of long-lasting insecticide treated bednets k. daily intake of iron and folic acid

Core Elements	Guidelines
	<p>supplements for the mother (for 3 months after delivery)</p> <p>1 routine PNC visits and what to expect</p> <p>m. immunisation for the newborn</p> <p>3 Provide PNC at 3 days, 2 weeks and 6 weeks postpartum.</p> <p>4 Assess mother and baby at each PNC visit – complaints, physical examination, diagnostic tests if needed.</p> <p>5 Provide support to mother and baby at each visit – breastfeeding support, care of the newborn including immunization</p> <p>6 Ensure ongoing psychosocial support for survivors to prevent postpartum depression</p>

Essential Service 3: Care of Long-Term Consequences of Child Marriage

Child marriage may result in certain long-term consequences as a result of sexual exposure or childbearing at an immature age. This is situation is worsened by the inability of survivors to access services due to lack of information, fear of stigmatization, lack of economic empowerment and resistance from the husband which may result in GBV

Core Elements	Guidelines
Obstetric fistula	<p>Obstetric fistula may result from prolonged obstructed labour in survivors of child marriage due to the immature pelvis. It is more likely to occur in areas where emergency obstetric services are lacking or of low quality and it results in long-term suffering</p> <ol style="list-style-type: none"> <li data-bbox="550 763 1193 842">1 Welcome the survivor in a friendly manner. <li data-bbox="550 913 1295 1043">2 Avoid showing repulsion or other emotions due to the offensive smell that may be present in such cases. <li data-bbox="550 1115 1300 1335">3 Obtain detailed history – age, parity, gynaecological and obstetric history, exact symptoms and their duration, details of previous treatment attempts if any. <li data-bbox="550 1406 1315 1576">4 Tactfully obtain information about any social effects of the condition – separation, divorce, stigma, ostracization, etc. <li data-bbox="550 1648 1283 1778">5 Obtain consent and conduct a full physical examination – size and type of fistula, other associated problems like

Core Elements	Guidelines
	<p>anaemia, pelvic or urinary tract infection, foot drop.</p> <p>6 Counsel about the condition – cause, prevention, treatment options, rehabilitation, re-integration</p> <p>7 Conduct relevant laboratory tests and/or imaging studies.</p> <p>8 Provide appropriate treatment based on the clinical condition or refer to a higher level facility where this can be done.</p> <p>9 Rehabilitate survivors and re-integrate</p>
<p>Management of chronic viral infections (hepatitis and/or HIV</p>	<p>The risk of HIV, hepatitis B, hepatitis C, and HPV is high in child marriage survivors, as they are sexually exposed at a young age when they are more susceptible to acquiring these infections. In addition, they may be married to older men who have multiple sex partners while lacking the ability to negotiate safer sex or to access SRH services.⁶³ This should be managed as follows:</p> <p>1 Provide information on the risk of HIV, hepatitis B, hepatitis C, HPV.</p>

Core Elements	Guidelines
	<p>2 Conduct the necessary laboratory screening tests (serology for HIV and hepatitis, cytology or visual inspection with acetic acid for HPV)</p> <p>a. If positive, follow national treatment assessment and monitoring guidelines on HIV, hepatitis B and hepatitis C.^{53,54} If positive for HPV, provide appropriate treatment based on WHO guidelines.⁵⁷ Treatment for HIV, hepatitis and HPV will require visits to secondary or tertiary health facilities</p> <p>b. If negative, counsel on the need to remain negative, offer hepatitis B vaccine and HPV vaccine as detailed under the GBV section above</p>
Management of chronic pelvic infections	<p>1 Child marriage survivors may suffer chronic pelvic infections particularly when the husband has multiple sex partners</p> <p>2 Take vaginal swab for culture and sensitivity</p> <p>3 Give antibiotics that are appropriate and available locally, e.g. tetracycline 500mg</p>

Core Elements	Guidelines
	<p>six hourly or doxycycline 100mg twice daily with metronidazole 400mg three times daily for 14 days</p> <p>4 If the client has a husband or partner, treat him for the same infection and recommend screening for sexually transmitted infections.</p> <p>5 If symptoms persist, reassess and adjust antibiotic therapy based on swab culture results or refer client to a higher level facility.</p> <p>11 If chronic infection results in subfertility or infertility, provide appropriate diagnostic and therapeutic services or refer to a higher level facility where this can be provided</p>
GBV services	<p>1 Survivors of child marriage are at high risk of GBV especially from their husbands due to the age difference and their relative lack of maturity and empowerment⁶²</p> <p>2 Screen all child marriage survivors for GBV in a discreet manner and offer support</p>

Core Elements	Guidelines
	<p>3 Provide necessary services as detailed in the GBV section or refer for such</p>
FGM services	<p>1 Survivors of child marriage may also be FGM survivors.</p> <p>2 FGM may be self-reported or observed during physical examination for other purposes.</p> <p>3 Provide necessary services as detailed in the FGM section or refer for such services</p>
Medico-legal issues	<p>1 As with all medical services, ensure detailed and accurate documentation of all interactions with clients (history and physical examination) and all services offered (diagnostic and therapeutic)</p> <p>2 These may be required if the survivor</p>

Female genital mutilation

Additional definitions⁶³

De-infibulation: The practice of cutting open the narrowed vaginal opening in a woman who has been infibulated, which is often necessary for improving her health and well-being, including allowing free discharge of menstrual blood, and facilitating intercourse and/or childbirth.

It may also be required to facilitate abortion care and other sexual and reproductive health services. This procedure is known as 'reversal' in some settings, although this term is not accurate as the procedure does not reverse the damage caused to the external genitalia or the female genital organs.

Re-infibulation: Actions to narrow the vaginal opening in a woman after she has been de-infibulated (e.g. to facilitate childbirth); also known as re-suturing. Re-infibulation is a human rights violation, as the practice is not justified by medical reasons.

Medicalisation of FGM: Situations in which the practice (including re-infibulation) is performed by any category of healthcare provider, whether in a public or private clinic, at home or elsewhere, at any point in time during a woman's life. Medicalisation of FGM is strongly condemned, is illegal, and healthcare providers must be dissuaded from performing this practice.

However, there is evidence to suggest increased medicalisation of FGM in Nigeria,⁶⁴ a trend that prompted the introduction of courses on FGM in the medical and nursing training curricula⁶⁵ in addition to other efforts by medical and nursing associations to curb the practice.⁶⁶

Essential Service 3: Care of Long-Term Consequences of Child Marriage

FGM survivors may present to health service providers with immediate or long-term complications of the procedure. They may present with complaints directly related to the procedure (e.g. painful intercourse, painful menses) or with complaints indirectly related to the procedure (e.g. anxiety, eating disorders, and other mental health challenges). Other survivors may not present with any complaints but will be discovered to have had the procedure during sexual and reproductive service provision (e.g. maternal health services).

Core Elements	Guidelines
Information	<p>Written information on FGM in the form of</p> <ol style="list-style-type: none"> 1 Posters 2 Pamphlets or leaflets made available in private areas such as women's washrooms (with appropriate warnings about taking them home if a disapproving partner is there)
Reception of Survivor	<ol style="list-style-type: none"> 1 Health service provider should introduce him/herself. 2 Limit the number of people in the room to the minimum necessary. If the survivor consents, ensure that a trained

Core Elements	Guidelines
	<p>support person or trained health worker of the same sex accompanies the survivor throughout the consultation. Ask if they also want to have a specific person present (e.g., family member or friend).</p> <p>3 Determine the best way to communicate and adapt to the survivor's communication skill level and language.</p>
Identification	<p>1 Health service providers should ask about exposure to FGM when assessing conditions that may be caused or complicated by GBV (e.g. sexual health challenges like painful intercourse, repeated urinary tract infections, etc) in order to improve diagnosis/identification and subsequent care.</p> <p>2 Before assessing for FGM, the health system should put in place the following minimum requirements:</p> <ol style="list-style-type: none"> a. Private setting (visual and auditory privacy) b. Health care providers who have

Core Elements	Guidelines
	<p>been trained to ask appropriately (for example, in an empathic, non-judgmental manner) and how to respond appropriately</p> <ul style="list-style-type: none"> c. System for referral in place d. Protocol in place <p>3 Where health service providers suspect FGM but women do not disclose it:</p> <ul style="list-style-type: none"> a. Do not pressure her, give her time b. Provide information regarding available services and regarding effects of FGM on the health of women and girls c. Offer a follow-up visit <p>4 Once it has been confirmed that the woman has undergone FGM (self-reported), reassure the client she is in the right place to receive support.</p> <p>5 Obtain informed consent before offering any service.</p>

Essential Service 2: Classification and Documentation of FGM

It is important to classify and document the type of FGM and the complications that are present as this will determine the type of care that will be provided.

Core Elements	Guidelines
Survivor centred care	<ol style="list-style-type: none"><li data-bbox="555 813 1294 943">1 Women and girls who disclose any form of FGM should be offered immediate support<li data-bbox="555 1010 1294 1816">2 Health service providers should, as a minimum, offer first-line support when women disclose FGM. First-line support involves 5 simple tasks. The letters in the word “LIVES” can remind you of these 5 tasks that protect women’s lives—Listen, Inquire about needs and concerns, Validate, Enhance safety, Support.⁵⁰ First line support includes:<ol style="list-style-type: none"><li data-bbox="651 1447 1310 1576">a. Being non-judgmental and supportive and validating what the women is saying<li data-bbox="651 1592 1283 1767">b. Providing practical care and support that responds to her concerns but does not intrude on her autonomy<li data-bbox="651 1783 1294 1816">c. Listening without pressuring her to

Core Elements	Guidelines
	<p>respond or disclose information</p> <ul style="list-style-type: none"> d. Offering information; helping her access information about resources, including legal and other services that she might think helpful, and helping her to connect to services and social supports e. Provide written information on coping strategies for dealing with severe stress (with appropriate warnings about taking printed material home if an abusive partner is there) f. Offering comfort and help to alleviate or reduce her anxiety g. Providing or mobilizing social support (including referrals). <p>3 Health service providers should ensure:</p> <ul style="list-style-type: none"> a. That the consultation is conducted in private b. Confidentiality, while informing women of the limits of confidentiality (i.e. when there is mandatory reporting) c. If health service providers are unable to provide first line support, they should ensure immediate referral to someone

Core Elements	Guidelines
	<p>else (within their healthcare setting or another that is easily accessible) that can provide the required services</p>
Reporting	<ol style="list-style-type: none"> <li data-bbox="555 689 1294 824">1 Health service providers should be aware that families are reluctant to report FGM and risk going to court⁴⁴. <li data-bbox="555 891 1294 1025">2 Mandatory reporting is required for girls below the age of 18 years that have undergone FGM or are at risk of FGM⁶⁷. <li data-bbox="555 1093 1294 1317">3 Health service providers should offer to report the incident to the appropriate authorities, including the police, if the woman wants this and is aware of her rights
Physical examination	<ol style="list-style-type: none"> <li data-bbox="555 1429 1294 1809">1 Explain how a physical assessment can help identify or confirm the type of FGM, and how a physical, laboratory and/or psychosocial assessment can help to discard potential complications associated with her general sexual and reproductive health and well-being. Use a vaginal demonstration model to

Core Elements	Guidelines
	<p>explain what a physical assessment consists of.</p> <p>2 Request verbal consent (and written, as needed) to conduct the physical assessment (in the case of a child, obtain consent from the parent or guardian).</p> <p>3 Before conducting an assessment, the provider should confirm that all required supplies/equipment are available</p> <p>3 Reassure the client that she is in good hands.</p> <p>4 Instruct the client to take off her underwear and help her to lie down on the examination couch with her legs apart and flexed.</p> <p>5 Expose the necessary area for inspection and examination. Cover the client until you are ready to begin the examination.</p> <p>6 Wash your hands thoroughly and put on gloves.</p>

Core Elements	Guidelines
	<p>7 Expose the genitalia. Inspect the external genitalia to identify the type of FGM, check for ulcers, infection, abscesses or any abnormal swelling.</p> <p>8 If relevant, tactfully ask the client about her experiences during urination, menstruation and sexual intercourse.</p> <p>9 Most of the time, there is no need to introduce fingers into the vagina, as most complications can be detected by inspection of the external genitalia. If necessary, (e.g. when there is reporting/suspicion of discharge or infections) follow the steps below:</p> <ol style="list-style-type: none"> a. Try to introduce the tip of the index finger slowly, and then introduce the whole finger very slowly if the introitus allows b. If there is room for more than one finger, introduce the second finger very slowly and observe the client's reaction, as this may cause pain c. Applying a lubricant can minimize pain when introducing the finger d. Respect the client's reactions e. In cases of type III FGM

Core Elements	Guidelines
	<p>(infibulation) the introitus may be very tight and may not allow the introduction of even the tip of a finger. In such cases, do not attempt to introduce any fingers</p> <p>f. Look for abnormal vaginal discharge before taking off the gloves</p> <p>10 After completing the procedure, thank the client for her cooperation.</p> <p>11 Take off the gloves and wash your hands.</p> <p>12 Help the client into a sitting position; if appropriate, assist her with dressing and seat her comfortably .</p> <p>13 Record your findings in detail with diagrams.</p> <p>14 Explain the findings to the client (e.g. confirm FGM type), as well as the importance of assessing other consequences/complications through additional examinations and laboratory tests (as needed) .</p>

Core Elements	Guidelines
<p>Sexual and mental health assessment</p>	<p>Sexual and mental health problems in FGM survivors may be both immediate or long-term and may include anxiety, post traumatic stress disorder (PTSD), depression, somatisation resulting in chronic pain, or trigger psychosis or other mental illness. These problems may also arise following surgical intervention to address health problems resulting from FGM</p> <ol style="list-style-type: none"> <li data-bbox="560 891 1257 981">1 Reassure the client about her privacy and confidentiality. <li data-bbox="560 1037 1302 1216">2 Explain that sexuality and mental health are sensitive and taboo issues in many societies, and many clients feel uncomfortable sharing their concerns. <li data-bbox="560 1272 1294 1697">3 Explain that some women who have undergone FGM experience fear, feelings of helplessness, intrusive re-experiences of their circumcision and dissatisfaction with sexual intercourse, among other problems. Acknowledge that not all women will experience these problems. Assess and understand the client's specific needs. <li data-bbox="560 1753 1270 1798">4 Ask her about her eating and sleeping

Core Elements	Guidelines
	<p>patterns; presence of intrusive thoughts, flashbacks, irritability, self-destructive behaviours and emotional state; thoughts about herself and her perceived self-value; interest in activities and social interaction; capacity to give and receive affection; use of medication or other substances.</p> <p>5. Ask about menstrual patterns and sexual relationships extremely tactfully, as these questions may embarrass the client and result in a communication breakdown.</p> <p>6. When discussing sexual relationships, ask about pleasure, lubrication and overall sexual satisfaction.</p> <p>7. Assess the client's ability to understand information and comprehend a situation by asking her to share what she identifies as the possible cause(s) of her current circumstances, and/or by asking her to repeat some of the information you have provided in her own words.</p> <p>8. Record your findings and share these with the client when appropriate.</p>

Core Elements	Guidelines
	<p>9 Provide appropriate psychological counseling or psychiatric care, or refer to a higher level facility where this can be done</p>

Essential Service 2: Classification and Documentation of FGM

Survivors may present shortly after FGM procedure with immediate complications that may be life-threatening or may result in long-term complications that negatively impact SRH. Adequate care of these complications is required to protect the health and well-being of survivors.

Core Elements	Guidelines
De-infibulation	<p>For women who have been diagnosed with type III FGM, de-infibulation may be required to manage some of the identified immediate and long-term health consequences. De-infibulation is recommended if the client presents:</p> <p>1 urinary tract problem (urine retention, infections).</p>

Core Elements	Guidelines
	<p>2 severe genital tract infections.</p> <p>3 severe menstrual problems (retention or difficulty in discharge of menstrual blood).</p> <p>4 difficulty with penetration during sexual intercourse (e.g. after having a small de-infibulation at the time of marriage, or after being opened up by force).</p> <p>5 incomplete abortion.</p> <p>6 termination of pregnancy.</p> <p>7 childbirth – though tissue oedema (intrapartum) may result in difficulties during the procedure. If health providers are not well experienced, it is recommended to have de-infibulation during the prenatal period.</p> <p>8 gynaecological problems of the genital tract including screening for cervical cancer.</p> <p>9 desire to use certain contraceptive methods for family planning purposes</p>

Core Elements	Guidelines
	<p>particularly intrauterine devices or intravaginal methods (barrier or hormonal rings).</p> <p>De-infibulation should also be offered when a woman:</p> <ol style="list-style-type: none"> 1 is getting married – the closure of the introitus must be reopened at the time of marriage so that the woman is able to have sexual intercourse. 2 voluntarily decides she wants to go through with this procedure to improve aspects of her mental or sexual health and general well-being. 3 A comprehensive de-infibulation service includes pre- and post-counselling, the procedure, and follow-up and referral services <p>Procedure</p> <ol style="list-style-type: none"> 1 De-infibulation should be carried out under local anaesthesia. If a woman is frightened about going through the procedure with the use of local anaesthetic, she should receive

Core Elements	Guidelines
	<p>additional support – relaxation, dispelling myths, etc.</p> <p>2 General anaesthesia should be offered only in cases of women who feel extremely nervous or anxious about the procedure, always explaining the risks associated and performing a thorough assessment to identify contraindications.</p> <p>3 Confirm that informed consent has been obtained.</p> <p>4 Make the client comfortable in bed or on a couch.</p> <p>5 Introduce yourself to the client if you have not already done so and remind her about the main steps of the procedure.</p> <p>6 Confirm that recommended practices for infection prevention have been followed, e.g. using disinfectant to sterilize the area</p> <p>7 Wash hands, put on sterile gloves, expose the genitalia and clean the</p>

Core Elements	Guidelines
	<p>perineal area with antiseptic swabs</p> <p>8 Introduce index finger, forceps or dilator slowly and gently into the opening to lift the scar tissue</p> <p>9 Infiltrate 2–3 mls of local anaesthetic into the area where the cut will be made, along the scar and in both sides of the scar.</p> <p>10 With your finger or dilator inside the scar, introduce the scissors and cut the scar alongside the finger or dilator to avoid injury to the adjacent tissues (or to the baby, if the procedure is performed during labour).</p> <p>11 The cut should be made along the mid-line of the scar towards the pubis .</p> <p>12 Take care not to cause injury to the structures along the scar. It is common with type III FGM to find the structures below the scar intact, e.g. clitoris and labia minora.</p> <p>13 Incise the midline to expose the urethral opening.</p>

Core Elements	Guidelines
	<p>14 Do not incise beyond the urethra. Extending the incision forward may cause haemorrhage, which is difficult to control. A cut of about 5–7 cm towards the urethra is usually appropriate – although women (and/or couples or parents) may request a shorter cut for de-infibulation just before marriage. Generally speaking, there is little bleeding for the relatively avascular scar tissue.</p> <p>15 Suture the raw edges separately using fine 3/0 plain chromic catgut to secure haemostasis and prevent adhesion formation.</p> <p>16 Closure of the newly opened edges should be brought together with fine absorbable material (e.g. vicryl) to reduce the likelihood of infection and bleeding and to keep the opposed edges separated.</p> <p>17 Prescribe analgesic and anti-inflammatory medication following the opening-up procedure (e.g. ibuprofen).</p>

Core Elements	Guidelines
	<p>18 Prescribe broad spectrum antibiotics.</p> <p>19 Bleeding, abnormal discharges and urine output should be monitored.</p> <p>20 Women should drink plenty of water after the procedure to help dilute the urine and reduce stinging sensation to the area.</p> <p>21 The client can be discharged one hour after the procedure. Recommendations for homecare include avoiding soap or detergent (only plain water) to keep the area clean for the first 3–4 days following the procedure.</p> <p>22 Counsel all de-infibulated survivors, their husbands/partners and other relevant family members on the need to keep the vagina open and what to expect (the look and feel of the vulva, and how it may affect sexual intercourse).</p> <p>23 Counsel that the resumption of sexual intercourse should be after 4 to 6 weeks when the wound has healed and the client feels comfortable having</p>

Core Elements	Guidelines
Control of bleeding	<ol style="list-style-type: none"> 1 Inspect the site of the bleeding. 2 Clean the area. 3 Apply pressure at the site to stop the bleeding by packing with sterile gauze or pad. 4 Check for actively bleeding blood vessels and ligate if necessary. 5 Assess the seriousness of the bleeding and the condition of the woman or girl 6 If client is in shock, see instructions under shock 7 If necessary, transfuse with compatible blood or refer her to a higher level (secondary or tertiary) facility for blood transfusion 8 Administer vitamin K, especially in the case of babies (1mg intramuscularly) 9 Administer the tetanus vaccine (tetanus toxoid 0.5ml intramuscularly or subcutaneously) and prescribe antibiotics in accordance with national

Core Elements	Guidelines
	<p>guidelines (broad spectrum antibiotics). This is particularly important, as in some cases a traditional substance (e.g. containing ash, herbs, soil and cow dung) may have been applied to the wound after the FGM procedure, possibly leading to tetanus or other infection</p> <p>10 If the injury is not serious, clean the site with antiseptic and advise client or her attendants to keep it dry.</p> <p>11 If the injury requires suturing, administer local anaesthetic to the wound edges before suturing. In cases where the injury is extensive or the client is unable to relax, consider administering a sedative or give anaesthesia before examining and suturing (or refer to a facility that can provide these services)</p> <p>12 Record the treatment provided</p> <p>13 Follow up with client to monitor progress by making a follow-up appointment for her to return at a later date</p>
Pain Management	<p>1 Pain is usually immediate and can be so severe that it causes shock. The management of pain associated with</p>

Core Elements	Guidelines
	<p>FGM is the same as pain management under any other circumstances. The procedure is as follows:</p> <ol style="list-style-type: none"> a. Assess the severity of pain and injury b. Give strong analgesic and treat injury (as detailed in the instructions under bleeding) c. Clean site with antiseptic and advise the client or her attendants to keep it dry <p>2 If the client is in shock, see instructions under shock</p> <p>If there is no relief from pain, offer stronger analgesics (e.g. narcotic analgesics) or refer client to a higher level facility where this can be provided</p>
Management of urine retention	<p>Urine retention may be the result of injury, pain, fear of passing urine, tissue oedema, or occlusion of the urethra during infibulation. This condition should be managed as follows:</p> <ol style="list-style-type: none"> 1 Carry out an assessment to determine cause. 2 Use appropriate skills and techniques to

Core Elements	Guidelines
	<p>encourage the client to pass urine, such as turning on a water tap.</p> <p>3 If she is unable to pass urine because of pain and/or fear, give her strong analgesics.</p> <p>4 Give the client personal encouragement and support.</p> <p>5 If inability to pass urine is due to infibulation, assess the possibility of inserting a catheter or opening up the infibulation (de-infibulation).</p> <p>6. If there is suspicion that the retention is due to injury of the urethra, seek urological consultation or refer to a secondary-level facility where this is available</p>
<p>Management of infection and septicemia</p>	<p>Infection may occur as a result of unhygienic surroundings and unclean/unsterilized instruments used during the FGM procedure. This condition should be managed as follows:</p> <p>1 Inspect the vulva carefully for signs of an infected wound and check for</p>

Core Elements	Guidelines
	<p>anything that might be contributing to the infection, such as obstruction of urine or associated vaginal/vulval infections.</p> <p>2 Take vaginal swab and urine sample to test for the presence of infection and to identify the organisms involved. If septicemia is suspected, take blood sample for culture. Any obstruction found in the urinary or genital tract should be removed.</p> <p>3 If the wound is infected it should be cleaned and left to dry. The client should be treated with broad spectrum antibiotics and analgesics.</p> <p>4 Follow up client after seven days to assess the progress. Recommend cleaning of the wound twice a day during this period.</p> <p>5 If infection persists, reassess the wound (including repeat swabs, twice daily dressing at the facility) or refer the client to a higher level facility</p>

Core Elements	Guidelines
<p>Management of vulval abscess</p>	<p>The vulval wound from FGM may get infected and form an abscess. This condition should be managed as follows:</p> <ol style="list-style-type: none"> 1 Assess the client and determine the size and location of the abscess. 2 Drain the abscess surgically (incision and drainage). 3 Send a sample of the evacuated pus for microscopy, culture and sensitivity. Prescribe broad spectrum antibiotics immediately and modify later based on sensitivity pattern where laboratory services are available 3 Prescribe analgesics 4 Counsel on sitz baths and perineal hygiene If unable to perform the required surgical procedure, refer to a higher level facility
<p>Management of shock</p>	<p>Shock can occur because of severe bleeding and/or pain. The management of shock associated with FGM is the same as the management of shock under any other circumstances. The procedure is as follows:</p>

Core Elements	Guidelines
	<ol style="list-style-type: none"> <li data-bbox="544 472 1294 555">1 Assess the severity of shock by checking vital signs. <li data-bbox="544 622 1289 705">2 Position her to ensure the airway is clear and she is breathing well. <li data-bbox="544 772 1302 900">3 Maintain her circulation by administering intravenous fluids or by transfusing compatible blood. <li data-bbox="544 967 1278 1095">4 Raise the client's extremities above the level of her head to allow blood to drain to the vital centres in the brain. <li data-bbox="544 1162 1185 1200">5 Cover the client to keep her warm <li data-bbox="544 1267 1275 1395">6 If she is having difficulty breathing, administer oxygen (if available) or refer immediately to a higher level facility. <li data-bbox="544 1462 1230 1545">7 Check vital signs and record every 15 minutes <li data-bbox="544 1612 1251 1789">8 If client's condition does not improve, reassess or seek consultation from an intensivist or refer her to a higher level facility for further care

Core Elements	Guidelines
<p>Management of anaemia</p>	<p>Anaemia can be due to bleeding or infection, or it can be due to malaria (especially in girls). This condition should be managed as follows:</p> <ol style="list-style-type: none"> <li data-bbox="550 622 1204 757">1 Assess the severity of anaemia by checking the haemoglobin level or packed cell volume. <li data-bbox="550 824 1252 958">2 If anaemia is mild, prescribe folic acid and iron tablets and advise on a nutritious diet. <li data-bbox="550 1025 1284 1205">3 In cases of malaria, administer antimalarial treatment according to national guidelines (first line treatment: artemisinin combination therapy). <li data-bbox="550 1272 1300 1496">4 If anaemia is severe, send blood for grouping and crossmatching and transfuse with compatible blood, or refer to a higher level facility where this service is available

Essential Service 4: Management of Long-term Physical Complications of FGM

FGM can result in long-term physical complications that affect the SRH of survivors. These complications require adequate treatment to reduce pain and disability among survivors.

Core Elements	Guidelines
Treatment of keloids (excessively large scars)	<p>A keloid may form in the scar tissue and may cause obstruction to the introitus. This condition should be managed as follows:</p> <ol style="list-style-type: none"><li data-bbox="555 1070 1305 1160">1 Inspect client's genitalia to assess size of keloid.<li data-bbox="555 1227 1305 1361">2 If the keloid is small, advise the woman to leave it undisturbed and reassure her that it will not cause harm.<li data-bbox="555 1429 1305 1742">3 If the keloid is large, causing difficulties during intercourse or possible obstruction during childbirth, administer intralesional drugs (e.g. triamcinolone) to reduce the size and discomfort of the keloids, or refer to a specialist experienced in removing keloid scars. <p>3 The presence or appearance of a keloid</p>

Core Elements	Guidelines
	<p>may cause excessive distress to a woman, in which case a provider should consider referring her to a higher level facility for surgery because of mental health effects</p>
<p>Management of clitoral neuroma</p>	<p>The clitoral nerve may be trapped in the fibrous scar tissue following clitoridectomy. This may result in an extremely sharp pain. With such a condition, intercourse, or even the friction caused by underpants, will result in pain. This condition should be managed as follows:</p> <ol style="list-style-type: none"> <li data-bbox="560 1111 1294 1384">1 Check for the presence of a neuroma. A neuroma cannot usually be seen, but can be detected by carefully touching the area around the clitoral scar with a delicate object and asking the client if she feels any pain. <li data-bbox="560 1451 1257 1630">2 Advise the woman to wear loose underwear and give her a local anaesthetic to apply to the area, (e.g. lidocaine cream). <li data-bbox="560 1697 1294 1832">3 If the symptoms are severe, excise the neuroma surgically or refer the client to a higher level facility where this can be

Core Elements	Guidelines
	<p>done (rarely necessary).</p> <p>4 Each woman should be carefully counselled before the surgery or referral as the symptoms may be psychosomatic (the result of the traumatic experience of excision or the fear of sexual intercourse)</p>
Management of vulval cysts	<p>The edges of the vulval wound may heal with internalisation of epidermis resulting in epidermal inclusion cysts that can get infected and painful or grow large and uncomfortable thus interfering with SRH. This condition should be managed as follows:</p> <p>1 Assess the client and determine the size and location of the cyst and whether it is infected.</p> <p>2 If small and not causing any symptoms, leave undisturbed and counsel the patient .</p> <p>3 If large or infected, counsel the patient and remove using appropriate surgical techniques (marsupialization).</p> <p>4 For infected cysts, send a sample of the</p>

Core Elements	Guidelines
	<p>evacuated pus for microscopy, culture and sensitivity. Prescribe broad spectrum antibiotics immediately and modify later based on sensitivity pattern where laboratory services are available.</p> <p>5 Prescribe analgesics.</p> <p>6 Counsel on sitz baths and perineal hygiene.</p> <p>7 If unable to perform the required surgical procedure, refer to a higher level facility</p>
Management of vulval ulcers	<p>Vulvar ulcers may develop because of the formation of urea crystals in urine trapped under the scar tissue. This condition should be managed as follows:</p> <p>1 Counsel the client on the need to open up her infibulation and advise her that her vulva should be kept open thereafter.</p> <p>2 Perform the de-infibulation or refer to a higher level facility where this can be done.</p>

Core Elements	Guidelines
	<ol style="list-style-type: none"> <li data-bbox="560 416 1302 501">3 Apply local antibiotics, with or without 1% hydrocortisone cream. <li data-bbox="560 566 1289 696">4 For chronic ulcers, excise surgically or refer to a higher level facility where this can be done
Management of urinary tract	<p data-bbox="555 804 1294 1126">Urinary tract infections are a common symptom in women who have undergone type III FGM. This can be due to obstruction of the urine in infibulated women, the presence of urinary stones or previous injury to the urethra. This condition should be managed as follows:</p> <ol style="list-style-type: none"> <li data-bbox="555 1193 1273 1279">1 Inspect the vulva carefully to establish the cause of infection <li data-bbox="555 1344 1283 1525">2 If infibulation is the cause, counsel the client or her attendants on the need for de-infibulation and perform the procedure if she/they consents <li data-bbox="555 1590 1182 1720">3 Carry out urine testing to identify specific infection and prescribe appropriate antibiotics <li data-bbox="555 1785 1270 1823">4 Give antibiotics (broad spectrum) and

Core Elements	Guidelines
	<p>urinary antiseptics (e.g. nitrofurantoin)</p> <p>5 Advise the client to drink plenty of water</p>
<p>Management of chronic pelvic infection</p>	<p>Chronic pelvic infection may be the result of obstruction of the vaginal secretions due to occlusion of the vaginal orifice in infibulated women, or due to the presence of vaginal stones or vaginal stenosis. This condition should be managed as follows:</p> <ol style="list-style-type: none"> 1 Identify type of FGM and likely cause of problem 2 If the client has type III FGM, counsel her and/or her attendants on the need for de-infibulation and seek their informed consent and perform the procedure if they consent. 3 Take high vaginal and endocervical swabs for culture and sensitivity. 4 Give antibiotics that are appropriate and available locally, e.g. tetracycline 500mg six hourly or doxycycline 100mg twice daily with metronidazole 400mg three times daily for 14 days

Core Elements	Guidelines
	<p>5 If the client has a husband or partner, treat him for the same infection and recommend screening for sexually transmitted infections.</p> <p>6 If symptoms persist, reassess and adjust antibiotic therapy based on swab culture results or refer client to a higher level facility.</p> <p>7 If the cause of the infection is obstruction due to stones or injury, perform the required surgery or refer the client to a higher level facility where it can be done.</p> <p>8 If chronic infection results in subfertility or infertility, provide the appropriate diagnostic and therapeutic services or refer to a higher level facility where this can be provided.</p>
Vaginal obstruction	<p>Partial or total obstruction of the vagina may occur because of infibulation, vaginal stenosis or the presence of a vaginal haematoma. The condition may be accompanied by an accumulation of trapped menstrual blood. Unmarried girls may be suspected of being pregnant because the amenorrhoea and</p>

Core Elements	Guidelines
	<p>swelling of the abdomen. This condition should be managed as follows:</p> <ol style="list-style-type: none"> 1 Assess the client to identify the problem and type of FGM. 2 If the client has been infibulated, counsel on the need for de-infibulation and perform the procedure if she consents. 3 If the client has trapped menstrual blood, stones or stenosis, treat surgically or refer to a higher level facility where this can be done
<p>Management of dysmenorrhoea</p>	<p>Many women who have been subject to FGM report severe dysmenorrhea with or without menstrual regularity. Possible causes of this problem are increased pelvic congestion due to infection or unknown causes, or anxiety over the state of the genitals, sexuality or fertility. This condition should be managed as follows:</p> <ol style="list-style-type: none"> 1 Try to establish the cause of dysmenorrhoea by taking a history and performing a clinical examination of the client's genitalia

Core Elements	Guidelines
	<ol style="list-style-type: none"> <li data-bbox="568 421 1262 546">2 Counsel the client to find out how she feels and support her in dealing with the situation <li data-bbox="568 607 1291 689">3 Treat with analgesics or combined oral contraceptives. <li data-bbox="568 750 1278 1025">4 If dysmenorrhoea is due to the accumulation of menstrual flow resulting from infibulation, counsel the client on the need for de-infibulation and perform the procedure if she consents. <li data-bbox="568 1086 1267 1265">5 If the condition is severe, reassess the client and treat any underlying condition or refer to a higher level facility where this service is available
<p>Management of chronic viral infections (HPV, hepatitis and/or HIV)</p>	<p>The risk of HIV, hepatitis B and hepatitis C is high in women affected by FGM, as the same unsterilized instrument is often used on several girls at a time. FGM survivors may also be at increased risk for cervical cancer as has been reported previously,⁶⁸ and there may be a possibility of acquiring HPV during the FGM procedure.⁶⁹ This should be managed as follows:</p>

Core Elements	Guidelines
	<ol style="list-style-type: none"> 1 Provide information on the risk of HIV, hepatitis B, hepatitis C, and HPV. 2 Conduct the necessary laboratory tests (serology for HIV and hepatitis, cytology or visual inspection with acetic acid for HPV). 3 If positive, follow national treatment assessment and monitoring guidelines on HIV, hepatitis B and hepatitis C^{53, 54} If positive for HPV, provide appropriate treatment based on WHO guidelines.⁵⁷ Treatment for HIV, hepatitis and HPV will require visits to secondary or tertiary health facilities 4 For girls, offer the HPV vaccine as detailed under the GBV section above. 5 If HPV screening is difficult due to scarring, utilize smallest possible size of speculum with lubricants. Where speculum insertion is not possible due to infibulation, offer de-infibulation⁷⁰
Maternal health services	In countries where FGM is prevalent, or where there is a presence of migrant communities from countries with high prevalence of FGM,

Core Elements	Guidelines
	<p>information on deinfibulation and management of other frequent physical health consequences of FGM should be an essential component of prenatal and post-natal care visits. Women with type III FGM must be made aware of:</p> <ol style="list-style-type: none"> <li data-bbox="564 757 1286 1077">1 Any of the immediate or long-term effects of FGM may complicate pregnancy, labour, delivery and the postpartum period, thus there is a need for additional care during the antenatal period, during delivery and in the postpartum period. <li data-bbox="564 1137 1286 1272">2 In most instances, if the urethral meatus is visible then complications during this period are less likely. <li data-bbox="564 1332 1286 1608">3 The need to de-infibulate during the pregnancy to facilitate diagnosis and exploration of potential complications; if de-infibulation is not performed during pregnancy, women may need to be de-infibulated during labour. <li data-bbox="564 1668 1286 1843">4 In infibulation cases, if the survivor does not consent to de-infibulation then she should be delivered via cesarean section

Core Elements	Guidelines
	<p data-bbox="568 389 1270 712">5 The risks due to type III FGM, including the possibility of requiring an episiotomy, an instrumental delivery or a caesarean section, or of having prolonged second stage of labour due to the lack of elasticity and rigidity in the pelvic floor muscles.</p> <p data-bbox="644 770 1283 1572">There is also a risk of foetal complications such as: large caput formation, excessive moulding of the head, intracranial haemorrhage, hypoxia, foetal distress and intrauterine death; and of maternal health complications such as obstructed labour, extensive vaginal and perineal lacerations, third-degree tears, uterine inertia, uterine rupture, maternal distress, maternal death, post-natal infection of the lacerations, delayed healing of the repaired perineum and vaginal tissues, sloughing of the vaginal wall, fistula formation, postpartum haemorrhage and anaemia, puerperal infection and pelvic organ prolapse</p> <p data-bbox="568 1630 1232 1715">6 The importance of follow-up visits to assess post-natal complications.</p> <p data-bbox="568 1774 1248 1906">7 Provide antenatal care, delivery and postnatal care services as detailed in the child marriage section above</p>

Core Elements	Guidelines
<p>Contraceptive services</p>	<p>Contraception for women who have been subject to FGM must be provided following WHO eligibility criteria and the national FP/RH protocols.⁵² Certain considerations include:</p> <ol style="list-style-type: none"> <li data-bbox="571 658 1294 1025">1 An IUD is not recommended for cases where visualization of the cervix is difficult or impossible, or when the woman has recurrent vaginal infections. Internal or external referral to de-infibulation services should be offered depending on the available manpower. <li data-bbox="571 1088 1286 1317">2 Female condoms, diaphragms and cervical caps are not recommended, since they can be challenging to place for a woman who has had her genitalia partially or completely removed. <li data-bbox="571 1379 1278 1883">3 Natural methods should not be recommended, given that women who have had FGM may experience modification of the vaginal mucus and have frequent discharges that may be confused with the mucus produced during ovulation days. Chronic pelvic inflammatory disease in some FGM survivors may also result in irregular menstrual cycles making it difficult to use natural methods

Core Elements	Guidelines
Safe abortion care services	<ol style="list-style-type: none"> <li data-bbox="563 416 1294 786">1 De-infibulation may be required prior to medical or surgical abortion (within the law) or postabortion care, as the vaginal opening needs to be of sufficient size to allow the passing of a speculum and, in the case of a medical termination, to allow the passing of the products of conception. <li data-bbox="563 846 1259 1025">2 Abortion related care should be provided when needed, within the law of the country and based on national FP/RH protocols⁵²
Sexual health services	<p data-bbox="563 1137 1302 1462">Sexuality and relationship counselling is particularly important for women living with FGM. However, this service may not be enough to address all the psychological and/or psychiatric care needs of a client. A strong referral system is needed to ensure women receive comprehensive care</p> <ol style="list-style-type: none"> <li data-bbox="563 1523 1310 1848">1 Provide information about various ways of conducting sexual relationships; appropriate techniques through which both the woman and her partner may be aroused; explanation about sexual issues that may be due to fear of pain, rather than to any physical malfunction; and

Core Elements	Guidelines
	<p>de-infibulation as an alternative to overcome some sexual problems, e.g. when sexual intercourse is not possible as a result of infibulation or extensive scarring.</p> <p>2 Encourage clients to share their needs and fears. It can sometimes be difficult for women who have been through FGM to think about having sex.</p> <p>3 Women may be worried that it will be painful because of the scar tissue, or that they may not have an orgasm if the external part of their clitoris has been removed.</p> <p>4 It may help to explain that complete removal of the clitoris is not possible, as part of the organ continues up into the body and under the labia.</p> <p>5 Regardless of the FGM procedure they experienced, some women find it satisfying to stimulate the area around the clitoris, the outer labia or inside the vagina.</p> <p>6 Assist the client – and her partner, when relevant – to make an informed decision</p>

Core Elements	Guidelines
	<p>on the steps to be taken to solve the issue. Clients may find it useful to discuss ways of touching/being intimate that they enjoy, and explore whether they would feel comfortable seeing what feels good by touching themselves, or involving a partner. In order to understand a range of sexual experiences, clients who have experienced FGM may find it useful to speak to or read the stories of other women who have been cut.</p> <p>7 Assist the woman – and her partner, where appropriate – to act on their decision(s) by providing advice on how to proceed.</p> <p>8 Give the client an appointment for another counselling session or follow-up session to prepare for the next steps.</p> <p>10 If the problem persists, refer the client to a specialist within your facility or at a higher level facility</p>
SGBV services	Sexual and gender-based violence (SGBV) services should be provided based on the findings of the mental and sexual health

Core Elements	Guidelines
	<p>assessment of women who have experienced FGM. In some contexts, FGM may be classified as a type of SGBV. However, some women may not feel comfortable being considered/categorized as survivors of SGBV, as the experiences and consequences of FGM are diverse, and FGM often plays a role in both individual and cultural identity</p> <ol style="list-style-type: none"> 1 SGBV screening services offer an excellent opportunity to assess and safeguard the needs of women living with or at risk of FGM, and to refer her accordingly. Potential cases where additional support and referrals are needed include: <ol style="list-style-type: none"> a. cases when a young girl/adolescent refuses to go through with the FGM procedure b. cases when a woman refuses to be re-infibulated c. cases when a woman accesses a de-infibulation service but she does not have the support of her parents, husband or relatives.
Fistula and stress incontinence	<ol style="list-style-type: none"> 1 Avoid showing repulsion or other emotions due to the offensive smell that may be present in such cases.

Core Elements	Guidelines
	<p>2 Obtain detailed history – age, parity, gynaecological and obstetric history, exact symptoms and their duration, details of previous treatment attempts if any.</p> <p>3 Ask about any social effects of the condition – separation, divorce, stigma, ostracisation, etc</p> <p>4 Obtain consent and conduct a full physical examination – size and type of fistula, other associated problems like anaemia, pelvic or urinary tract infection, foot drop</p> <p>5 Counsel about the condition – cause, prevention, treatment options, rehabilitation, re-integration.</p> <p>6 Conduct relevant laboratory tests and/or imaging studies.</p> <p>7 Provide appropriate treatment based on the clinical condition (surgery or catheter management). Specialised urological care may also be required. Provide at your facility or refer to a higher level facility where this can be</p>

Core Elements	Guidelines
	<p>done.</p> <p>8 For stress incontinence, treat appropriately (pelvic floor exercises or manage surgically) or refer to a higher level facility where this can be done.</p> <p>9 Rehabilitate survivors and re-integrate them into their communities wherever possible</p>
Linkages to other services	<p>Other SRH needs of FGM survivors that may require referral may include:</p> <ol style="list-style-type: none"> 1 Management of pelvic organ prolapse. 2 Management of reproductive tract tumours. 3 Management of menopause among older survivors 4 Psychiatric care <p>General recommendations to develop effective linkages include:</p> <ol style="list-style-type: none"> 1 Develop a directory of services and organisations within the defined catchment area. 2 Develop a referral path (internal and

Core Elements	Guidelines
	<p>external) for each service and train providers to follow it.</p> <p>3 Develop and implement a standardized referral form.</p> <p>4 Develop and implement a referral tracking system</p> <p>5 Implement follow-up mechanisms with clients (e.g. home visits, phone calls or SMS text messages); prior conversation with clients is important to determine the best follow-up mechanism</p>
Medico-legal issues	<p>1 As with all medical services, ensure detailed and accurate documentation of all interactions with clients (history and physical examination) and all services offered (diagnostic and therapeutic).</p> <p>2 These may be required if the survivor decides to pursue legal action</p>

MODULE 3:

JUSTICE AND POLICING

Access to justice is an essential component of the sexual and reproductive rights of women and girls who have experienced a violation of their rights through GBV, child marriage or FGM. The enactment and enforcement of laws and policies that protect women and girls act as a deterrent to perpetrators thus aiding the overall peace and security of women and girls and giving them the opportunity to contribute meaningfully to the society without apprehension or fear.

It is also important to note that some victims/survivors of GBV, child marriage and FGM may also perpetrate violence (including murder) as a means to escape their situation⁵ and they need to be allowed to have access to support services as victims/survivors.

Justice and Policing in Nigeria

The three main components of the criminal justice system which are the Law Enforcement, Courts and Correctional Centres work together to prevent and punish deviant behaviour.

There are 4 tiers of court systems in the country with tier 1 being the highest level and tier 4 being the lowest level. Tier 1 (Supreme Court) based in Abuja is the highest court in the country and it is the final appeal court. Tier 2 are the Courts of Appeal which have several branches across the country and judgements from this tier can be appealed at the Supreme Court (tier1).

The next level (tier 3) is comprised of the High Courts which may be

federal or state though they have similar powers. Sharia (Islamic law) Courts of Appeal which are the highest Sharia law courts in a state, are also tier 3 courts. The lowest level of courts comprises of the State Courts and these include the Magistrate Courts (English law), Customary/Area/Native Courts (customary law), lower Sharia Courts (Islamic law) and specialised tribunals set up to address various issues like rent, traffic, land disputes, etc.⁷¹

The Attorney General and Minister of Justice of the Federation, in June 2020, stated that there are plans to establish special courts to deal with rape and gender-based violence in the country^{72,73} and the Ogun state governor also indicated that similar plans are underway in his state.⁷⁴ Establishment of such courts will facilitate survivors' access to justice and encourage more survivors to seek justice, serving as a deterrent to other potential offenders.

The Ministry of Justice has also set up a committee on the eradication of gender-based violence which will work with other government agencies, the police and civil society organisations to develop a strategy to address this issue.⁷³

The Nigeria Police Force is present across the country through police posts and police stations which report to the police divisions which in turn report to the State Police Command in each state and in the Federal Capital Territory. These state commands are supervised by 12 Zonal Commands which all report to the Force Headquarters in Abuja.

The police provide a critical service for survivors of GBV, child marriage and FGM as they are responsible for protecting the people and preventing crimes as well as investigating and arresting suspects that will be handed over to the judiciary for trial. In November 2019, Nigeria launched its National Sex Offenders Register to deter sex offenders.⁷⁵



Prior to this, Lagos and Ekiti States had registers for Sex Offenders in their States. The National Sex Offenders Register is an online platform that has two databases – one for sex offenders and the other for service providers. The Sex Offenders register contains information on reported, arraigned or convicted persons involved in cases of sexual violations of abuse as defined by the Violence Against Persons Prohibition Act (VAPP ACT 2015).

The database for service providers on the other hand contain details of governmental and non-governmental institutions across the country that provide services to victims and survivors of domestic and sex related violence.

Despite this comprehensive justice and policing system in the country, not many survivors have actually secured justice. The system, laws and policies do not seem to have been as effective as expected as there are increased reports of GBV which has led to the government considering other options for dealing with challenge such as establishing specialized courts and making rape a non-bailable offence.^{76,77}

Similarly, the rate of child marriage has remained high, however, FGM seems to be declining in the country generally, although there are some areas where it seems to have increased before declining again (Kano, Jigawa, Kaduna and Zamfara states).⁷⁸

There is a need for improved enforcement of the laws in order to protect women and girls and respond to their diverse needs involving various legal domains including criminal law matters, civil law matters (such as personal injury claims/torts), family law matters (such as divorce, child custody and maintenance issues) and administrative law matters (such as state criminal compensation schemes).

Purpose and scope

A quality police and justice response is crucial in ensuring that relevant laws against such violence meet international standards. Such a response must ensure that laws are enforced, and that women and girls are kept safe from violence, including from the re-occurrence of further violence. A quality police and justice response must also hold perpetrators accountable and provide for effective reparations for victims and survivors.

Justice systems, and all actors within the system, must be accountable for ensuring that they deliver on their obligations. The purpose of the Justice and Policing section in the Essential Services Package is to assist stakeholder ensure the provision of a quality justice response as part of the holistic, comprehensive and multi-sectoral approach to addressing violence against women.

Essential justice and policing services cover all victim and survivor's interactions with the police and the justice system from reporting or initial contact to ensuring appropriate remedies. The services are grouped according to the broad stages of the justice system: prevention, initial contact; investigation; pre-trial/hearing processes; trial/hearing processes; perpetrator accountability and reparations; and post-trial processes.

There are also services that must be available throughout the entire justice system: protection; support; communications; and justice sector coordination. The diagram below illustrates the justice continuum.

The Justice Continuum



Language and Terms

Bystander

Refers to a person who is present at an event or incident but does not take part.

Child marriage

Refers to formal marriage or informal union of an individual under the age of legal consent in the country. In Nigeria, the Child Rights Act of 2003 states that a child is any person under the age of 18 years.

Compensation

Means quantifiable damages resulting from the violence and includes both pecuniary and non-pecuniary remedies.

Core elements

Are features or components of the essential services that apply in any context, and ensure the effective functioning of the service.

Economic and financial violence

Refers to any act or behaviour which causes economic harm to an individual e.g. property damage, restricting access to financial resources, education or the labour market, or not complying with economic responsibilities, such as alimony. It includes denying a woman or girl access to and control over basic resources.

Essential Services

Encompass a core set of services provided by the health care, social service, police and judiciary sectors. The services must, at a minimum, secure the rights, safety and well-being of any woman or girl who experiences gender-based violence.

Female genital mutilation (FGM)

or female genital cutting or female circumcision is any procedure that involves partial or total removal of the external genitalia and/or injury to the female genital organs whether for cultural or any other non-therapeutic reasons.

First responder

Refers to a person whose job entails being the first on the scene of an emergency, such as a firefighter or police officer.

Formal justice systems

Are justice systems that are the responsibility of the government and its agents. They include government supported laws, and institutions such as police, prosecution services, courts, and prisons that have the

responsibility to enforce and apply the laws of the government and to administer the sanctions imposed for violations of laws.

Gender based violence

Is any act of violence directed against a person because of that persons gender or violence that affect persons of a particular gender disproportionately. For this Essential Services Package for women and girls survivors of violence, it is defined as any act of violence that is directed against a woman or girl because she is a woman/girl or that affects women and girls disproportionately.

Initial contact


Includes reporting to police, documentation of the report, registration of a criminal case, advisory services provided by lawyers, civil cases registered, or administrative applications made to state compensation schemes, and applications made for separation, custody, and/or urgent/emergency protection measures through criminal, civil, family courts or administrative bodies/mechanisms.

Intimate partner violence

Is “the most common form of violence experienced by women globally and includes a range of sexually, psychologically and physically coercive acts used against adult and adolescent women by a current or former intimate partner, without her consent. It should be noted that men can also experience intimate partner violence although this document focuses on women and girls.

Investigation

Includes assessment of the case and investigation, generally conducted in the criminal justice systems. It includes scene management; investigation planning, victim/survivor, and witness interviewing; evidence gathering, processing, and analysis; medico-



legal examinations; suspect identification, interviewing, arrest and processing; and documentation of findings and actions taken.

Justice service provider

Includes government officials, judges, prosecutors, police, legal aid, court administrators, lawyers, paralegals, and victim/survivor support or social services staff.

Justice continuum

Extends from a victim/survivor's entry into the system until the matter is concluded. A woman's journey will vary, depending on her needs. She may pursue a variety of justice options, ranging from reporting or making a complaint which initiates a criminal investigation and prosecution or seeking protection, and/or pursuing civil claims including divorce and child custody actions and/or compensation for personal or other damages, including from government administrative schemes, concurrently or over time.

Legal aid

Refers to legal advice, assistance and representation for victims/survivors at no cost for those without sufficient means or when the interests of justice so requires. Legal aid also includes access to legal information.

Legal service

Is used in the essential services to include legal aid as well as legal services provided by prosecutors to victims, particularly as in some jurisdictions the victim does not have separate standing in criminal proceedings.

Medico-legal evidence

Includes documented extra and ano-genital injuries and emotional state as well as those samples and specimens that are taken from the

victim's body or clothing solely for legal purposes. Such evidence includes saliva, seminal fluid, head hair, pubic hair, blood, urine, fibre, debris and soil.

Non-partner sexual violence

Refers to sexual violence by a relative, friend, acquaintance, neighbor, work colleague or stranger. It includes being forced to perform any unwanted sexual act, sexual harassment and violence perpetrated against women and girls frequently by an offender known to them, including in public spaces, at school, in the workplace and in the community.

Paralegal

A community based person trained with basic knowledge of the law and the legal system. He/she is trained to understand different methods that can be used in dealing with disputes and legal matters to assist vulnerable and disadvantaged people to assert their rights without necessarily engaging the services of a lawyer or resorting to litigation which may be time consuming and expensive. (source: Paralegal training manual for Nigeria 2010).

Physical violence

Involves intentionally using physical force, strength or a weapon to harm or injure the woman or girl.

Post-trial processes

Include corrections as it relates to protection of the victim/survivor, minimizing the risk of re-offending by the offender, and the rehabilitation of the offender. It also covers prevention and response services for women who are detained in correctional facilities, and for women in detention who have suffered violence against women.

Pre-trial/hearing processes

In criminal justice matters include bail hearings, committal hearings, selection of charges, decision to prosecute and preparation for criminal trial. In civil and family matters they include interim child custody/support orders, discovery procedures in civil cases, and preparation for trial or hearing. In administrative law matters, such as criminal injuries compensation schemes, it is recognized that this can be pursued in the absence of or in addition to criminal and/or civil cases and include providing supporting documentation for applications.

Prevention measures

From a justice service provider's perspective refer to those activities that are primarily focused on interventions to stop violence and prevent future violence and to encourage women and girls to report for their own safety.

Psychological/emotional violence

Includes controlling or isolating the woman or girl, and humiliating or embarrassing her. It involves the intentional act against a person that results in mental, spiritual, moral and social harm, including insults, threats, and verbal abuse.

Quality guidelines

Support the delivery and implementation of the core elements of essential services to ensure that they are effective, efficient, and of sufficient quality to address the needs of women and girls.

Quality standards

Provide 'the how to' for services to be delivered within a human rights-based, culturally-sensitive and women's-empowerment approach. They are based on, and complement international standards and reflect recognized best practices in responding to gender-based violence.

Rape

Refers to non-consensual penetration (however slight) of the vagina, anus or mouth with a penis, other body part or any other object.

Reparations

Means to wipe out, as far as possible, all the consequences of an illegal act and re-establish the situation which would, in all probability, have existed if that act had not been committed. Reparations cover two aspects: procedural and substantive. Procedurally, the process by which arguable claims of wrongdoing are heard and decided by competent bodies, whether judicial or administrative need to be women-centred, available, accessible and adaptable to the specific needs and priorities of different women and girls.

Procedures need also to counter the traditionally encountered obstacles to accessing the institutions that award reparations. Substantively, remedies consist of the outcomes of the proceedings and, more broadly, the measures of redress granted to victims/survivors.

This includes reflecting upon effective ways to compensate victims/survivors for harms suffered, including tort law, insurance, trust funds for victims/survivors and public compensation schemes and including non-economic losses which generally affect women more negatively than men.

There are many forms of reparations, including: restitution; compensation; public acknowledgement of the facts and acceptance of responsibility; prosecution of perpetrators; restoration of the dignity of the victim/survivor through various efforts; and guarantees of non-repetition. While the notion of reparation may also include elements of restorative justice and the need to address the pre-existing inequalities,

injustices, prejudices and biases or other societal perceptions and practices that enabled violence against women and girls to occur, there is no agreement as to how to reflect the structural transformative reparations in the essential justice services. Reparations measures should ensure that remedies are holistic and not mutually exclusive.

Restitution

Is defined as those measures to restore the victim/survivor to her original situation before the violence.

Sexual exploitation

Is actual or attempted abuse of a position of vulnerability, differential power, or trust for sexual purposes. It includes profiting monetarily, socially, or politically from sexual exploitation of another. This is a form of GBV.

Sexual harassment

Includes unwelcome and inappropriate sexual remarks or physical advances in a workplace or other professional or social situation. This is a form of GBV.

Sexual violence

Includes abusive sexual contact, making a woman or girl engage in a sexual act without her consent, and attempted or completed sex acts with a woman or girl who is ill, disabled, under pressure or under the influence of alcohol or other drugs. This includes sexual/indecent assault (illegal sexual contact without consent) and defilement (having sexual intercourse with a person below the age of consent).

Trial/hearing

Processes include presentation of evidence and verdict or civil judgment, as well as submission of evidence to administrative board and the board's final decision.

Victims/Survivors

Refers to the women and girls who have experienced or are experiencing gender-based violence to reflect both the terminology used in the legal process (victims) and the agency of these women and girls in seeking essential services. Victims/survivors may also be pregnant women who experience GBV or FGM during pregnancy.

Violence against women and girls (VAWG)

Means “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women and girls, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.

Unique Features of the Essential Services Package Framework Specific to Essential Justice and Policing Services

Essential Services Package: Overall framework diagram

Principles	A rights based approach	Advancing gender equality and women's empowerment	Culturally and age appropriate and sensitive
	Victim/survivor centred approach	Safety is paramount	Perpetrator accountability
Common characteristics	Availability	Accessibility	
	Adaptability	Appropriateness	
	Prioritize safety	Informed consent and confidentiality	
	Data collection and information management	Effective communication	
	Linking with other sectors and agencies through referral and coordination		

Principles

In applying the overall principles, justice service providers, should keep in mind:

- 1 The dynamics of inequalities between women and men create gender specific vulnerabilities, such as economic and legal dependency, which among other things, impact on women's use of justice services, create obstacles to accessing justice and even result in some justice remedies negatively impacting women (i.e. fines in intimate partner violence cases).
- 2 Justice and policing services should not compromise the rights of women and girls, be non-coercive and be grounded in a gender transformative approach.
- 3 A women-centred approach to justice and policing service delivery puts the needs and realities of women and girls at the core of any justice service rather than the goals of the justice institutions. This means prioritizing women safety, empowerment and recovery; treating every woman with respect; supporting and keeping them informed throughout the justice process.
- 4 Holding perpetrators accountable requires justice and policing services to support and facilitate the victim's and survivor's participation with the justice process, promote her capacity of acting or exerting her power (woman's agency), while ensuring that the burden or onus of seeking justice is not placed on her but on the state.

Common Characteristics

In applying the overall principles, justice service providers, should keep in mind:

Failure to continually and consistently consider issues of protection and support, throughout the whole justice process can lead to catastrophic results.

Systematic, timely, clear and effective communication, coordination of services, referral networks and mechanisms between justice and other service providers are key to maintaining victim safety and protection, and ensuring the victim/survivor receives the services and supports she deserves.

Foundational Elements

In applying the overall principles, justice service providers, should keep in mind:

- 1 A criminal law framework that criminalizes all forms of violence against women, as well as criminal, civil, family and administrative law frameworks that ensure effective prevention, protection, prosecution, adjudication and provision of remedies in accordance with best practices.
- 2 Regarding training and workforce development, conducting investigations, prosecution and adjudication of violence against women are often complex and require specialist knowledge, skills and abilities. Justice services should consider delivery through specialized and multi-disciplinary units within the justice sector (i.e. specialized domestic violence courts, gender based violence prosecution units, domestic violence units within police forces which include police officers and social workers).

Standard Operating Procedures for Essential Justice and Policing Services

Survivors of GBV, child marriage and FGM have similar justice and policing needs and the following guidelines can be applied in any of these situations. The essential justice and policing services include:

1. Prevention
2. Initial contact
3. Assessment/investigation
4. Pre-trial processes
5. Trial processes
6. Perpetrator accountability and reparations
7. Post-trial processes
8. Safety and protection
9. Assistance and support
10. Communication and information
11. Justice sector coordination

The details of how to provide these services are as follows.

Essential Service 2: First line support

It is important that justice service providers strongly support initiatives and organizations that seek women's equality; raise public awareness about GBV, child marriage and FGM, their causes, and the consequences to women and girls, their families and communities as well as punishment that perpetrators will face; and ensure that information about services and how to access them is readily available to all. The development and promotion of institutional cultures founded on gender equality and gender responsiveness and service delivery is crucial to prevention.

Core Elements	Guidelines
<p>Promotion and support of organizations and initiatives seeking to end GBV, child marriage and FGM, and increase women's equality</p>	<ol style="list-style-type: none"> <li data-bbox="552 398 1294 920"> <p>1 Seek out and establish relationships, and work collaboratively with organizations on long term strategies that seek to end GBV, child marriage and FGM, and increase the equality of women:</p> <ol style="list-style-type: none"> <li data-bbox="651 613 1294 920"> <p>a. engage key organizations (such as educational institutions), specific groups (for example, women's groups, girls, men and boys, parents, and young people) and the media to advocate for, and take action to reduce GBV, child marriage and FGM</p> <li data-bbox="552 972 1294 1576"> <p>2 Demonstrate gender responsiveness:</p> <ol style="list-style-type: none"> <li data-bbox="651 1010 1294 1227"> <p>a. consider the impacts and implications of policies, procedures and practices on women and men in the organization and women, men and children in the community</p> <li data-bbox="651 1234 1294 1352"> <p>b. reinforce the benefits of gender responsiveness to the organization and the community it serves</p> <li data-bbox="651 1359 1294 1576"> <p>c. demonstrate that women are valued employees of the justice system and that the contributions they make to the organization are important for the delivery of quality services</p> <li data-bbox="552 1628 1294 1794"> <p>3 Ensure there is in place and enforce a zero-tolerance policy against GBV, child marriage and FGM for all employees of the organization:</p>

Core Elements	Guidelines
	<ul style="list-style-type: none"> a. define sanctions for non-compliance with this policy and ensure training and establish processes to ensure implementation of the policy
<p>Support efforts to raise awareness and promote the unacceptability of GBV against women and girls, child marriage and FGM</p>	<ul style="list-style-type: none"> 1. Contribute to developing and implementing strategies to challenge cultural and social norms, attitudes and behaviours that contribute to the acceptability of GBV, child marriage and FGM: <ul style="list-style-type: none"> a. use all available resources, including the media and champions if appropriate, to deliver the message that violence is unacceptable and unjustified b. affirm that men and boys are a significant part of the solution to addressing violence against women and girls 2. Foster collaborations to increase public confidence in the ability of the justice system to respond effectively to GBV, child marriage and FGM: <ul style="list-style-type: none"> a. publicly reinforce and demonstrate commitment to a victim/survivor centred approach that has at its core the safety, protection, support, privacy, and

Core Elements	Guidelines
	<p>confidentiality of the victim/survivor, her family and relevant others, and perpetrator accountability</p>
<p>Stop violence and prevent future violence against women and girls</p>	<ol style="list-style-type: none"> <li data-bbox="560 696 1299 1066">1 Maintain accurate records and analyze records of reported incidents of GBV, child marriage and FGM to identify trends of reporting to police services. In Nigeria, many of these incidents are not reported particularly child marriage and FGM which are rooted in culture and tradition. <li data-bbox="560 1128 1278 1352">2 Promote and implement collection of data to assist in understanding the prevalence of GBV, child marriage and FGM in the country, and in local jurisdictions <li data-bbox="560 1415 1294 1785">3 Analyse national representative data on GBV, child marriage and FGM (if available) to more fully understand the prevalence of these issues in society. This can be compared to the rates reported to police and other services to aid understanding and response to under-reporting to services

Core Elements	Guidelines
	<p>4 Based on analysis, take action to prevent further GBV, child marriage and FGM through:</p> <ol style="list-style-type: none"> a. early intervention b. quick response and removal of the victim/survivor and relevant others c. arrest and removal of the perpetrator from the scene
<p>Encourage women and girls to report violence perpetrated against them</p>	<p>1 Actively encourage reporting of GBV, child marriage and FGM:</p> <ol style="list-style-type: none"> a. through provision of information to the community on police commitment to effective response to these issues b. by ensuring police can be contacted 24 hours a day, 365 days a year c. by working with other service providers and the community to ensure the first door is the right door for reporting these incidents, regardless of whether those reports are made: <ul style="list-style-type: none"> ● directly to police ● to health service providers ● to social service providers ● to court officials

Core Elements	Guidelines
	<ol style="list-style-type: none"> <li data-bbox="560 416 1278 546">2 Strive to increase women's confidence to report by responding quickly and appropriately when reports are made. <li data-bbox="560 607 1278 786">3. Ensure policy and practice reflects that the victim/survivor has input into determining whether or not to proceed with an investigation or court process

Essential Service 2: Initial Contact

A positive initial contact experience with the justice system is crucial for victims/survivors of GBV, child marriage and FGM must be available and accessible to all women. But most importantly, the initial contact must demonstrate to the victim/survivor that the justice system, and the justice service providers in the system are committed to her health and safety, take her complaint seriously, and want to ensure that she is well supported on her journey through the justice system.

Core Elements	Guidelines
Availability	<p>Ensure justice and policing services are available to every victim/survivor regardless of her place of residence, nationality, ethnicity, caste, class, migrant or refugee status, indigenous status, age, religion, language and level of literacy, marital status, disabilities or any other characteristics that need to be considered.</p>
Accessibility	<ol style="list-style-type: none"> 1. Ensure access to police services are: <ol style="list-style-type: none"> a. available 24 hours per day, 365 days per year b. geographically accessible, and where not geographically accessible, there is a mechanism in place that enables victims/survivors to safely contact/access police services through other available means c. user friendly, and meets the needs of various target groups including, for example, but not limited to those who are illiterate, visually impaired or have other disabilities, or do not hold citizen or resident status d. procedures and directions are

Core Elements	Guidelines
	<p>available in multiple formats to maximize access (for example, written, electronic, oral, via media, via telephone)</p> <ul style="list-style-type: none"> e signage meets the needs of different target groups f. delivered as far as possible, in a way that considers the language needs and the cultural context of the user. <p>2 Ensure justice premises are safe and have women and child friendly spaces</p> <p>3 Ensure police services are free of charge and that:</p> <ul style="list-style-type: none"> a. accessing service does not place undue financial or administrative burdens on the victim/survivor b. all steps are taken to ensure victims/survivors have access to needed "for fee services" (such
Responsiveness	<p>1 Ensure a victim/survivor can make a report at any time, and at a location that is safe, private, and agreeable to her:</p>

Core Elements	Guidelines
	<ul style="list-style-type: none"> a. efforts are made to limit the number of people a victim/survivor must deal with, and to minimize the number of times a victim/survivor has to relay her story, and thereby reduce secondary victimization <p>2 Ensure that the victim/survivor and/or the parent/guardian/legal representative in the case of a girl:</p> <ul style="list-style-type: none"> a. has the opportunity to decide whether to engage in the justice process b. is provided with information to make informed decisions c. is not punished for failing to cooperate when her safety cannot be guaranteed or secondary victimization cannot be prevented. <p>3 Ensure trained service providers are available to assist and support the victim in filing her complaint.</p> <p>4 Ensure all reported incidents of GBV, child marriage and FGM against women are documented:</p>

Core Elements	Guidelines
	<ul style="list-style-type: none"> a. all information obtained and reports made are kept confidential and are stored in a secure location. <p>5 Ensure immediate action is instituted when a victim/survivor reports an incident of GBV, child marriage or FGM against her.</p> <p>6 Ensure justice service providers meeting a victim/survivor:</p> <ul style="list-style-type: none"> a. are non-judgmental, empathetic and supportive. <p>7 Ensure justice service providers proceed in a manner that</p> <ul style="list-style-type: none"> a. considers and prevents secondary victimization b. responds to the victim/survivor's concerns but is not intrusive c. ensures the victim/survivor's privacy is maintained <p>8 Ensure the victim/survivor has the opportunity to</p> <ul style="list-style-type: none"> a. tell her story, be listened to, and have her story accurately recorded b. be able to tell how the violence

Core Elements	Guidelines
	<p>has impacted her</p> <p>9. Ensure that girl victims/survivors are able to express their views and concerns according to their abilities, age, intellectual maturity and</p>

Essential Service 3: Investigation

It is crucial that investigations of crimes of GBV, child marriage and FGM are started in timely fashion, are conducted in a professional manner, meet evidentiary and investigative requirements, and that all available means to identify and arrest the suspect are exhausted. Throughout, the woman's safety, security and dignity are carefully considered and maintained. These guidelines are complemented by Essential Health Service regarding medico-legal documentation, collection and documentation of forensic specimens, and providing written evidence and court attendance.

Core Elements	Guidelines
<p>Cases of GBV, child marriage and FGM are given high in vestigation priority</p>	<p>1 Ensure there is a policy in place that requires justice service providers receiving a report of GBV, child marriage or FGM to:</p> <p>a. explain to the victim/survivor the investigative and justice</p>

Core Elements	Guidelines
	<p>processes, her rights, and the services available to her throughout the justice process</p> <ul style="list-style-type: none"> b. immediately commence a victim sensitive investigation c. ensure that reports are immediately investigated and followed up <p>2 Ensure justice actions taken do not cause further harm. Consider:</p> <ul style="list-style-type: none"> a. the victim/survivor's context b. the physical and mental trauma she has experienced c. potential impacts her act of reporting may have on her, her family and relevant others. <p>3 Ensure victims/survivors are not deferred or delayed, asked to wait to make a report, or be in any other way impeded in their effort to bring their case to the attention of justice authorities.</p> <p>4 Ensure that suspects are arrested as soon as practicable.</p> <p>5 Ensure suspects are required to submit to measures implemented for the</p>

Core Elements	Guidelines
Victim/survivor medical and psycho-social needs are addressed	<p>1 Ensure justice response during investigation focuses on the victim/survivor's needs, keeping in mind the victim/survivor's context, the physical and mental trauma she has experienced, and her medical and social needs:</p> <ul style="list-style-type: none"> a. justice service providers respond appropriately to problems that require immediate medical response b. medical and psychological needs are addressed by medical and mental health professionals c. justice service providers facilitate access to medical assistance and medico-legal examinations
Relevant information and evidence is collected from the victim/survivor and witnesses	<p>1 Ensure a victim statement is taken:</p> <ul style="list-style-type: none"> a. promptly, and in a professional, non-judgmental, and victim sensitive manner b. recorded accurately, read back to the victim/survivor, and the content is confirmed by the victim/survivor c. only once to minimize the impact on the victim/survivor and to prevent secondary victimization

Core Elements	Guidelines
	<p>2 Ensure a medico-legal examination is arranged if appropriate especially for GBV and FGM cases. Ensure that the medico-legal examination is conducted and documented:</p> <ol style="list-style-type: none"> a. in timely fashion b. in a gender sensitive manner that takes into account the unique needs and perspectives of the victim/survivor, respects her dignity and integrity and minimizes intrusion while abiding by standards for the collection of forensic evidence c. where possible, ensure a justice service provider accompanies the victim/survivor to the medical facility for the examination. <p>3 Ensure all available evidence that can lend credibility to the allegation is collected, and that it is collected in a respectful manner that maintains the dignity of the victim/survivor. This includes:</p> <ol style="list-style-type: none"> a. promoting evidence building that focuses on the credibility of the allegation rather than the credibility of the victim/survivor b. consider whether forensic examinations are required and if so, they are done in a timely manner. <p>4 Ensure the scene is visited in timely fashion</p>

Core Elements	Guidelines
	<p>especially for GBV and FGM:</p> <ol style="list-style-type: none"> a. scene is viewed and protected to preserve evidence. <p>5 If scene viability is confirmed, a thorough crime scene examination is undertaken:</p> <ol style="list-style-type: none"> a. evidence is gathered, stored, and processed to meet chain of evidence requirements b. arrangements are made for scene and victim/survivor evidence analysis c. evidence analysis reports are reviewed and used to determine next steps d. based on findings, follow-up investigations are conducted and actions taken to conclude the case. <p>6 Ensure when working with girl victims/survivors that services are tailored to the unique requirements of the age of the girl, and ensure:</p> <ol style="list-style-type: none"> a. interview rooms and interviews are child friendly b. procedures are child sensitive c. the non-offending parent, guardian, legal representative or appropriate child assistance authority is involved and participates in all actions contemplated or taken d. medical, psycho-social, and victim

Core Elements	Guidelines
	<p>support services are age appropriate, and</p> <ul style="list-style-type: none"> e. confidentiality is maintained and disclosure of information related to the girl is restricted <p>7 Ensure witnesses and other persons who may have relevant information are identified and interviewed as soon as practicable:</p> <ul style="list-style-type: none"> a. make every attempt to corroborate the victim/survivor's statement, and document interviews and findings
<p>A thorough investigation is conducted</p>	<ul style="list-style-type: none"> 1 Ensure the suspect is identified, interviewed and when appropriate, arrested. 2. Ensure a thorough and well documented report that details investigations conducted and actions taken is completed and reviewed: <ul style="list-style-type: none"> a. reports are reviewed by a senior officer or supervisor to ensure all necessary steps have been taken and recorded. b. A copy of the report is provided for use by any follow-up investigators and prosecutors

Core Elements	Guidelines
	<ul style="list-style-type: none"> c. A copy of the report is shared with other relevant service providers.
<p>Professional accountability is maintained throughout the investigation</p>	<ul style="list-style-type: none"> 1 Ensure organizational accountability is established and maintained throughout the investigation process: <ul style="list-style-type: none"> a senior investigator or supervisor: <ul style="list-style-type: none"> a. ensures the case is properly assessed, an investigation plan is developed and implemented, investigations are appropriately coordinated, and actions and findings are monitored and evaluated on an ongoing basis b. holds investigators accountable for their actions throughout the investigative process. <p>The organization ensures that someone is assigned to:</p> <ul style="list-style-type: none"> a conduct ongoing crime analysis to identify any signs of increasing violence, and that history and trends in violence are included in the report, in GBV cases b. ensure investigations are

Core Elements	Guidelines
	<p>thorough and meet evidentiary requirements</p> <ul style="list-style-type: none"> c. ensure services are delivered to meet the victim/survivor's needs. <p>A transparent and accountable complaint management system is in place to address service complaints:</p> <ul style="list-style-type: none"> a. the system is easily accessible and readily available to all victims/survivors, and is monitored on an ongoing basis.

Essential Service 4: Pre-Trial Processes

Criminal, civil, family and administrative pre-trial/hearing processes that are non-biased and sensitive to the specific needs of victims/survivors of GBV, child marriage and FGM are essential to guaranteeing their right to justice. Essential pre-trial criminal justice services reflect the international obligation on the state and its justice service providers in exercising primary responsibility for investigation and initiating prosecution while balancing the importance of empowering victims and survivors to make informed decisions regarding their interactions with the criminal justice system. Essential pre-trial/hearing civil, family and administrative justice services emphasize the importance of timeliness, affordability and simplified and easy to use procedures.

Core Elements	Guidelines
<p>Coordinated and integrated approaches to criminal, civil, family and administrative law cases</p>	<ol style="list-style-type: none"> 1 Pro-actively seek information on any other on-going justice procedure (criminal, civil, family, administrative matters) that is relevant 2 Check for any outstanding protection and support orders and provide such information to the courts. 3. Share and utilize information from other proceedings as appropriate within the justice system
<p>Primary responsibility for initiating prosecution</p>	<ol style="list-style-type: none"> 1 Ensure the primary responsibility for initiating prosecution rests with the justice service provider and not with the victim/survivor. 2 Ensure prosecution policies allow for victim agency. This means: <ol style="list-style-type: none"> a. informing the victim/survivor of any decisions concerning prosecution, unless she indicates that she does not want this information b. providing the victim/survivor with an opportunity to express her story and be listened to before

Core Elements	Guidelines
	<p>any decisions concerning prosecution are made.</p> <p>3 Consider pro-prosecution policies.</p> <p>4 Ensure the collection of all available evidence when reviewing the merits of the case for the decision to prosecute. This means:</p> <ul style="list-style-type: none"> a. promoting evidence building that focuses on the credibility of the allegation rather than the credibility of the victim/survivor b. ensuring that the collection of medico-legal and forensic evidence is done in a timely manner in appropriate cases c. ensuring that any decision not to proceed is not based solely on the fact that there is no medico-legal report or that the report is inconclusive d. referring to complementary guidelines in the Health Essential Services <p>4 Ensure experienced prosecutors/judges make all discontinuance decisions.</p> <p>5 Reduce barriers that place undue pressure on the victim/survivor to</p>

Core Elements	Guidelines
	<p>withdraw charges. This means:</p> <ol style="list-style-type: none"> a. appreciating and responding to the potential conflict between goals of the criminal justice systems and the wishes of victim/survivor giving substantial weight to the victim/survivor's views in criminal proceedings
<p>Correct charge and approval of the charge made quickly</p>	<ol style="list-style-type: none"> 1 Ensure a decision regarding the correct charge and approval of the charge is made quickly and is based on the application of fair procedures and evidential standards: <ol style="list-style-type: none"> a all required follow-up investigations are completed to substantiate charges b the decision is communicated and explained to the victim/survivor and/or to parents/ guardian/legal representative in the case of the girl victim 2 Ensure a decision regarding the charge reflects the gravity of the offence 3 Regard GBV, child marriage and FGM as aggravating or decisive factors in

Core Elements	Guidelines
	<p>deciding whether or not to prosecute in the public interest</p>
<p>Accessible, affordable and simplified procedures to access justice</p>	<p>1 Ensure accessibility of civil, family and administrative law procedures (family court, tort claims, pre-trial discovery procedure). At a minimum this means:</p> <ul style="list-style-type: none"> a. civil, family and administrative law procedures are affordable b. procedures are simple and easy to use c. providing for a broad range of free legal aid in civil, family and administrative law matters where the plaintiff/applicant is the victim/survivor of violence against women (legal information, legal advice, legal assistance and legal representation) d. expansive interpretation of eligibility regarding legal aid (for example, if the means test for legal aid is calculated in the basis of the household income of a family, and the alleged perpetrator is a family member or the victim/survivor does not have equal access to the family

Core Elements	Guidelines
	<p>income, only the income of the victim/survivor applying for legal aid is used for the purpose of the means test)</p> <p>e gender-, survivor- and child-sensitive procedures (for example, not allowing unrepresented perpetrator to question a victim/survivor plaintiff in examination for discoveries).</p> <p>2 Ensure that all family law cases are scanned for GBV, child marriage and FGM concerns and treated in a distinct manner.</p>
<p>Prioritization of cases</p>	<p>1 In criminal justice matters,</p> <p>a. Develop fast track procedures that can identify cases involving violence against women and prioritize them in court dockets, including bail hearings, committal hearings and for trial.</p> <p>b. In cases of girl victims, trials are to take place as soon as practical, unless delays are in the child's best interest</p>

Core Elements	Guidelines
	<p>2 In civil, family law and/or administrative matters,</p> <ul style="list-style-type: none"> a. Ensure timeliness of procedures to ensure timely pre-trial process and trials: b. cases involving violence against women need to be fast tracked prioritize cases in the court dockets
<p>Application of fair procedures and evidential standards in all pre-trial processes</p>	<p>In criminal justice matters,</p> <ul style="list-style-type: none"> 1 Apply fair burden and evidentiary standards. 2 Complete all basic evidence collection before any decisions are made about the case: <ul style="list-style-type: none"> a. ensure there is a clear and complete a statement from the victim as possible b. review all other evidence. 3. Reduce delay at all stages of the decision-making in the prosecution: <ul style="list-style-type: none"> a. limit the number of case continuances/adjournments b. allow only reasonable delays,

Core Elements	Guidelines
	<p style="text-align: center;">taking into account the impact on the victim/survivor.</p> <p>In civil, family law and/or administrative matters,</p> <ol style="list-style-type: none"> 1 Pre-trial case management procedures ensure that all relevant information has been gathered. This could include: <ol style="list-style-type: none"> a. the psycho-social context of the violence medical, forensic and other relevant reports and information
<p>Victim/survivor centered, empowerment oriented and rights based pre-trial processes</p>	<ol style="list-style-type: none"> 1 Ensure all service providers are non-judgmental and supportive. 2 Ensure victims/survivors have a safe and friendly environment when dealing with justice service providers. 3 Ensure victims/survivors have the opportunity for full participation. 4 Ensure pre-trial processes validate what has happened to the victim/survivor: <ol style="list-style-type: none"> a. victim/survivor feels that her

Core Elements	Guidelines
	<p>report of violence is taken seriously</p> <ul style="list-style-type: none"> b. her complaint is regarded as credible and valid unless the contrary is clearly indicated c. the focus is on the credibility of the allegation rather than the credibility of the victim/survivor. <p>5 Ensure all victims/survivors are treated respectfully. This includes treatment that:</p> <ul style="list-style-type: none"> a. prevents secondary victimization - is age appropriate <p>6 Ensure pre-trial processes take into account the unique needs and perspectives of victims/survivors, respect their dignity and integrity and minimize intrusion into their lives.</p> <p>7 Ensure that victims/survivors have a sense that their voices are being heard:</p> <ul style="list-style-type: none"> a. she has the opportunity to express her story, be listened to and be able to tell how the violence has impacted her, if

Core Elements	Guidelines
	<p style="padding-left: 40px;">she wants to do so</p> <p>b provide the environment that is safe where the victim/survivor can give her full account in privacy, with confidentiality and with dignity.</p> <p>8 Ensure that the victim/survivor has control to decide whether to engage the justice process and be provided with information to make informed decisions, and has the option to withdraw from the justice process.</p> <p>9 Pre-trial release/bail hearings must take into account the risk to the victim/survivor and consider her safety:</p> <p>a. where there is sufficient risk of violence or concerns that the suspect will not obey imposed release conditions, detention pending trial should be considered the victim/survivor is informed of any pre-trial release or bail conditions and who to contact if any conditions are breached</p>

Core Elements	Guidelines
Readiness for trial	<ol style="list-style-type: none"> 1 Ensure coordination of all key service providers (police, health care providers, etc). 2 Ensure attendance of critical witnesses. This includes ensuring: <ol style="list-style-type: none"> a. victims, witnesses, and suspects are located and served with notices to attend court. 3 Ensure statements, analyses, and evidence is collected, compiled and is available for court and any additional statements are secured. 4 Ensure justice service providers are competent to present evidence in court in an ethical, objective, professional manner. 5 Promote evidence building to ensure credibility of the allegation rather than only focusing on the credibility of complainant. 6. Ensure access for victim/survivor support, court familiarization and court preparation services is appropriately facilitated

Core Elements	Guidelines
<p>No forced mediation, alternative dispute resolution in cases involving violence against women</p>	<p>1 Only allow mediation or restorative justice where procedures are in place to guarantee no force, pressure or intimidation has been used. Minimum requirements include:</p> <ul style="list-style-type: none"> a. the process must offer the same or greater measures of protection of the victim/survivor's safety as does the criminal justice process b. the perpetrator has accepted responsibility c. the justice service provider approves d. the mediators are trained and qualified e. a validated risk assessment has determined that the woman or girl is not at high risk f. the victim/survivor is fully informed of the process and she approves of the mediation g. the victim/survivor consents to participate
<p>Special considerations for victims/survivors who</p>	

Core Elements	Guidelines
<p>are suspected or accused of criminal behaviour</p>	<ol style="list-style-type: none"> <li data-bbox="564 412 1278 1547"> <p>1 Ensure at the time of initial response and evidence gathering, where there are signs that the suspect may be a victim/survivor of GBV, child marriage or FGM:</p> <ol style="list-style-type: none"> <li data-bbox="667 651 1278 920">a. specific vulnerability of the female accused is recognized and considered when interviewing suspect and before any decisions are made regarding arrests and detention <li data-bbox="667 936 1278 1205">b. gathering evidence and case building that appreciates the context of the experience she has suffered, for example, evidence that may support a self-defence claim <li data-bbox="667 1220 1278 1547">c. a contextual analysis is conducted, including examination of the entire relationship between the accused and the complainant and the accused's motive and intent in using violence. <li data-bbox="564 1608 1278 1832"> <p>2 Recognizing that violence against women is a continuum and an episode of violence committed by the victim/survivor requires investigation into the circumstances around the</p>

Core Elements	Guidelines
	<p>aggression, the elements and circumstances of the continuum of such violence, the emotional and psychological impact on the victim/survivor suspect and how these features can affect her behaviour, consider:</p> <ol style="list-style-type: none"> a. performing a psychological examination to determine the mental state of the suspect and what factors could be related to the violent behaviour, such as previous GBV incidents, child marriage, or attempted or successful FGM b. performing a risk assessment to detect if there are risk factors in the suspect, to see if the aggression was reactive to some circumstances close to the aggression or if the aggression was part of a mental idea built through time <p>3 In jurisdictions where dual charges are allowed and both parties may be charged with a crime, analyze which party is the predominate aggressor. Consider:</p> <ol style="list-style-type: none"> a. offensive and defensive injuries

Core Elements	Guidelines
	<ul style="list-style-type: none"> b. threats made by a party against the other or a family member c. any history of violence between them, including previous calls to police, charges, protection orders. <p>4 Ensure at the bail hearing the following considerations:</p> <ul style="list-style-type: none"> a. the court has all relevant information including the context in which the accused victim/survivor has committed the violence b. when considering the conditions of bail, such conditions do not prejudice the victim/survivor in any civil and family court proceedings, for example impacting on status quo relating to child custody considerations c. when considering bail conditions, need to ensure that the bail conditions do not expose the accused victim/survivor to further violence or compromise her safety in any way

Essential Service 5: Trial/Hearing Processes

Victims and survivors of GBV, child marriage or FGM who are involved at the trial stages in criminal and civil justice processes can feel vulnerable, overwhelmed by the unfamiliarity of the justice system or re-victimised (secondary victimization) through the insensitive or discriminatory treatment of justice service providers.

International norms and standards call for measures to prevent further hardship and trauma that may result from attending the trial itself and to ensure that trial processes maximise the survivor's cooperation, promote her capacity to exert agency during the trial stage while ensuring that in criminal matters, the burden or onus of seeking justice is on the State.

The justice services that are considered essential during the trial processes reflect internationally agreed upon model strategies, including friendly and enabling court environments for survivors to feel safe and comfortable recounting what they have experienced; procedures to minimise re-victimisation; and the application of evidentiary rules in a non-discriminatory manner

Core Elements	Guidelines
Safe and friendly court room environment	1 Permit a support person such as family member, friend or professionally trained support person to be with the victim/survivor during the trial process. In the case of the girl victim, measures

Core Elements	Guidelines
	<p>should be taken to appoint specialists and family members to accompany the girl, and a guardian to protect the girl's legal interests.</p> <p>2 Provide for user friendly and fit-for-purpose court environments, including waiting areas.</p> <p>3 Remove all unnecessary persons, including the alleged offender, whilst the victim/survivor gives her evidence'</p> <p>4 Take appropriate measures to ensure no direct contact between victim/survivor and accused, using court-ordered restraining orders or ordering pre-trial detention.</p> <p>5 Notify appropriate authorities in the case of or suspicion of the victim/survivor being harmed or at risk of being harmed during the trial or hearing process</p>
Protection of privacy, integrity and dignity	<p>1 Apply for available measures that can protect the victim/survivor's privacy, integrity and dignity, including:</p>

Core Elements	Guidelines
	<ul style="list-style-type: none"> a. limit or ban public presence at the trial, for example, in-camera trials or closed trials b. limit or restrict media publishing of personal information of victims/survivors. <p>2 Object to, or disallow any misstatements or attempts to intrude too far on the witnesses' safety (such as matters that could tend to reveal the witnesses' identity).</p> <p>3 Remove any identifying information such as names and addresses from court's public record or use a pseudonym for the victim/survivor..</p> <p>4 In the case of the girl victim take appropriate measures to:</p> <ul style="list-style-type: none"> a. maintain confidentiality and restrict disclosure of information relating to the girl's identity and involvement in the process b. exclude public and media from courtroom during the girl's testimony, where permitted by national law

Core Elements	Guidelines
Opportunity for full participation	<ol style="list-style-type: none"> <li data-bbox="571 405 1292 875">1 Apply for, and/or where possible allow for available measures that can facilitate the victim/survivor's testimony in trial/hearing: <ol style="list-style-type: none"> <li data-bbox="667 600 1292 875">a. measures that permit the victim to testify in a manner that allows her to avoid seeing the accused, for example screens, behind closed doors, closed circuit television <li data-bbox="571 887 1292 1357">2 Adopt case management approaches that ensure the victim/survivor has an opportunity to fully participate in the proceedings with the least amount of secondary victimization: <ol style="list-style-type: none"> <li data-bbox="667 1126 1209 1167">a. reduce unnecessary delays <li data-bbox="667 1173 1276 1357">b. promote practices that issues not in dispute are agreed upon and admitted at the start of the trial/hearing <li data-bbox="571 1368 1292 1839">3 Undertake approaches and ways to reduce the victim/survivor's stress: <ol style="list-style-type: none"> <li data-bbox="667 1458 1235 1543">a. limit her evidence to relevant evidence <li data-bbox="667 1554 1267 1639">b. allow for short recess when she is too distressed to proceed <li data-bbox="667 1650 1267 1839">c. identify options to avoid or minimize direct examination of the victim/survivor by the defendant, where possible

Core Elements	Guidelines
	<ul style="list-style-type: none"> d. if allowed, have the examination conducted through an intermediary e. if allowed, use video-recorded interview as evidence in chief. <p>4 In the case of the girl victim, use child-sensitive procedures, including interview rooms, modified court environments and take measures to ensure hearings and interviews are limited and are scheduled at times of the day appropriate to the age of the girl and separate from the accused.</p>
Opportunity to give details of the impact of the crime	<ul style="list-style-type: none"> 1 Allow the victim/survivor the opportunity to give details of the impact of the crime if she wishes to do so 2 Provide different options for her to submit this information at trial.
Non-discriminatory interpretation and application of evidentiary rules	<p>In criminal justice matters,</p> <ul style="list-style-type: none"> 1 Ensure all relevant evidence is brought before the court: <ul style="list-style-type: none"> a. consider allowing expert witnesses with appropriate experience to provide

Core Elements	Guidelines
	<p style="text-align: center;">information about the dynamics and complexities of GBV, child marriage and FGM</p> <p>2 Complaints are regarded as credible and valid unless contrary is clearly indicated.</p> <p>3 Take steps to mitigate the potential impact of existing discriminatory evidentiary rules and procedures:</p> <ul style="list-style-type: none"> a. object to, or disallow any unfair, unnecessarily repetitive, aggressive and discriminatory questioning by defence b. object to, or disallow any questioning that relies on myths and stereotyping c. object to, or disallow questions about the victim/survivor's sexual history when it is unrelated to the case <p>4 Do not allow any adverse inference to be drawn solely from a delay in reporting or lack of reporting.</p> <p>5 If the defence applies to introduce what appears to be highly prejudicial evidence, ensure the following steps are taken:</p> <ul style="list-style-type: none"> a. request the defence's

Core Elements	Guidelines
	<p>application to be made in writing</p> <ul style="list-style-type: none"> b. ensure such request is made at pre-trial and only allow during trial if defence can show exceptional circumstances (such as they had not been aware of the information until trial) c. provide the victim/survivor the opportunity through representation to voice her concerns and arguments against the discriminatory evidence. <p>6 Ensure the application of the rules (in particular gender-based cautionary rules) and principles of defence do not discriminate against women or be interpreted in ways that allow perpetrators of violence against women to escape criminal responsibility.</p> <p>In civil, family law and/or administrative matters,</p> <ul style="list-style-type: none"> 1. Ensure that the civil and family courts have all relevant information before them, including:

Core Elements	Guidelines
	<ul style="list-style-type: none"> a. the psycho-social context of the incident b. consider calling an expert witness. <p>2 Ensure that civil and family courts do not draw adverse inferences with respect to the victim/survivor's decisions to avoid further violence or ensure the best interest of the child, for example:</p> <ul style="list-style-type: none"> a. in cases of child custody, ensure that the behaviour of the victim/survivor is understood in the context of GBV, child marriage or FGM. For example, the woman's decision to flee the home or take other protective measures should not prejudice her civil proceedings b. ensure that the impact of GBV, child marriage or FGM, such as the victim/survivor's suicidal thoughts, do not adversely affect her civil and family law case. c. ensure that the testimony of children in child custody hearings is understood in the context of children witnessing

Core Elements	Guidelines
	<p>GBV, being subjected to child marriage or FGM, and that any allegation on behalf of the father that the mother is causing the parent-child relational problem be considered in this context</p>
<p>Special considerations for victims/survivors who have been charged with criminal offences</p>	<ol style="list-style-type: none"> 1 Ensure at criminal trials, the following considerations: <ol style="list-style-type: none"> a. the court has all relevant information, including the social context in which the accused victim/survivor experienced the incident b. any claims of self defence by women who have been victims/survivors of GBV, child marriage or FGM c. sentencing the accused victim/survivor should consider the impact that the incident has had on the accused. 2 Take steps to mitigate the potential impact of existing discriminatory evidentiary rules and procedures: <ol style="list-style-type: none"> a. object to or disallow any unfair,



Core Elements	Guidelines
	unnecessarily repetitive, aggressive and discriminatory questioning by the prosecution

Essential Service 6: Perpetrator Accountability and Reparations

The vast majority of perpetrators of GBV, child marriage and FGM face no legal consequences. When they are held accountable, too often the sanctions, whether criminal, civil, or administrative, are very low.

In addition, the reparations that women receive from the perpetrator and/or the state following the violence often do not reflect the realities of the harm suffered by women and girls, particularly the patterned use of coercion, intimidation and the use or threat of violence.

From a survivor's perspective, accountability and reparations can mean many things, from a criminal sentence, civil damages, state compensation and public condemnation of the incident, as well as including redress for the state's failure to provide essential justice services.

The essential services relating to accountability and reparations reflect the international obligation of due diligence of imposing appropriate sanctions to hold perpetrators accountable for their actions and providing for just and effective remedies to the survivors for the harm or loss suffered by them.

Core Elements	Guidelines
<p>Justice outcomes commensurate with the gravity of the crime and focused on the safety of the victim/survivor</p>	<p>In criminal justice matters,</p> <ol style="list-style-type: none"> 1 Provide for sentencing policies that ensure consistent sentences commensurate with the gravity of the crime and meet the goals of: <ol style="list-style-type: none"> a. Denouncing and deterring GBV, child marriage and FGM b. stopping GBV, child marriage and FGM c. promoting victim and community safety d. taking into account impact on victims/survivors and family 2 Consider aggravating factors for sentencing purposes, for example, repeated acts, abuse of a position of trust or authority, perpetration of violence against a spouse or a person in a close relationship with the perpetrator, perpetration of violence against a child. 3 Inform victims/survivors of any release of the offender. <p>In civil, family law and/or administrative matters,</p> <ol style="list-style-type: none"> 1 Ensure that court decisions of family law cases that involve GBV, child marriage and FGM take into account

Core Elements	Guidelines
	<p>the impacts to the victim/survivor and her family (including her children), and on other relevant persons.</p> <p>2 The rules for the assessment of harm in civil judgments are to be interpreted in a non-discriminatory manner.</p> <p>3 Avoid, where possible, the application of overly strict or inadequate rules and interpretations of the causality link in the assessment of harms and inadequate evidence standards and procedures for quantifying damages which may have a negative disparate impact on women and girls.</p> <p>4 Ensure timely, effective, gender sensitive and age appropriate civil remedies for the different harms suffered by women and girls</p>
Participation of victims/survivors at sentencing hearings, in applicable jurisdictions	<p>1 Provide the opportunity for victims/survivors to tell the court the physical and psychological harm and the impact of the incident at the sentencing hearing.</p>

Core Elements	Guidelines
	<ol style="list-style-type: none"> <li data-bbox="571 421 1294 741">2 Allow victims/survivors a role in sentencing through a broad range of methods that suit individual needs (for example, written or oral victim impact statements, victim impact reports done by experts such as social workers). <li data-bbox="571 801 1158 882">3 Ensure procedures are simple, accessible and free. <li data-bbox="571 943 1281 1023">4 Adapt the timing of the process to the needs of the victim and her recovery. <li data-bbox="571 1084 1254 1164">5 In the case of girl victims, ensure the procedures are child-sensitive
Available and accessible options for reparations	<p data-bbox="571 1279 999 1317">In criminal justice matters,</p> <ol style="list-style-type: none"> <li data-bbox="571 1330 1278 1839">1 Where applicable, ensure reparations are considered in criminal cases: <ol style="list-style-type: none"> <li data-bbox="671 1426 1270 1507">a. restitution is considered part of the sentencing hearing <li data-bbox="671 1520 1262 1839">b. restitution and financial compensation for harms done to the victim/survivor is prioritized ahead of fines and penalties and should not preclude the victim in pursuing civil or other remedies

Core Elements	Guidelines
	<ul style="list-style-type: none"> c. restitution and financial compensation are not used as a substitute for custodial sentences. <p>In civil, family law and/or administrative matters,</p> <ol style="list-style-type: none"> 1 In jurisdictions where permitted, provide for compensation by the State, independent of any criminal process. The compensation schemes are to: <ul style="list-style-type: none"> a. provide timeliness of compensation to the victim/survivor b. have simple application procedures c. ensure no fee is charged for application to compensation d. make available, where possible, legal aid and other forms of legal assistance. 2 Existing civil law and other non-criminal remedies must be affordable and accessible: <ul style="list-style-type: none"> a. the application or action for civil suits or other non-criminal applications are to be as simple and easy to use as possible

Core Elements	Guidelines
	<ul style="list-style-type: none"> b. where possible, legal aid and other forms of legal assistance is made available.
<p>Reparations that cover consequences and harms suffered by the victim/survivor</p>	<ol style="list-style-type: none"> 1 Ensure that the calculation of the victim/survivor's damage and costs incurred as a result of the violence are as expansively defined as possible and aim to be transformative rather than simply returning them to the position they were in prior to the incident but also redressing inequalities that made them vulnerable to such incidents. 2 Consider: <ul style="list-style-type: none"> a. assessing physical and psychological harm or damage, including to reputation or dignity, pain and suffering and emotional distress, loss of enjoyment of life b. lost opportunities including employment, pension, education and social benefits, including loss of earning potential c. assessing damages that take full account of the victim's unremunerated domestic and caring activities

Core Elements	Guidelines
	<ul style="list-style-type: none"> d. assessing damages that take full account of the situation of the girl victim, including costs of social and educational recovery/reintegration g. expenses for legal, medical, psychological and social service h. actual costs of seeking justice and other services as a result of or related to the violence experiences, including transportation
<p>Enforcement of remedies Redress when essential justice services are denied, undermined, unreasonably delayed, or lacking due to negligence</p>	<ul style="list-style-type: none"> 1 Ensure remedies decided upon are effectively enforced. 2 Adopt measures to monitor the effective enforcement of remedies 3 Provide for broad range of damages caused by the denial, undermining or unreasonable delay of justice: <ul style="list-style-type: none"> a. damages for lost wages, livelihoods and other expenses caused by the denial or delay b. damages for emotional, psychological harm and loss of enjoyment of life caused by the denial or delay

Core Elements	Guidelines
	<ul style="list-style-type: none"> c. actual expenses in seeking such redress, including transportation. <p>4 Provide for damages for additional harm suffered by the victim/survivor as a result of the State's denial or unreasonable delay.</p> <p>5 The process for claiming redress against the State is to be simple, free and safe:</p> <ul style="list-style-type: none"> a. ensure a complaint will not hinder a victim/survivor's access to justice services b. complaints must be dealt with in a timely manner

Essential Service 7: Post Trial Processes

The justice system can play an important role in preventing future harm to women and girls (GBV, child marriage or FGM), both by sending a strong message to the community that these incidents will not be tolerated but also in its role in ensuring the accountability and rehabilitation of perpetrators and reducing re-offending (recidivism).

The international norms and standards urge States to develop

and evaluate treatment and reintegration/rehabilitation programmes for perpetrators that prioritize the safety of the victims as well as to ensure that compliance is monitored. These standards also urge States to ensure that there are appropriate measures in place to eliminate violence against women who are detained for any reason.

Core Elements	Guidelines
Interventions that prevent re-offending focus on victim/survivor Safety	<ol style="list-style-type: none"> <li data-bbox="568 1021 1294 1245">1 When ordering rehabilitation treatment for perpetrators, ensure that the treatment programme reduces recidivism and promotes victim/survivor safety <li data-bbox="568 1312 1278 1827">2 Ensure perpetrators are assessed for suitability prior to acceptance into a rehabilitation programme and that there is on-going risk assessment with the safety of victim/survivor the priority. This means: <ol style="list-style-type: none"> <li data-bbox="663 1592 1270 1827">a. consulting the victims/survivors at the time the assessment is done when the options for rehabilitation are being considered as well as for the on-going risk assessments

Core Elements	Guidelines
	<p>b. informing the victims/survivors of all post-trial decisions.</p> <p>3 Ensure that rehabilitation is part of a conviction rather than an alternative to criminal record.</p> <p>4 Ensure supervision of rehabilitation programmes.</p> <p>5 Provide for appropriate consequences for perpetrators who do not complete their rehabilitation programmes satisfactorily</p>
<p>Prevention of and response to violence against women who are detained for any reason</p>	<p>1 Ensure services are in place to respond to and prevent violence against women who are detained for any reason.</p> <p>2 Ensure services are in place for women in detention who experienced GBV, child marriage or FGM prior to detention.</p> <p>3 Identify and prevent further victimization of female prisoners during visits by abusive intimate or former intimate partners, or family members</p>

Core Elements	Guidelines
	<p>4 Ensure preventive measures by correctional authorities:</p> <ul style="list-style-type: none"> a. periodic inspections of prisons are carried out by arms-length body which should include women members b. personal searches of female inmates are carried out only by female staff c. facilitate contact with outside world, family and/or children, if she chooses to do so d. segregation of prison population based on sex and adult/juveniles <p>5 Ensure special measures to protect women who are detained with their children</p> <p>6 Ensure accessible support and measures for redress for violence occurring during detention:</p> <ul style="list-style-type: none"> a. information about the victim/survivor's right to make a complaint and the steps and procedures to be taken b. the complaint process is simple, safe and confidential c. access to legal assistance d. immediate and long-term protection from any form of

Core Elements	Guidelines
	<ul style="list-style-type: none"> retaliation e. access to psychological support or counselling g. investigate all reports of violence by prisoners by competent and independent authorities, with full respect for the principle of confidentiality
<p>Reduction of exposure to violence of female offenders in detention and post detention services</p>	<ol style="list-style-type: none"> 1 Ensure detention and post detention services are provided for female offenders to reduce their exposure to GBV and harmful practices. 2 Rehabilitation and re-integration programmes to include skills programmes, vocational training and capacity building to ensure female offenders who have been victims of GBV, child marriage and FGM can avoid past abusive environments. 3 Ensure specifically tailored probation and ensure other services providers are aware of dynamics of GBV, child marriage and FGM including the psycho-social effects

Core Elements	Guidelines
	<p>Coordination and integration of services to support women who are released from detention</p>

Essential Service 7: Post Trial Processes

Protection measures for women who have experienced GBV, child marriage and FGM are critical to stopping the incident and preventing reoccurrence, escalation and threats of violence. Women have the right to live free of violence and harmful practices, and free of the fear of violence and harmful practices. This means that protection measures need to be available independent of any initiation of a criminal, civil or family law case and be designed to empower women in their access to justice and enable them to stay safely engaged with the justice process.

Core Elements	Guidelines
<p>Access to immediate, urgent and long-term protection measures</p>	<p>1 Ensure immediate and urgent protection measures are accessible to all victims/survivors:</p> <ul style="list-style-type: none"> a. available free of charge b. application procedures are simple and user friendly c. justice service providers are

Core Elements	Guidelines
	<p>obligated to assist in completing the application</p> <ul style="list-style-type: none"> d. courts are accessible after hours e. ex parte orders are allowed, where necessary f. there is fast track/rapid access to appropriate courts. <p>2. Ensure protection is specifically tailored to meet the needs of the victim/survivor, her family and other relevant persons:</p> <ul style="list-style-type: none"> a. justice service providers consider the broadest range of protection measures available to them. <p>3. Ensure that protection measures are not dependent on initiation of criminal, civil or family law proceedings.</p> <p>4. Ensure evidentiary rules in protection hearings are not interpreted in a restrictive or discriminatory manner.</p> <p>5. Ensure prompt service of protection orders.</p> <p>6. Ensure any modification of protection measures prioritise the safety of the victim/survivor</p>

Core Elements	Guidelines
Enforcement of protection measures	<ol style="list-style-type: none"> <li data-bbox="560 405 1302 1059">1 Ensure roles and responsibilities for enforcement of protection measures (such as protection and related court orders against and/or conditions for release/bail for perpetrators) are clearly defined: <ol style="list-style-type: none"> <li data-bbox="659 689 1302 770">a. protection measures are effective immediately <li data-bbox="659 786 1254 866">b. copies of protection measures are sent by courts to the police <li data-bbox="659 882 1286 1059">c. copies of protection measures are shared with and are retained for easy access by frontline officers and dispatch staff. <li data-bbox="560 1122 1302 1541">2 Ensure appropriate monitoring of protection measures: <ol style="list-style-type: none"> <li data-bbox="659 1216 1302 1541">a. in situations where the suspect is detained, inform detention facility staff of protection measures and request them to closely monitor any external communications to prevent breaches (for example, telephone, email). <li data-bbox="560 1603 1302 1823">3 Ensure that any breach is responded to immediately and quickly: <ol style="list-style-type: none"> <li data-bbox="659 1697 1187 1778">a. the violator is arrested and brought before the courts <li data-bbox="659 1794 1222 1823">b. breaches of orders are taken

Core Elements	Guidelines
	<p style="text-align: center;">seriously, charged criminally where possible, and appropriately sanctioned by the courts</p> <p>c. victim/survivors are never held in breach of protection orders, as it is the perpetrator who is the subject of the order.</p> <p>4 Hold justice service providers accountable for their action or inaction in enforcement of protection measures</p>
Risk assessment	<p>1 Ensure risk assessment is supported by timely gathering of intelligence:</p> <p>a. gather intelligence from multiple sources</p> <p>b. seek victim/survivor perspective on potential threat</p> <p>c. develop and implement strategies to eliminate or reduce victim/survivor risk.</p> <p>2 Ensure ongoing risk assessments identify changes in victim/survivor vulnerability and that appropriate measures are taken to ensure the victim remains safe.</p> <p>3 Ensure risk assessments are shared</p>

Core Elements	Guidelines
	<p>with relevant justice service providers for use in decision making</p> <p>4 Ensure risk assessments include at a minimum, an assessment of:</p> <ul style="list-style-type: none"> a. lethality risk and risk of repeated violence especially in cases of GBV b. level or extent of harm to the victim/survivor, her family or other relevant persons c. prior victimization d. the threats to which she is exposed and the presence of or threat to use weapons e. evidence of escalating violence or intimidation f. the status of the relationship
Safety planning	<p>1 Ensure timely development, implementation and evaluation of appropriate safety plans:</p> <ul style="list-style-type: none"> a. safety plans are based on risk assessment <p>2 Work with the victim/survivor to:</p> <ul style="list-style-type: none"> a. identify the options and resources available b. plan how she will protect herself and her family and relevant

Core Elements	Guidelines
	<p>others in a variety of settings and circumstances.</p> <p>3 Safety plans are reviewed and updated on an on-going basis.</p>
<p>Prioritization safety concerns in all decisions</p>	<p>1 Maintaining the safety of the victim/survivor, her family and relevant others is the primary focus of all justice actions.</p> <p>2 Ensure all necessary information, including the risk assessment, is in hand before making any decisions pertaining to the arrest, detention, terms of release, probation or parole, of the perpetrator. Relevant information includes:</p> <ul style="list-style-type: none"> a. whether there is a history of violence b. victim/survivor's fear of future violence and the basis for that fear c. victim/survivor's opinion on the likelihood that the abuser will obey the terms of release d. any threats of and/or escalation of violence

Core Elements	Guidelines
	<p>3 Any decision concerning the release of the suspect or offender must take into account the risk to the victim/survivor and consider her safety:</p> <ul style="list-style-type: none"> a. where there is sufficient risk of violence or concerns that the suspect will not obey imposed release conditions, detention pending trial should be considered.
Coordinated protection measures	<p>1 Where other justice proceedings have been initiated, protection measures need to be coordinated between criminal, civil, family law and/or administrative proceedings:</p> <ul style="list-style-type: none"> a. consider creating a registration system for protection orders to ensure all justice service providers have quick access to the relevant information b. ensure information can be exchanged legally and safely, protecting confidentiality of the victim/survivor

Core Elements	Guidelines
Coordinated protection and support services	<ol style="list-style-type: none"> 1 Work with other service providers to develop and implement integrated protocols and effective referral networks to: <ol style="list-style-type: none"> a. arrange and supervise emergency measures b. institutionalize coordinated efforts c. develop standards for referral services 2 Ensure support measures such as child support or alimony are available to assist the victim/ survivor to safely rebuild her life

Essential Service 9: Support and Assistance

A crucial element in guaranteeing access to justice for all women is the provision of support and assistance services during the justice process. The international norms and standards refer to the importance of legal assistance, practical, accurate and comprehensive information, victim and witness support services and the need for support from outside the justice sector (such as, health, shelters, social services, counselling).

These services can empower women, allowing them to make their own informed decisions based on knowledge of their rights and justice options.

Core Elements	Guidelines
<p>Practical, accurate, accessible and comprehensive information</p>	<ol style="list-style-type: none"> 1 Ensure a broad range of information, including, at a minimum: <ol style="list-style-type: none"> a. a clear description of justice processes in various languages and formats to meet the needs of different groups of women b. the roles and responsibilities of relevant justice sector actors c. relevant information on rights and remedies, including restitution and compensation d. information on how and where to access legal assistance and advice e. information about the types of available support services and service providers and how to access them f. available protection measures. 2 Ensure timely information about victim/survivor's case is available to her. This includes: <ol style="list-style-type: none"> a. her role and opportunities for participating in the proceedings b. the scheduling, progress and ultimate disposition of the proceedings c. any orders against the suspect/offender

Core Elements	Guidelines
	<p>3 Ensure that signage at all justice sector offices meets the needs of various target groups.</p>
Legal services	<p>In criminal justice matters,</p> <ol style="list-style-type: none"> 1 In jurisdictions where the victim/survivor does not have standing in criminal cases, legal services are provided by the prosecution office. 2 In jurisdictions where a victim/survivor has standing in criminal cases, legal services are affordable and for those without sufficient means or when the interests of justice so requires, legal services are provided at no cost (legal aid): <ol style="list-style-type: none"> a. legal services can include legal information, legal advice, legal assistance and legal representation b. administrative processes to obtain legal aid are free and simple c. if the means test for legal aid is calculated on the basis of the household income of a family, and the alleged perpetrator is a

Core Elements	Guidelines
	<p data-bbox="762 394 1289 712">family member or the victim/survivor does not have equal access to the family income, only the income of the victim/survivor applying for legal aid is used for the purpose of the means test</p> <p data-bbox="568 775 1203 860">In civil, family law and/or administrative matters,</p> <ol data-bbox="568 873 1279 1818" style="list-style-type: none"> <li data-bbox="568 873 1244 909">1 Ensure legal services are affordable. <li data-bbox="568 967 1206 1146">2 Provide for a broad range of legal services: legal information, legal advice, legal assistance and legal representation. <li data-bbox="568 1205 1264 1339">3 Ensure that the administrative processes to obtain legal aid are free and simple. <li data-bbox="568 1397 1279 1818">4 If the means test for legal aid is calculated in the basis of the household income of a family, and the alleged abuser is a family member or the victim/survivor does not have equal access to the family income, only the income of the victim/survivor applying for legal aid is used for the purpose of the means test.

Core Elements	Guidelines
	<p>5 In situations where victims/survivors have been accused of, or charged with a criminal offence:</p> <p>6 Ensure the accused victim/survivor has access to legal aid from the initial point of contact with the criminal justice system</p> <p>7 Ensure the victims/survivors accused of violence and who are involved in civil /family law matters have access to legal aid</p>
Victim and witness support services	<p>1 Ensure a broad range of support services are available to victims/survivors. Such services can include:</p> <ul style="list-style-type: none"> a. information and advice b. emotional and psychological support c. practical assistance (for example, transportation to and from court) d. court preparation and support e. protection from secondary victimization. <p>2 Ensure support services are accessible and available:</p> <ul style="list-style-type: none"> a. support service free of charge

Core Elements	Guidelines
	<p>b. support services are geographically available and where not geographically available there is a mechanism in place to enable victims/survivors to access resources using alternative methods.</p> <p>3 Ensure timely provision of support services throughout the justice continuum.</p> <p>4 Ensure support services are tailored to individual victim/survivor's needs.</p> <p>5. Ensure child friendly support services for both girl victims and for women victims who have children with them when accessing support services.</p> <p>6 Ensure that support persons are professionals or are volunteers trained in the complexity of GBV, child marriage and FGM, and justice systems</p>
Referrals to health and social service providers	<p>1 Work with other service providers to develop and implement integrated protocols and effective referral networks to:</p>

Core Elements	Guidelines
	<ul style="list-style-type: none"> a. link victim/survivors with needed health and social services (for example, shelters, medical and psychological care) b. institutionalize coordinated efforts develop standards for referral services

Essential Service 10: Communication

Communication is a key theme throughout the justice system. The victim/survivor needs to know that she is being listened to and that her changing justice needs are being understood and addressed.

Information and the way it is communicated can empower the victim to make informed decisions regarding her engagement with the justice system.

Information and communication management amongst the various justice service agencies and non-justice sectors, particularly prioritizing confidentiality and privacy, can contribute to the minimization of the risks victims face when seeking justice.

Core Elements	Guidelines
<p>Simple and accessible information about justice services</p>	<ol style="list-style-type: none"> <li data-bbox="571 416 1254 1120"> <p>1 Ensure adequate and timely information on available services is provided in a manner that considers the needs of various target groups. Information could include:</p> <ol style="list-style-type: none"> <li data-bbox="667 651 1217 734">a. a clear description of justice processes <li data-bbox="667 748 1182 927">b. a clear description of the respective roles and responsibilities of relevant justice sector actors <li data-bbox="667 940 1230 1023">c. available justice mechanism, procedures and remedies <li data-bbox="667 1037 1251 1120">d. information about the victim/survivor's specific case. <li data-bbox="571 1178 1278 1644"> <p>2 Ensure information is delivered in a way that considers the needs of various target groups:</p> <ol style="list-style-type: none"> <li data-bbox="667 1323 1278 1406">a. is available, as far as possible, in the language of the user <li data-bbox="667 1420 1254 1554">b. is available in multiple formats (for example, oral, written, electronically) <li data-bbox="667 1568 1198 1644">c. is user-friendly and in plain language <li data-bbox="571 1657 1203 1789"> <p>3 Ensure that signage at all justice sector offices meets the needs of various target groups</p>

Core Elements	Guidelines
<p>Communications promote the dignity and respect of victim/survivor</p>	<ol style="list-style-type: none"> 1 Ensure all communications between justice service providers and the victim/survivors and/or parents, guardian and legal representative: <ol style="list-style-type: none"> a. are non-judgmental, empathetic and supportive b. validate what has happened to the victim/survivor throughout the process. It is important that: c. the victim/survivor feels that her report of violence is taken seriously d. her complaint is regarded as credible and valid unless the contrary is clearly indicated e. she is treated with respect, and as deserving of the best response possible f. are respectful g. do not contribute to secondary victimisation e. are age appropriate 2 Ensure that a victim/survivor has a sense that her voice is being heard. This means she has an opportunity to: <ol style="list-style-type: none"> a. express her story b. be listened to and have her story accurately recorded c. have a positive experience

Core Elements	Guidelines
	<p>working with justice service provider</p> <p>d is able to tell how the incident has impacted her</p> <p>3 Ensure communicators use plain language that is patiently explained.</p> <p>4 Ensure the victim/survivor's privacy is maintained.</p> <p>5 Ensure the confidentiality of all information provided is maintained and restrict disclosure of information relating to the identity and involvement of the victim in the process</p>
Ongoing communication with the victim/survivor	<p>1 Ensure regular communication is maintained with the victim/survivor throughout the justice process, keeping in mind that she may be at significant risk for continuing violence or harm by the perpetrator:</p> <p>a victim/survivor risk defines the type and amount of communication required</p> <p>b. voice or in-person contact is required when there is:</p> <p>c. any change in the level of risk</p>

Core Elements	Guidelines
	<p>d. she is exposed to identified the suspect has been apprehended, has escaped, is being considered for release, or has been released and is on bail or parole</p> <p>e. a court date has been set or changed</p> <p>f. confirm the victim/survivor has been able to access required support services.</p> <p>2 Ensure that a justice service provider is assigned to follow-up with the victim/survivor and provides her with contact information for immediate response in the event of anticipated or actual violence or breach of protection order</p> <p>3 Ensure there is a mechanism in place to provide police reports to victim/survivors and/or their legal team to facilitate action in related legal matters</p>
Regular and effective communication between justice agencies	<p>1 Ensure effective information sharing amongst justice service providers:</p> <p>a information is shared within privacy and confidentiality</p>

Core Elements	Guidelines
	<p>requirements</p> <ul style="list-style-type: none"> b. disclosure of information is for the purpose for which it was obtained or compiled or for a use consistent with that purpose c. informed consent for disclosure of information is sought from the victim/survivor and/or parents/guardians and legal representative, wherever possible. <p>2 Promote the effective flow of information:</p> <ul style="list-style-type: none"> a. develop protocols and referral mechanisms/pathways that promote timely and efficient flow of information amongst justice service providers
Communication by justice agencies with other agencies	<ul style="list-style-type: none"> 1 Ensure that information is shared within privacy and confidentiality requirements 2 Informed consent for disclosure is sought from the victim/survivor wherever possible

Essential Service II: Coordination among Justice Agencies

Given the different mandates of each justice agency and the various tasks of different justice service providers, a coordinated response is essential to ensuring that essential justice and policing services are delivered in a quality and effective manner and delivers the best outcome for victims/survivors.

Coordination sets transparent standards and expectations from each justice agency and contributes to better communications and linkages between the different justice agencies and service providers. From the perspective of a victim/survivor, coordination of essential services means that she will be met with the same understanding of her rights and her situation and receive the same, high quality response from all justice service providers.

Justice service providers are valuable members of multi-disciplinary coordination mechanisms, which have discussed in Module 5 on Coordination and Governance.

Core Elements	Guidelines
Coordination amongst justice sector agencies	<ol style="list-style-type: none">1. Ensure integrated and coordinated justice responses incorporate:<ol style="list-style-type: none">a. broad stakeholder involvementb. a consistent and shared understanding of violence against womend. shared philosophical

Core Elements	Guidelines
	<p>framework on violence against women response amongst multi- agencies involved</p> <ul style="list-style-type: none"> e. accountability of all agencies involved f. clear targets and performance indicators g. on-going monitoring and assessment of impact h. methods for sharing information, within the privacy and confidentiality legal requirements. <p>2 Ensure that the goal of coordination is to obtain the best outcomes for victims/survivors.</p> <p>3 Ensure a consistent and coordinated approach to:</p> <ul style="list-style-type: none"> a. case management b. risk assessment c. safety planning

MODULE 4:

SOCIAL SERVICES

These guidelines for essential social services aim to provide guidance for the design, implementation and review of quality social service responses for women and girls subject to GBV, child marriage or FGM. Social services comprise a range of services that are critical in supporting the rights, safety and wellbeing of women and girls experiencing GBV, child marriage or FGM, including crisis information and help lines, safe accommodation, legal and rights information and advice.

Social services are vital for the protection and empowerment of women and girls survivors of GBV, child marriage and FGM, to enable them recover and re-integrate into society.

In order to maintain the safety of women and girls, it is important to understand the gendered nature of GBV, child marriage and FGM, as well as their causes and consequences, and provide services within a culture of women's empowerment. This includes ensuring that services are women-focused, child-friendly, are non-blaming, and support women and girls to consider the range of choices available to them, and support their decisions.

Social Services in Nigeria

Social service (also called social welfare service or social work) refers to 'any of numerous publicly or privately provided services intended to aid disadvantaged, distressed, or vulnerable persons or groups.'⁷⁹ Groups that are beneficiaries of such services include those who are poor, disabled, ill, dependent young or elderly and this includes survivors of GBV, child marriage and FGM who are suffering from physical, mental,

emotional and socio-economic distress as a result of their experiences. Social services in Nigeria are provided by the family, civil society and non-governmental organisations, and government.

Some government agencies that provide social services for women and girls survivors of GBV, child marriage and FGM include the Ministry of Women Affairs, Ministry of Humanitarian Affairs, Disaster Management and Social Development, Ministry of Health, Ministry of Youth and Sports, and various parastatals, such as, National Centre for Women Development (NCWD), National Agency for the Prohibition of Trafficking in Persons (NAPTIP), National Human Rights Commission (NHRC), National Poverty Eradication Programme (NAPEP), and National Commission For Refugees, Migrants and Internally Displaced Persons (NCFRMI).

These agencies work at federal, state and local government levels and render direct services in addition to coordinating and supervising services provided by civil society organisations, community-based organisations, faith-based organisations and other non-governmental organisations.

There are numerous local, national and international CSOs and NGOs that support the government to provide social services including various United Nations agencies such as UNFPA, UNICEF, UN Women, UNDP, UNSECO, WHO, UNHCR, IOM, UNODC, and World Bank. Other donor agencies that support the government for such initiatives include Ukaid, USAID, EU, CIDA, Global Affairs Canada, and many others.

Purpose and Scope

The guidelines are designed to be a practical tool to assist stakeholders to meet their commitments to eliminate and prevent violence against all women and girls. They aim to guide the provision of essential social

services for all women and girls in a broad range of settings and situations.

The guidelines define the minimum requirements for a set of essential social services that together provide a quality response. The focus is primarily on the response to GBV, child marriage or FGM after it has occurred and taking action on the early signs of such incidents, or intervening to prevent the reoccurrence of such incidents.



Language and Terms

Child marriage

refers to formal marriage or informal union of an individual under the age of legal consent in the country. In Nigeria, the Child Rights Act of 2003 states that a child is any person under the age of 18 years.

Coordination

is a central element of the response to GBV, child marriage and FGM. It is required by international standards that aim at ensuring that the response to GBV, child marriage and FGM is comprehensive, multidisciplinary, coordinated, systematic and sustained. It is a process that is governed by laws and policies.


It involves a collaborative effort by multi-disciplinary teams and personnel and institutions from all relevant sectors to implement laws, policies, protocols and agreements and communication and collaboration to prevent and respond to these incidents against women and girls. Coordination occurs at the national level among ministries that play a role in addressing these issues, and at the state and local government levels between service providers and other stakeholders at these levels. Coordination also occurs *between* the different levels of government.

Core elements

are features or components of the essential services that apply in any context, and ensure the effective functioning of the service.

Economic and financial violence

refers to any act or behaviour which causes economic harm to an individual e.g. property damage, restricting access to financial



resources, education or the labour market, or not complying with economic responsibilities, such as alimony. It includes denying a woman or girl access to and control over basic resources.

Essential Services

encompass a core set of services provided by the health care, social service, police and judiciary sectors. The services must, at a minimum, secure the rights, safety and well-being of any woman or girl who experiences gender-based violence.

Female genital mutilation (FGM)

or female genital cutting or female circumcision is any procedure that involves partial or total removal of the external genitalia and/or injury to the female genital organs whether for cultural or any other non-therapeutic reasons.

Gender based violence

is any act of violence directed against a person because of that persons gender or violence that affect persons of a particular gender disproportionately. For this Essential Services Package for women and girls survivors of violence, it is defined as any act of violence that is directed against a woman or girl because she is a woman/girl or that affects women and girls disproportionately.

Governance of coordination

is the accountability function of governance, which identifies as strengths and weaknesses of coordination, and leads modifications that enhance laws, policies and practice. It has two major components. The first component is the creation of laws and policies required to implement and support the coordination of Essential Services to eliminate or respond to GBV, child marriage and FGM.

The second component is the process of holding stakeholders accountable for carrying out their obligations in their coordinated response to GBV, child marriage and FGM and ongoing oversight, monitoring and evaluation of their coordinated response. Governance is carried out at both the national and local levels.

Intimate partner violence

is “the most common form of violence experienced by women globally and includes a range of sexually, psychologically and physically coercive acts used against adult and adolescent women by a current or former intimate partner, without her consent. It should be noted that men can also experience intimate partner violence although this document focuses on women and girls.

Multi-disciplinary response teams

are groups of stakeholders who have entered into agreements to work in a coordinated manner to respond to GBV, child marriage and FGM within a community. These teams are focused on ensuring an effective response to individual cases and may contribute to policy making.

Non-partner sexual violence

refers to sexual violence by a relative, friend, acquaintance, neighbour, work colleague or stranger. It includes being forced to perform any unwanted sexual act, sexual harassment and violence perpetrated against women and girls frequently by an offender known to them, including in public spaces, at school, in the workplace and in the community.

Physical violence

involves intentionally using physical force, strength or a weapon to harm or injure the woman or girl.

Psychological/emotional violence

includes controlling or isolating the woman or girl, and humiliating or embarrassing her. It involves the intentional act against a person that results in mental, spiritual, moral and social harm, including insults, threats, and verbal abuse.

Quality guidelines

support the delivery and implementation of the core elements of essential services to ensure that they are effective, efficient, and of sufficient quality to address the needs of women and girls.

Quality standards

provide 'the how to' for services to be delivered within a human rights-based, culturally-sensitive and women's-empowerment approach. They are based on, and complement international standards and reflect recognized best practices in responding to gender-based violence.

Rape

non-consensual penetration (however slight) of the vagina, anus or mouth with a penis, other body part or any other object.

Sexual violence

includes abusive sexual contact, making a woman or girl engage in a sexual act without her consent, and attempted or completed sex acts with a woman or girl who is ill, disabled, under pressure or under the influence of alcohol or other drugs.

The social services sector

is the sector that provides a range of support services to improve the general well-being and empowerment to a specific population in

society. They may be general in nature or provide more targeted responses to a specific issue; for example responding to women and girls experiencing GBV, child marriage or FGM.

Social services for women and girls who have experienced GBV, child marriage and FGM include services provided by, or funded by government (and therefore known as public services) or provided by other civil society and community actors, including non-governmental organizations and faith-based organizations.

Social services

are services that respond to GBV, child marriage or FGM which are specifically focused on victims/survivors of such incidents. They are imperative for assisting the recovery of women and girls from these incidents, their empowerment and preventing the reoccurrence of violence and, in some instances, work with particular parts of society or the community to change the attitudes and perceptions of GBV, child marriage and FGM.

They include, but are not limited to, providing psycho-social counselling, financial support, crisis information, safe accommodation, legal and advocacy services, and housing and employment support.

Stakeholders

are all government and civil society organizations and agencies that have a role in responding to GBV, child marriage and FGM at all levels of government and civil society. Key stakeholders include victims/survivors and their representatives, social services, health care sector, legal aid providers, police, prosecutors, judges, child protection agencies, and the education sector, among others.

Victims/Survivors:

refers to the women and girls who have experienced or are experiencing gender-based violence to reflect both the terminology used in the legal process (victims) and the agency of these women and girls in seeking essential services. Victims/survivors may also be pregnant women who experience GBV or FGM during pregnancy.

Violence against women and girls (VAWG):

means “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women and girls, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.



Unique Features of the Essential Services Package Framework Specific to Essential Social Services

Essential Services Package: Overall framework diagram

Principles	A rights based approach	Advancing gender equality and women's empowerment	Culturally and age appropriate and sensitive
	Victim/survivor centred approach	Safety is paramount	Perpetrator accountability
Common characteristics	Availability		Accessibility
	Adaptability		Appropriateness
	Prioritize safety		Informed consent and confidentiality
	Data collection and information management		Effective communication
	Linking with other sectors and agencies through referral and coordination		

Essential social services are also underpinned by important foundational elements that have specific application to social services this includes:

Principles

- 1 A rights based approach: Referral pathways assist women and girls to receive timely and appropriate support services. Referral processes must incorporate standards for informed consent, privacy and confidentiality.
- 2 Culturally and age appropriate and sensitive: Appropriately trained staff and workforce development ensures that services are tailored to the needs of survivors.

Common characteristics

1. Prioritise safety: Risk assessment and management is important to mitigate against ongoing risks based on the individual circumstances of each woman or girl.
2. Linking with other sectors and agencies through referral and coordination: Social services must work with and alongside health and justice services to deliver quality responses for women and girls. Social services have a responsibility to, and are accountable to this broader service system.

Standard Operating Procedures for Social Services

The social services required for protecting and preserving the SRHR of women and girls survivors of GBV, child marriage and FGM include the following:

1. Crisis information
2. Crisis counselling
3. Help lines
4. Safe accommodations
5. Material and financial aid
6. Creation, recovery, replacement of identity documents
7. Legal and rights information, advice and representation, including in plural legal systems
8. Psycho-social support and counselling
9. Women-centred support
10. Children's services for any girl affected by GBV, child marriage or FGM
11. Community information, education and community outreach
12. Assistance towards economic independence, recovery and autonomy

Guidelines for Essential Social Services for Women and Girls Survivors of GBV, child marriage and FGM include the following:

Essential Service 1: Prevention

Access to timely, clear accurate crisis information for any woman or girl who has, or is, experiencing GBV, child marriage or FGM, wherever she is, at whatever time day or night, is vital in supporting her to access services to assist her safety. Crisis information includes information about the rights of women and girls, the range and nature of services available, and is provided in a non-blaming, non-judgmental manner.

Information must be made available in a way that enables women and girls to consider the range and choices available to them, and to make their own choices. Crisis information must be available for women and girls experiencing these incidents, and for family and friends, work colleagues, police and health services who may have a role in assisting women and girls to safely access services, where they choose to do so.

Core Elements	Guidelines
Information content	<ol style="list-style-type: none"> <li data-bbox="560 1525 1348 1615">1 Ensure crisis information is clear, concise and accurate. <li data-bbox="560 1671 1348 1805">2 Ensure crisis information identifies and refers to the range of existing services available for women and girls

Core Elements	Guidelines
Information provision	<ol style="list-style-type: none"> <li data-bbox="560 405 1294 483">1 Ensure crisis information is widely available and accessible to all women and girls. <li data-bbox="560 539 1270 831">2 Ensure information is offered in different forms ensuring that it is also suitable for: <ol style="list-style-type: none"> <li data-bbox="659 622 1270 701">a. Women and girls suffering multiple forms of discrimination <li data-bbox="659 712 1214 790">b. Vulnerable women and girls including those with disabilities <li data-bbox="659 801 879 831">c. Children <li data-bbox="560 887 1302 1055">3 Ensure widespread distribution of culturally sensitive information through various and relevant media, in a variety of locations and settings throughout the country

ESSENTIAL SERVICE 2: CRISIS COUNSELLING

Crisis counselling is essential in assisting women and girls to achieve immediate safety, make sense of their experience, reaffirm their rights and alleviate feelings of guilt and shame.

Core Elements	Guidelines
Availability	<ol style="list-style-type: none"> 1 Provide with crisis counselling free of charge. 2 Ensure women and girls are listened to, and believed. 3 Ensure women and girls are offered a range of options including: <ol style="list-style-type: none"> a. Immediate access to safe and secure accommodation b. Immediate access to emergency and safe medical services such as hospitals c. The ability to re-contact the service, even if she chooses not to take up any of the options offered 4 Ensure women and girls are supported to make informed choices.
Relevance	Ensure crisis counselling is appropriate to the various types of incidents experienced by the woman or girl
Accessibility	<ol style="list-style-type: none"> 1 Provide crisis counselling through a range of available and appropriate methods e.g. in person, mobile phone, email, social media

Core Elements	Guidelines
	2 Ensure crisis counselling is provided in various locations and diverse settings

Essential Service 3: Help Lines

Help lines provide an essential link to information, counseling and support services for women and girls experiencing GBV, child marriage or FGM. Such help lines operate separate from, but alongside, law enforcement and other emergency help lines.

Core Elements	Guidelines
Availability	1 Provide telephone help lines free of charge or toll-free. 2 Provide help lines preferably 24 hours a day, 7 days a week, or at a minimum, for four hours per day including weekends and holidays. 3 Ensure that staff answering help lines have appropriate knowledge, skills and

Core Elements	Guidelines
	<p>are adequately trained.</p> <p>4 Ensure that staff answering help lines can speak the local language and have an understanding of the local context.</p> <p>5 Ensure the help line has protocols connecting it with other social services, and health and justice services to respond to individual circumstances of women and girls.</p> <p>6 Ensure the help line has access to resources where necessary to ensure the safety of women and girls including:</p> <ul style="list-style-type: none"> a. To support the emergency transport of women and girls to safe accommodation regardless of their location b. Provision of immediate basic personal and health care items including food and clothing, either directly or through local services c. Links to immediate and appropriate police and justice responses, when requested or when necessary

Core Elements	Guidelines
Accessibility	<ol style="list-style-type: none"> <li data-bbox="560 416 1278 595">1 Ensure information about the service and hours of operation are clearly and accurately communicated in appropriate channels. <li data-bbox="560 658 1155 741">2 Ensure the telephone service is accessible via mobile phones.

Essential Service 4: Safe Accommodation

Many women and girls need to leave their existing living arrangements immediately in order to be safe. Timely access to safe houses, refuges, women's shelters, or other safe spaces can provide an immediate secure and safe accommodation option. Beyond this immediate safe accommodation women and girls may need support toward securing accommodation in the medium to longer term.

Core Elements	Guidelines
Safe houses, refuges, women's shelters	<ol style="list-style-type: none"> <li data-bbox="560 1518 1259 1648">1 Provide safe and secure emergency accommodation until the immediate threat is removed. <li data-bbox="560 1711 1272 1841">2 Ensure security measures are in place including: <ol style="list-style-type: none"> <li data-bbox="660 1800 1214 1841">a. Confidential location (where

Core Elements	Guidelines
	<p>possible)</p> <ul style="list-style-type: none"> b. Security personnel (trained and supervised) c. Security systems. <p>3 Ensure there is an access protocol for people entering and exiting safe accommodation and that this is enforced.</p> <p>4 Provide basic accommodation needs free of charge.</p> <p>5 Ensure there is a protocol for unaccompanied children, including for longer-term alternative care where necessary and appropriate, that is aligned to existing national legislation and international standards.</p> <p>6 Ensure that accommodation is accessible for women and girls with disabilities/special needs</p>
Responsiveness	<p>1 Provide spaces within the accommodation that ensure privacy and confidentiality for women and girls.</p> <p>2 Ensure accommodation addresses the needs of girls and is child friendly</p>

Core Elements	Guidelines
	<p>3 Provide an assessment of immediate needs.</p> <p>4 Develop an individualized support plan for the woman or girl, in consultation with them</p>

Essential Service 5: Material and Financial Aid

In the immediate crisis period, it should be assumed that women and girls have little or no access to material resources. Material and financial aid includes support and resources to enable access to crisis information and counselling, safe accommodation and food.

Core Elements	Guidelines
Availability	<p>1 Provide support to access immediate basic individual needs of each woman and girl including access to emergency transport, food, safe accommodation free of charge.</p> <p>2 Ensure aid provides for the needs of individual children.</p>

Core Elements	Guidelines
	<p>3 Provide in-kind and other non-monetary aid such as basic personal (including menstrual hygiene supplies e.g. in dignity kits) and health care items.</p> <p>4 Facilitate access to social protection such as cash transfers where these are available can be accessed at short notice</p>
Accessibility	Ensure a range of means for women and girls to safely access material and financial aid.

Essential Service 6: Creation, Recovery, Replacement of Identity Documents

Identity documents include those required by women and girls to ensure they can travel, maintain or seek employment, access available government benefits and social services, and access bank accounts etc.

As many women and girls experiencing these incidents (especially GBV) need to flee without these documents in order to remain safe they may require support to create, recover or replace identity documents.

Core Elements	Guidelines
Availability	<ol style="list-style-type: none"> <li data-bbox="560 389 1310 613">1 Assist women and girls to establish or re-establish their identity in accordance with the local legal specifications or international protocols, where necessary. <li data-bbox="560 674 1171 808">2 Liaise with appropriate foreign affairs/consular services, where necessary. <li data-bbox="560 869 1299 1189">3 Provide assistance to create, recover or replace identity documents free of charge – harmonising the digital National Identity Number (NIN) with other stakeholders in the identity management field may facilitate this process

Essential Service 7: Legal and Rights Information, Advice and Representation Including in Plural Legal Systems

Many women and girls are likely to have limited knowledge in relation to their rights and range of options available to them. Accurate and timely information about such matters as divorce/marriage laws, child custody, guardianship, migration status and assistance to navigate justice and policing responses are important in protecting the safety of women and girls. Survivors in some parts of Nigeria where there are plural legal systems with both English laws and Shariah laws, will need to be supported to make an informed decision on which one to use.

Core Elements	Guidelines
Availability	<ol style="list-style-type: none"> 1 Provide information about their rights to women and girls. 2 Provide clear and accurate information about: <ol style="list-style-type: none"> a. Available security measures that can prevent further harm by the alleged perpetrator b. Procedures and timelines involved in national or traditional justice solutions c. Available support where formal legal proceedings or remedies are initiated 3 Ensure information and advice includes referral to essential services as agreed by, and with the consent of the woman or girl. 4 Provide legal and rights information, representation and advice free of charge. 5 Provide legal advocacy and representation on behalf of women and girls, where instructed to do so by them. 6 Document all legal advice in order to assist women and girls with any future action they might take

Core Elements	Guidelines
Accessibility	<ol style="list-style-type: none"> <li data-bbox="576 398 1294 622">1 Provide timely information, advice and representation about options to support the immediate safety of the woman or girl, such as, an order for the offender to stay away from her. <li data-bbox="576 685 1294 909">2 Provide information in a written form (and in a language that the woman or girl can understand), orally, and/or in a form with which the woman is familiar. <li data-bbox="576 972 1294 1196">3 Provide information and advice in accordance with the availability of the woman or girl, that is, at a time and location that is suitable to the woman or girl

Essential Service 8: Psycho-Social Support and Counselling

Specialist counselling can greatly improve the health outlook for women and girls which can consequently improve their access to healthy relationships, education and employment.

Core Elements	Guidelines
Individual and group counselling	<ol style="list-style-type: none"> 1 Provide individualized and group counselling, where appropriate, by professionals with specialist training in working with women and girls experiencing GBV, child marriage or FGM. 2 Ensure women and girls have access to up to a minimum number of support/counselling sessions. 3 Consider providing peer group support. 4 Ensure counselling is informed by the experience of GBV, child marriage or FGM. 5 Ensure counselling is human rights-based and culturally sensitive. 6 Ensure counselling is available in the local language
Accessibility	<ol style="list-style-type: none"> 1 Provide support/counselling free of charge. 2 Provide transport options to support women to attend sessions

Core Elements	Guidelines
	<ol style="list-style-type: none"> <li data-bbox="571 398 1270 488">3 Provide counselling at a time suitable for the woman or girl. <li data-bbox="571 539 1262 674">4 Provide counselling options that take into consideration women and girls with disabilities

Essential Service 9: Women-Centred Support

Navigating the range of services, options and decision available can be daunting for women and girls experiencing GBV, child marriage or FGM. Skilled assistance from trained staff can assist women and girls to access the most appropriate services, and to make informed choices that have the best opportunity to ensure her safety, empower her, and uphold her rights.

Core Elements	Guidelines
Availability	<ol style="list-style-type: none"> <li data-bbox="560 1469 1321 1653">1 Ensure women and girls-centred support is available for women and girls throughout their journey through the system. <li data-bbox="560 1711 1321 1845">2 Ensure staff are trained to work on behalf of, and to represent the interests of, women and girls

Core Elements	Guidelines
	<ol style="list-style-type: none"> <li data-bbox="560 376 1302 517">3 Ensure staff respect the expressed wishes and decisions of women and girls. <li data-bbox="560 568 1302 710">4 Ensure any representation on behalf of women and girls is carried out with their explicit and informed consent.

Essential Service 10: Children's Services for any Child Affected by GBV, child marriage or FGM

Children may experience GBV, child marriage or FGM directly as a survivor or indirectly as the child of a survivor and this can have a devastating impact on children. Children have the right to access services that are age appropriate, child sensitive and child-friendly.

Core Elements	Guidelines
Availability	<ol style="list-style-type: none"> <li data-bbox="560 1500 1302 1592">1 Provide child-centred rights-based counselling and psycho-social support. <li data-bbox="560 1644 1302 1736">2 Ensure each child has an individualized care plan. <li data-bbox="560 1787 1302 1879">3 Provide services for children free of charge

Core Elements	Guidelines
	<p>4 Facilitate access to emergency and long-term alternative care, if required, with or without a parent/caregiver, as appropriate.</p> <p>5 Facilitate access to representation for children, where required, for example a (legal) guardian if the child is unaccompanied.</p> <p>6 Ensure timely referrals and facilitated access to necessary services, for example to child protection to address issues regarding guardianship, health care and education</p>
Accessibility	<p>1 Provide services that are age appropriate, child sensitive, child friendly and in line with international standards.</p> <p>2 Ensure staff training and re-training on child-sensitive and child-friendly procedures</p>

Essential Service 11: Community Information, Education and Community Outreach

Civil society organizations, women's groups, volunteers, faith and community leaders often play a key role in mobilizing community efforts to raise awareness about the prevalence of GBV, child marriage and FGM and the community's role in responding to and preventing these incidents.

Core Elements	Guidelines
Community information	<ol style="list-style-type: none"><li data-bbox="560 976 1294 1155">1 Ensure community information includes information about the rights of women and girls and the range of services available to support them.<li data-bbox="560 1211 1294 1536">2 At a minimum community information should include:<ol style="list-style-type: none"><li data-bbox="660 1312 1082 1346">a. Where to go for help<li data-bbox="660 1357 1278 1435">b. What services are available and how to access them<li data-bbox="660 1447 1257 1536">c. What to expect, including roles, responsibilities, confidentiality.<li data-bbox="560 1592 1294 1827">3 Ensure community information is developed and disseminated in a range of formats, a variety of locations, and in a culturally appropriate and sensitive manner. For example

Core Elements	Guidelines
	<p>information should:</p> <ol style="list-style-type: none"> a. Be available in local language/s b. Include pictorial representation
<p>Community education and mobilisation</p>	<ol style="list-style-type: none"> 1 Ensure community education is regular and accurate 2 Ensure community education includes information about the rights of women and girls. 3 Target specific groups such as volunteers, community/religious leaders and elders, to support service provision. 4 Provide appropriate training for men who advocate for women's human rights to act as role models and as support systems. 5 Work with families to ensure support and access to services for women and girls. 6 Work with local associations, media, schools, community sport clubs to tailor community education messages and dissemination strategies.

Core Elements	Guidelines
	<p>7 Develop clear protocols to support the safety of women where they may be contacted by the media to tell their story</p>
Community outreach	<p>1 Services should identify hard to reach and vulnerable groups and understand their specific needs.</p> <p>2 Tailor community information and education to the specific needs of hard to reach, vulnerable and marginalized groups.</p> <p>3 Deliver community information and education in ways appropriate for hard to reach, vulnerable and marginalized groups including women and girls with disabilities</p>

Essential Service 12: Assistance Towards Economic Independence, Recovery and Autonomy

Experiencing GBV, child marriage or FGM is known to have long term consequences for the health and well-being of women and girls (especially their SRH) and to significantly impact on their ability to fully participate in society. Women and girls may require longer term assistance to support their recovery and to lead productive lives.

Core Elements	Guidelines
Availability	<ol style="list-style-type: none"> 1 Provide sustained support for holistic recovery for a minimum of six months 2 Facilitate access to income assistance and social protection where required 3 Facilitate access to vocational training. 4 Provide access to income generating opportunities such as seed funding for business start-up
Accessibility	Support the safe reintegration of women and girls back into the community, where appropriate, according to her express wishes and needs

Dignity kits are commonly distributed during humanitarian crises and comprise of basic personal supplies including menstrual hygiene supplies such as sanitary towels, underwear (pants), soap, and washing powder.⁶⁰

Guidelines for Foundational Elements Specific to Essential Social Services

Referral	
Description	Standards
<p>Referral pathways assist women and girls to receive timely and appropriate support services</p> <p>Referral processes must incorporate standards for informed consent</p>	<p>1 Services have protocols and agreements about the referral process with relevant social, health and justice services, including clear responsibilities of each service.</p> <p>2 Procedures between services for information sharing and referral are consistent, known by agency staff, and communicated clearly to women and girls.</p> <p>3 Services have mechanisms for coordinating and monitoring the effectiveness of referrals processes.</p> <p>4 Services refer to child specific services as required and appropriate.</p>

Risk assessment and management

Description	Standards
<p>Women and girls face many risks to their immediate and ongoing safety.</p> <p>These risks will be specific to the individual circumstances of each women and girl</p> <p>Risk assessment and management can reduce the level of risk.</p> <p>Best practice risk assessment and management includes consistent and coordinated approaches within and between social, health and justices service systems</p>	<p>1 Services use risk assessment and management tools specifically developed for responding to GBV, child marriage and FGM.</p> <p>2 Services regularly and consistently assess the individual risks for each woman and girl.</p> <p>3 Services use a range of risk management options, solutions and safety measures to support the safety of women and girls.</p> <p>4 Women and girls receive a strengths-based, individualized plan that includes strategies for risk management.</p> <p>5 Services work with other agencies including health and justice services to coordinate risk assessment and management approaches</p>

Appropriately trained staff and workforce development

Description	Standards
<p>Paid and volunteer staff require specialist skills and knowledge to respond appropriately to women and girls experiencing violence</p> <p>Staff require opportunities to build their skills and expertise and to ensure their knowledge and skills remain up to date</p>	<p>1 Paid staff and volunteers demonstrate an understanding of the prevalence, nature and causes of GBV, child marriage and FGM.</p>
	<p>2 Paid staff and volunteers demonstrate an understanding of, and experience in, 'best practice' responses to women and girls experiencing GBV, child marriage and FGM.</p>
	<p>3 Paid staff and volunteers demonstrate an understanding of appropriate and child sensitive responses to children experiencing GBV, child marriage and FGM.</p>
	<p>4 Paid staff and volunteers receive induction and ongoing training and professional development.</p>
	<p>5 Paid staff and volunteers receive regular support and supervision.</p>
	<p>6 Training programs include modules on self-care for staff and</p>

Appropriately trained staff and workforce development

Description	Standards
	volunteers.
	7 Services provide a safe, supportive and respectful work environment

System coordination and accountability

Description	Standards
An integrated, multisectoral or systems approach to service delivery brings together a range of services and organizations who have a common set of goals to provide more coordinated responses to violence against women and child protection	1 Services operate in a collaborative and supportive manner with and alongside other social services, health, police and justice services.
	2 Services develop and regularly review protocols, memorandums of understanding, and agreements that clearly document the roles and responsibilities of each agency.
	3 Services seek the engagement of other social services, and health and justice agencies in

Appropriately trained staff and workforce development

Description	Standards
	<p>workforce development and training, and monitoring and evaluation activities</p> <p>4 Services document and advocate for women and girls rights and systemic improvements and accountability</p>

MODULE 5:

COORDINATION AND THE GOVERNANCE OF COORDINATION



These guidelines for essential actions for coordination and governance of coordination aim to provide guidance for essential services to work together both formally and informally to ensure that a comprehensive women and child centred response is provided to all women and girls (and their children when necessary).

Coordination is important to ensure that all the stakeholders work together to achieve the common goal of ensuring that women and girls survivors of GBV, child marriage and FGM access the services they require to enable them overcome the challenges associated with these incidents.

The guidelines for essential actions for coordination and governance of coordination should be read in conjunction with the overview and introduction which sets out the principles, common characteristics and foundational elements that apply across all essential services. The guidelines are also complementary to the guidelines for health services, police and justice sectors, and social service coordination.

A cohesive multi-disciplinary cross-agency approach for responding to violence against women and girls is essential to protecting victims and survivors of GBV, child marriage and FGM from further harm when responding to these incidents. Coordinated systems can have a greater impact in responding to these violations of the rights of women and girls, as well as greater efficiencies, than agencies working in isolation.

These guidelines on coordination and governance of coordination of Essential Services are intended to ensure the benefits of a coordinated approach.

Purpose and scope

The purpose of the Guidelines is to support stakeholders as they work to provide services for all women and girls who are victims and survivors of violence, in a broad range of settings and situations. The Guidelines are designed to ensure that the services of all sectors are coordinated and governed to respond in a comprehensive way, are women and child-centred, and are accountable to victims and survivors and to each other.

The scope of this tool is coordination and governance of coordination of Essential Services at the national, state and local levels. The Guidelines focus on ensuring a cohesive cross-agency approach for responding to GBV, child marriage and FGM, and protecting victims/survivors from further harm.



Language and terms

Child marriage

refers to formal marriage or informal union of an individual under the age of legal consent in the country. In Nigeria, the Child Rights Act of 2003 states that a child is any person under the age of 18 years.

Coordination

is a central element of the response to GBV, child marriage and FGM. It is required by international standards that aim at ensuring that the response to GBV, child marriage and FGM is comprehensive, multidisciplinary, coordinated, systematic and sustained. It is a process that is governed by laws and policies. It involves a collaborative effort by multi-disciplinary teams and personnel and institutions from all relevant sectors to implement laws, policies, protocols and agreements, and communication and collaboration to prevent and respond to these incidents against women and girls.


Coordination occurs at the national level among ministries that play a role in addressing these issues, and at the state and local government levels between service providers and other stakeholders at these levels. Coordination also occurs between the different levels of government.

Core elements

are features or components of the essential services that apply in any context, and ensure the effective functioning of the service.

Economic and financial violence

refers to any act or behaviour which causes economic harm to an individual e.g. property damage, restricting access to financial resources, education or the labour market, or not complying with



economic responsibilities, such as alimony. It includes denying a woman or girl access to and control over basic resources.

Essential Services

encompass a core set of services provided by the health care, social service, police and judiciary sectors. The services must, at a minimum, secure the rights, safety and well-being of any woman or girl who experiences gender-based violence.

Female genital mutilation (FGM) or female genital cutting or female circumcision is any procedure that involves partial or total removal of the external genitalia and/or injury to the female genital organs whether for cultural or any other non-therapeutic reasons.

Gender based violence

is any act of violence directed against a person because of that persons gender or violence that affect persons of a particular gender disproportionately. For this Essential Services Package for women and girls survivors of violence, it is defined as any act of violence that is directed against a woman or girl because she is a woman/girl or that affects women and girls disproportionately.

Governance of coordination

is the accountability function of governance, which identifies as strengths and weaknesses of coordination, and leads modifications that enhance laws, policies and practice. It has two major components. The first component is the creation of laws and policies required to implement and support the coordination of Essential Services to eliminate or respond to GBV, child marriage and FGM.

The second component is the process of holding stakeholders accountable for carrying out their obligations in their coordinated response to GBV, child marriage and FGM and ongoing oversight,

monitoring and evaluation of their coordinated response. Governance is carried out at both the national and local levels.

Intimate partner violence

is “the most common form of violence experienced by women globally and includes a range of sexually, psychologically and physically coercive acts used against adult and adolescent women by a current or former intimate partner, without her consent. It should be noted that men can also experience intimate partner violence although this document focuses on women and girls.

Multi-disciplinary response teams

are groups of stakeholders who have entered into agreements to work in a coordinated manner to respond to GBV, child marriage and FGM within a community. These teams are focused on ensuring an effective response to individual cases and may contribute to policy making.

Non-partner sexual violence


refers to sexual violence by a relative, friend, acquaintance, neighbour, work colleague or stranger. It includes being forced to perform any unwanted sexual act, sexual harassment and violence perpetrated against women and girls frequently by an offender known to them, including in public spaces, at school, in the workplace and in the community.

Physical violence

involves intentionally using physical force, strength or a weapon to harm or injure the woman or girl.

Psychological/emotional violence

includes controlling or isolating the woman or girl, and humiliating or embarrassing her. It involves the intentional act against a person that



results in mental, spiritual, moral and social harm, including insults, threats, and verbal abuse.

Quality guidelines support

the delivery and implementation of the core elements of essential services to ensure that they are effective, efficient, and of sufficient quality to address the needs of women and girls.

Quality standards

provide 'the how to' for services to be delivered within a human rights-based, culturally-sensitive and women's-empowerment approach. They are based on, and complement international standards and reflect recognized best practices in responding to gender-based violence.

Rape

non-consensual penetration (however slight) of the vagina, anus or mouth with a penis, other body part or any other object.

Sexual violence

includes abusive sexual contact, making a woman or girl engage in a sexual act without her consent, and attempted or completed sex acts with a woman or girl who is ill, disabled, under pressure or under the influence of alcohol or other drugs.

Stakeholders

are all government and civil society organizations and agencies that have a role in responding to GBV, child marriage and FGM at all levels of government and civil society. Key stakeholders include victims/survivors and their representatives, social services, health care sector, legal aid providers, police, prosecutors, judges, child protection agencies, and the education sector, among others.

Victims/Survivors:

refers to the women and girls who have experienced or are experiencing gender-based violence to reflect both the terminology used in the legal process (victims) and the agency of these women and girls in seeking essential services. Victims/survivors may also be pregnant women who experience GBV or FGM during pregnancy.

Violence against women and girls (VAWG):

means “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women and girls, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.



The Importance of Coordination and Governance

Coordination and governance of coordination are intertwined functions that continually inform and contribute to each other. Coordination can be both a formal and informal process that is governed by laws and policies. However, laws and policies should be based on best practices developed using international standards and norms, evidence and lessons learned through the direct experience of coordination.

The accountability function of governance should identify strengths and weaknesses of coordination and lead to modifications that enhance laws, policies and practices. A coordinated response is important because it is more effective in keeping victims/survivors safe from GBV, child marriage and FGM, and holding offenders accountable than when different sectors of society work in isolation to address the issue. Coordination provides benefits for victims/survivors, for the agencies and institutions that respond to violence against women, and for their communities.

For victims/survivors, a coordinated response results in increased safety, by placing them at the centre of any intervention or institutional response. A coordinated response gives victims/survivors access to informed and skilled practitioners who share knowledge in a dedicated, supportive environment.

A coordinated response is able to recognize victims/ survivors' multiple needs, which can be met through co-locating services and referral networks. Information sharing among agencies can reduce the number of times victims and survivors are asked to tell their stories, thus reducing the risk of re-traumatization.

Integrated care models mean that victim/survivors' psychosocial, sexual health and other health needs are more likely to be addressed

holistically rather than as separate issues. In addition, women's rights to financial and social autonomy, which can reduce their risk of experiencing future abuse and improve their capacity for escaping after it occurs, can be integrated into coordinated responses to GBV, child marriage and FGM.

A coordinated response benefits the institutions and agencies that respond to these incidents by making them more effective and efficient. By complying with minimum standards partner agencies can deliver more consistent responses. Clarity about roles and responsibilities means that each sector can excel in its area of expertise, and each professional's work is complemented by that of other agencies and professionals.

Coordination with other sectors enhances the ability of the criminal justice system to hold perpetrators accountable. Shared protocols ensure clear and transparent communication and accountability mechanisms among agencies. Coordination means that consistent messages and responses can be given to victims/survivors, perpetrators and communities. Shared data systems can support individual case management, such as ensuring an appropriate response to the results of on-going risk assessment, and can serve as a source of information for monitoring and evaluating the program.

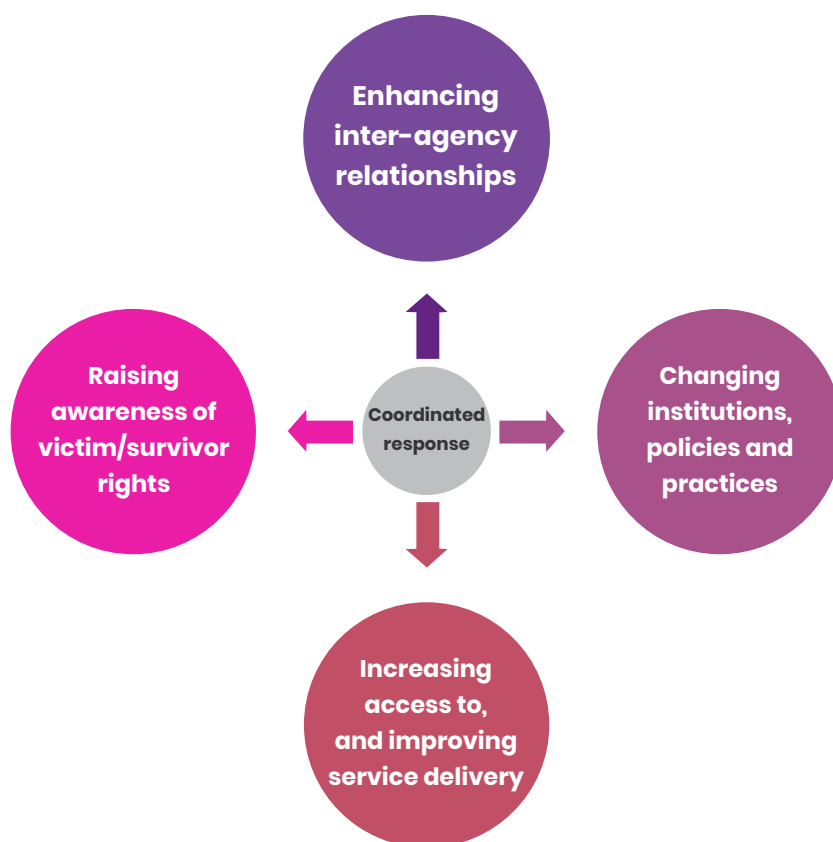
Coordination results in greater impact and reach of programmes, at a lower cost through pooling financial and human resources and by reducing duplication of effort. Coordination provides opportunities for sharing resources, practice-based knowledge, innovation and research.

For communities, coordination sends clear, consistent, unified messages that GBV, child marriage and FGM are being treated seriously,

both by protecting and assisting victims/survivors and by deterring and punishing perpetrators. Coordination can result in greater community awareness of the availability of services to support victims/ survivors and send a message that GBV, child marriage and FGM will not be tolerated.

Coordination provides more opportunities to speak out – for women about their experiences of these incidents, and for community members, including men and boys, about the impact of these incidents against women on them and their families. Participatory community strategies, where GBV, child marriage and FGM are framed as human rights and equality issues, offer opportunities for collaboration with those working on other social justice issues.

Common components of a coordinated response



Coordinated responses usually involve a combination of the following:

- 1 A framework for multi-sectoral collaboration between agencies.
- 2 A coordinating committee or body to monitor progress and develop policy.
- 3 Mechanisms to manage, work with, and sanction offenders.
- 4 Services for survivors, such as health, shelter and advocacy support, including integration of civil protection remedies with the criminal justice process

Partnerships among sectors and agencies are often enhanced through the following means:

- 1 Regular face-to-face meetings.
- 2 Shared policies and protocols developed by key agencies.
- 3 Joint planning of activities and interventions.
- 4 Joint training of staff in partner organisations/sectors.
- 5 Sharing information about survivors and perpetrators, while respecting privacy and ensuring safety.
- 6 Ongoing data collection to monitor case progress and outcomes, and identify good and poor practice

Coordinated multi- disciplinary responses require:		The body responsible for coordination may be:	
1	Active participation by a range of stakeholders.	1	An independent body or specialist agency whose role is coordinating key sectors
2	Agreement about the most effective way to respond to GBV, child marriage and FGM.	2	A coalition of agencies who meet regularly, also known as a council, committee, task force or coordination forum
3	Collaboration, communication and information sharing among agencies	3	A high-level body, including ministers and/or executives of key institutions

Essential Services Package: Overall framework diagram

Principles	A rights based approach	Advancing gender equality and women's empowerment	Culturally and age appropriate and sensitive
	Victim/survivor centred approach	Safety is paramount	Perpetrator accountability
Common characteristics	Availability		Accessibility
	Adaptability		Appropriateness
	Prioritize safety		Informed consent and confidentiality
	Data collection and information management		Effective communication
	Linking with other sectors and agencies through referral and coordination		

Coordination and Governance of Coordination

Effective coordination requires actions at the national and subnational levels. The activities of various government ministries and agencies and non-governmental organisations functioning at all levels require coordination. The table below details the actions required at various levels.

National level: Essential actions		Key stakeholders	Local level: Essential actions	Key stakeholders	
1	Law and policy making.	Victims/ survivors National assembly Ministries – justice, budget and planning, finance, health, women affairs, humanitarian affairs and social development Development partners – UN, NGOs (national and international)	1	Domestication of laws and policies at state level	Victims/surviv ors State houses of assembly State ministries – justice, finance, health, women affairs, local government Correspondin g local government departments NGOs (local, national, international), CSOs, CBOs
2	Appropriation and allocation of resources.		2	Creation of formal structures for local coordination and governance of coordination	
3	Standard setting for establishment of local level coordinated responses.		3	Implementation of coordination and governance of coordination	
4	Inclusive approaches to coordinated responses.				
5	Facilitate capacity development of policy makers and other decision- makers on coordinated responses to VAWG.				
6	Monitoring and evaluation of coordination at national and local levels				

The Foundational Elements Required For Effective Coordination And Governance Of Coordination include:

- 1 Comprehensive legislation and legal framework
- 2 Governance oversight and accountability
- 3 Resource and financing
- 4 Training and workforce development
- 5 Gender sensitive policies and practices
- 6 Monitoring and evaluation

Standard Operating Procedures for Coordination and Governance of Coordination

Guidelines for National Level Coordination and Governance of Coordination of Essential Services

Essential Action 1: Law and Policymaking

Laws and policies based on best practices and international standards and norms are essential in guiding the formal and informal processes that underpin coordination and governance of coordination. They should also be informed by evidence and lessons learned through the direct experience of coordination.

Core Elements	Guidelines
Laws and policies that address GBV, child marriage and FGM	<ol style="list-style-type: none"> 1 Ensure all laws and policies are based on informed understanding of gender equality and non-discrimination. 2 Ensure responses to GBV, child marriage and FGM are based on a

Core Elements	Guidelines
	<p>victim/survivor-centred approach and human rights standards of victim/survivor safety and perpetrator accountability.</p> <p>3 Address all forms of violations of the rights of women and girls while ensuring that responses are tailored to specific issues (GBV, child marriage and FGM).</p> <p>4 Ensure a participatory/inclusive approach to law and policymaking by incorporating knowledge and feedback from victims /survivors, NGOs and others working directly with victim/survivors and perpetrators.</p> <p>5 Create and strengthen government agencies and organizations and other structures that have a role in responding to GBV, child marriage and FGM.</p> <p>6 Incorporate the experience of national and subnational coordination initiatives into policy-making</p>

Core Elements	Guidelines
<p>Laws and policies for coordination of Essential Services at the national and subnational levels</p>	<ol style="list-style-type: none"> <li data-bbox="576 398 1294 719">1 Establish a legal and policy framework for coordination based on best practices that incorporates a common understanding of GBV, child marriage and FGM that can be adapted to national and subnational needs. <li data-bbox="576 779 1257 958">2 Develop and/or update national action plans to specify mechanisms and budgets for coordination of Essential Services. <li data-bbox="576 1019 1286 1151">3 Require cooperation among agencies that address GBV, child marriage and FGM <li data-bbox="576 1211 1278 1344">4 Identify specific coordination responsibilities of individual agencies, including women's organizations. <li data-bbox="576 1404 1289 1583">5 Require appropriate information sharing among agencies that prioritises offender accountability and confidentiality for victims/survivors. <li data-bbox="576 1644 1235 1727">6 Define responsibilities for providing financial resources. <li data-bbox="576 1787 1182 1823">7 Prohibit mandatory reporting of

Core Elements	Guidelines
	<p>individual cases between coordinating agencies except in cases of immediate danger, child victims or special vulnerability.</p> <p>8 Require sufficient availability of police and justice services, social services and health care services to meet the needs of victims/survivors</p>

Essential Action 2: Appropriation and Allocation of Resources

Coordination and governance of coordination require adequate resourcing to ensure they have the technical expertise, systems and processes, and authority to carry out the required functions and actions.

Core Elements	Guidelines
<p>Adequate funding and other resources for coordination and governance of coordination</p>	<p>1 Provide adequate financial support, personnel, expertise, and technical support at the national level to coordinate policymaking.</p> <p>2 Provide sufficient resources to national local level for providing, coordinating and funding of services and effectively implementing laws and policies</p>

Core Elements	Guidelines
	<p>3 Prioritize funding and resources for NGOs and civil society to enable their leadership in providing and coordinating services.</p> <p>4 Fund research to monitor and determine effectiveness of coordination mechanisms and outcomes of coordinated service delivery.</p> <p>5 Provide guidelines for estimating cost of coordinating services.</p> <p>6 Establish mechanisms to ensure timeliness of funding.</p> <p>7 Ensure wide participation and transparency in budget allocation process.</p> <p>8 Track resource expenditures to promote accountability.</p> <p>9 Where key resources are not yet in place, provide specifically for mobilisation of resources</p>
<p>Coordination among relevant policymaking entities at the national level</p>	<p>1 Promote a common understanding among all providers of essential services of the causes and consequences of GBV, child marriage and FGM</p>

Core Elements	Guidelines
	<p>2 Integrate GBV, child marriage and FGM issues across all relevant policy areas including creating and strengthening public sector entities dedicated to women's rights.</p> <p>3 Identify and address barriers to effective coordination at policymaking and implementation levels</p>

Essential Action 3: Standard Setting for Establishment of Subnational Level Coordination

Standards assist in creating consistent mechanisms and processes that support the accountability of coordinated responses. They are important in clarifying the expectations required of coordinated systems, and the stakeholders involved in coordination efforts.

Core Elements	Guidelines
Standards for creating subnational coordinated response	<p>1 Participants' agreement on a common understanding of GBV, child marriage and FGM.</p> <p>2 Agreement on primary goals: victim/survivor safety, perpetrator accountability, agency accountability</p>

Core Elements	Guidelines
	<p>3 Role of victims/survivors and their representatives as leaders and/or primary informants to the process without creating a risk to their safety.</p> <p>4 Agreement that state institutions and not victims/survivors are responsible for addressing GBV, child marriage and FGM</p> <p>5 Basic requirements for formal protocols/MOUs for subnational coordination, including collaborative relationships, coordination of services.</p> <p>6 Roles and responsibilities of agencies and persons involved in coordinated response.</p> <p>7 Standards specific to the needs of girls.</p> <p>8 Commitment of resources to coordination by participating agencies.</p> <p>9 Efficient use of resources by avoiding unnecessary duplication of services.</p> <p>10 Participation of all critical parties.</p> <p>11 Role of victims/survivors and their representatives as leaders and/or primary informants to the process without creating a risk to their safety</p>

Core Elements	Guidelines
	<p>12 Participation by underrepresented or marginalized groups including women and girls with disabilities.</p> <p>13 Identification of community champions, supporting and strengthening their efforts.</p> <p>14 Promotion of community awareness of GBV, child marriage and FGM and availability of Essential Services</p>
Standards for agency accountability for coordination	<p>1 Use strategies and interventions that are safe, effective and based on best practices.</p> <p>2 Define roles of participating agencies.</p> <p>3 Conduct internal and external audits to ensure agency accountability in implementing coordination.</p> <p>4 Include broad stakeholder involvement.</p> <p>5 Identify barriers to safety and services and unmet needs, based on victim/survivor feedback.</p> <p>6 Monitor the coordination of responses by the police and justice sector, social service and health care sector</p>

Core Elements	Guidelines
	<p data-bbox="549 405 1310 584">7 Follow up on cases to learn outcome and improve responses (including review of fatalities to reduce risk of future homicides).</p> <p data-bbox="549 645 1283 824">8 Create inter-agency tracking system to facilitate information sharing among agencies and follow the progress of a victim/survivor through the system.</p> <p data-bbox="549 884 1262 1014">9 Adopt and enforce ethical conduct for staff members and volunteers of participating agencies</p>
Systems for the recording and reporting of data	<p data-bbox="549 1122 1209 1211">1 Agree common terminology for all recording and reporting.</p> <p data-bbox="549 1272 1278 1361">2 Require each agency to maintain data for monitoring and evaluation.</p> <p data-bbox="549 1422 1294 1552">3 Obtain consent of victims/survivors before recording personally identifiable information (PII).</p> <p data-bbox="549 1612 1251 1742">4 Protect confidentiality and privacy of victims/survivors when collecting, recording and reporting PII.</p> <p data-bbox="549 1803 1241 1839">5 Allow access to PII only to individuals</p>

Core Elements	Guidelines
	<p>and entities with demonstrated need</p> <p>6 Keep PII data secure.</p> <p>7 Anonymize data used for monitoring and evaluation purposes</p>

Essential Action 4: Inclusive Approaches to Coordinated Responses

Coordinated responses must ensure that they take into account the diversity of experiences and needs of women and girls experiencing GBV, child marriage and FGM in the design and monitoring of coordinated responses and by encouraging their participation in such activities.

Core Elements	Guidelines
Mechanisms for participation	<p>1 Understand how GBV, child marriage and FGM affect different communities in diverse ways (especially women and girls who suffer multiple forms of discrimination) at all levels of policymaking and coordination.</p> <p>2 Develop mapping/inventory models to identify marginalized and vulnerable groups</p>



Core Elements	Guidelines
	<p>3 Include representation of marginalized and vulnerable groups in all stages of policymaking and coordination (planning, policymaking, implementation, monitoring and evaluation).</p> <p>4 Ensure voices of young women and girls are heard with attention to particular vulnerabilities they face.</p> <p>5 Tailor strategies aimed at the specific issues experienced by different groups.</p> <p>6 Acknowledge and address potential risk of participation by victims/survivors.</p> <p>7 Analyze data to identify vulnerabilities of specific groups.</p> <p>8 Adopt processes for identifying unintended consequences to ensure accurate assumptions and process development</p>

Essential Action 5: Facilitate Capacity Development of Policymakers and Other Decision Makers on Coordinated Responses

Institutions, organizations and their personnel will require support and training to ensure effective coordination efforts. Joint or cross sectoral training can be effective in ensuring that professionals across different sectors gain a shared understanding of GBV, child marriage and FGM, and have access to contemporary evidence about effective responses

Core Elements	Guidelines
Capacity development	<ol style="list-style-type: none"> 1 Provide resources and guidance for organisational and financial stability, program quality and growth. 2 Provide training for national and regional policymakers on coordinated response to GBV, child marriage and FGM. 3 Include or combine capacity building on coordination with other on-going capacity building initiatives, including across sectors.
Multi-disciplinary training standards and cross sectoral Training	<ol style="list-style-type: none"> 1 Where feasible, give victim/survivor representatives a leadership role in developing and carrying out training of all systems actors and service providers.

Core Elements	Guidelines
	<ol style="list-style-type: none"> <li data-bbox="564 398 1294 674">2 Base training on common understanding of GBV, child marriage and FGM, common definitions, and how intervention from each sector contributes to enhancing victim/survivor safety. <li data-bbox="564 734 1139 815">3 Teach techniques of effective coordination. <li data-bbox="564 875 1289 1099">4 Require training to be regular and ongoing to ensure that new knowledge and best practices are incorporated into responses to GBV, child marriage and FGM

Essential Action: 6. Monitoring and Evaluation Of Coordination at National and Subnational Levels

Monitoring and evaluation provide opportunities to understand and learn how coordinated systems are functioning. Sharing the findings of monitoring and evaluation allows coordinated responses to be improved and for stakeholders to participate in and make decisions about improvements.

Core Elements	Guidelines
Standards for monitoring and evaluation for national and subnational levels	<ol style="list-style-type: none"> 1 Set realistic short, medium, and long-term goals. 2 Use qualitative and quantitative indicators of effectiveness of coordination. 3 Set up systems for measuring achievement of goals. 4 Include baseline data, where possible, in measurement systems. 5 Analyse outcomes of coordinated response. 6 Identify barriers to successful coordination and possible solutions. 7 Incorporate lessons learned into future policies and practices.
Sharing and reporting good practice and findings of monitoring and evaluation	<ol style="list-style-type: none"> 1 Identify best practices and lessons learned. 2 Identify problems and possible solutions. 3 Apply information learned from subnational monitoring and evaluation to inform national agenda

Core Elements	Guidelines
<p>Transparency whilst maintaining confidentiality and minimising risk</p>	<ol style="list-style-type: none"> <li data-bbox="555 421 1294 506">1 Make guidelines, standards and policies widely available. <li data-bbox="555 562 1318 647">2 Use lay language in guidelines, standards and policies. <li data-bbox="555 703 1289 837">3 Make guidelines, standards and policies available in widely spoken languages in the community. <li data-bbox="555 896 1214 1028">4 Make results of monitoring and evaluation of coordinating process available to the public. <li data-bbox="555 1086 1302 1270">5 Make findings on impact of coordination on marginalized and vulnerable groups available in a way that is accessible to those groups. <li data-bbox="555 1328 1254 1554">6 Identify extent of problem in regularly published reports: For example, availability of victim/survivor services, victim/survivor use of services, how perpetrators are held accountable

Guidelines for Subnational Level Coordination and Governance of Coordination of Essential Services

Essential Action 1: Domestication of Laws and Policies at State Level

National laws and policies based on best practices and international standards and norms must be domesticated at state level for implementation and enforcement. They should be informed by evidence and lessons learned through the direct experience of coordination.

Core Elements	Guidelines
Laws and policies that address GBV, child marriage and FGM	<ol style="list-style-type: none"> <li data-bbox="555 1003 1313 1137">1 Ensure all laws and policies are based on informed understanding of gender equality and non-discrimination. <li data-bbox="555 1200 1313 1424">2 Ensure responses to GBV, child marriage and FGM are based on a victim/survivor-centred approach and human rights standards of victim/survivor safety and perpetrator accountability. <li data-bbox="555 1487 1313 1666">3 Address all forms of violations of the rights of women and girls while ensuring that responses are tailored to specific issues (GBV, child marriage and FGM). <li data-bbox="555 1729 1313 1818">4 Ensure a participatory/inclusive approach to law and policymaking by

Core Elements	Guidelines
	<p>incorporating knowledge and feedback from victims /survivors, NGOs and others working directly with victim/survivors and perpetrators</p> <p>5 Create and strengthen government agencies and organizations and other structures (traditional, religious, and other community structures) that have a role in responding to GBV, child marriage and FGM.</p> <p>6 Incorporate the experience of national and subnational coordination initiatives into policy-making</p>

Essential Action 2: Creation of Formal Structure for Subnational Coordination and Governance of Coordination

Formal structures for subnational coordination and governance of coordination support the participation of subnational institutions and organizations and enable robust mechanisms that can be understood by, and are accountable to the stakeholders and the community

Core Elements	Guidelines
Standards for coordination	<p>Formal structures must ensure they include standards which:</p> <ol style="list-style-type: none"> 1 Are consistent with international human rights standards 2 Take a victim/survivor-centered approach grounded in rights of women and girls to be free from GBV, child marriage and FGM 3 Include perpetrator accountability

Essential Action 3: Implementation of Coordination and Governance of Coordination

Effective implementation of subnational coordination and governance of coordination should be guided by an action plan that is aligned with national level strategy and developed via consultative processes. Agreements and standard operating procedures that are shared amongst participating organizations and accessible to communities will support the effective functioning of subnational coordination effort.

Core Elements	Guidelines
Action plan	<p>Local level action plans should:</p> <ol style="list-style-type: none"> 1 Comply with laws and policies and align

Core Elements	Guidelines
	<p>with national strategy and standards on coordination and governance of coordination.</p> <p>2 Identify local needs and gaps.</p> <p>3 Be developed using consultative process in which key stakeholders, especially victims/survivors and their representatives.</p> <p>4 Identify priorities.</p> <p>5 Define specific activities to be carried out a. including timelines, individual agency responsibilities, necessary resources, and indicators for measuring progress</p> <p>6 Identify possible resources and undertake efforts to obtain them</p> <p>7 Create linkages to other subnational responses to GBV, child marriage and FGM</p> <p>8 Inform all relevant stakeholders that have not been involved in the development of the action plan</p>

Core Elements	Guidelines
<p>Agreements for agency membership and participation in coordination mechanisms</p>	<p>1 Develop mission and vision of the coordination mechanism on common understanding of GBV, child marriage and FGM</p>
	<p>2 Identify composition of the coordination mechanism (including representatives of justice, social services and health care sectors and civil society including marginalised groups and other relevant parties)</p>
	<p>3 Require that agency representatives have decision making authority for their agencies</p>
	<p>4 Define roles and responsibilities of representatives</p>
	<p>5 Define chairing arrangements and terms of office.</p>
	<p>6 Establish meeting schedule.</p>
	<p>7 Create decision making process.</p>
	<p>8 Adopt accountability and complaint resolution process.</p>
	<p>9 Create review process for functioning of the coordination mechanism, including</p>

Core Elements	Guidelines
	<p>timeframes for completion of work.</p> <p>10 Create group rules (for example, confidentiality).</p> <p>11 Commit to share information with specifically identified relevant stakeholders</p>
Case management /case review process	<p>1 Prioritise victim/survivor safety over preservation of the family or other goals.</p> <p>2 Empower victim/survivor participation through informed choices (for example, right to decide what services to access, whether to participate in justice process).</p> <p>3 Provide accessible services to victims/survivors taking into account geographic accessibility, affordability, availability of providers, understandable information, etc.</p> <p>4 Ensure ongoing risk assessment and safety planning.</p> <p>5 Agree on response to heightened risk.</p>

Core Elements	Guidelines
	<p>6 Ensure the creation of processes that recognize the needs of children who are victims of GBV, child marriage and FGM, directly, or indirectly as a result of being a child of a victim/survivor.</p> <p>7 Ensure service providers are trained and skilled.</p> <p>8 Provide opportunities for cross-sector training.</p> <p>9 Ensure a swift and appropriate response to GBV, child marriage or FGM by services and violation of court orders.</p>
<p>Standard operating procedures for coordination Mechanisms</p>	<p>1 Map local service providers</p> <p>2 Create a common understanding and principles of service delivery among providers.</p> <p>3 Create a protocol for referrals and interactions among service providers.</p> <p>4 Carry out training across sectors according to agreed standards.</p> <p>5 Develop linkages with third parties (for example, schools).</p>


Core Elements	Guidelines
	<p>6 Practice transparency subject to confidentiality requirements</p>
<p>Community awareness of GBV, child marriage and FGM</p>	<p>Ensure that community awareness activities are conducted (for example, television and radio public service announcements, social media messages, billboards, publication of reports, engagement of women groups, traditional and religious leaders, community structures, etc)</p>
<p>Monitoring and evaluation</p>	<ol style="list-style-type: none"> 1 Identify purpose, scope, and timeline for monitoring and evaluation. 2 Focus monitoring and evaluation on the functioning of coordinated response to GBV, child marriage and FGM. 3 Align with national monitoring and evaluation framework. 4 Identify baselines and indicators for measuring progress. 5 Require agencies to collect and share agreed data. 6 Develop capacity and resources for

Core Elements	Guidelines
	<p>monitoring and evaluation.</p> <p>7 Include victims/survivors in monitoring and evaluation process.</p> <p>8 Track funding</p> <p>9 Report monitoring and evaluation findings to national or regional oversight body</p> <p>11 Comply with reporting requirements of high level entity</p>

Implementation Guide

The 'Essential Services Package for Women and Girls Subjected to Violence' was launched in 2015 by the United Nations Joint Global Programme on Essential Services for Women and Girls Subject to Violence (“the Global Programme”), and it provides guidelines for the provision of health, justice, and social services as well as the coordination of these services. The Global Essential Services Package was designed to be adapted and used in various countries and this implementation guide provides direction on how to utilise this package to achieve the desired results.

The effective implementation of the Essential Services Package requires support (financial, human resources, legislation) from



government agencies as well as capacity building for service providers in good practices, accountability and monitoring, and flexibility for local adaptation. It also requires acceptance and support from other stakeholders including NGOs and community structures in order to be embedded in the social context.

This Essential Services Package deals mainly with the needs of women and girls survivors of GBV, child marriage and FGM in Nigeria, however, it can be adapted to address other forms of violence against women and girls such as allegations of witchcraft and trafficking of women and girls. These incidents can result in profound and long lasting consequences that affect their physical, mental, social, sexual and reproductive health and well-being.

Such challenges can hamper their education, productivity and contribution to society thus impeding sustainable development hence the inclusion of elimination of all forms of violence against women and girls in the Sustainable Development Goals (SDGs). The implementation of the package requires an enabling environment as well as monitoring and evaluation to ensure that its goals are being met and to address any implementation challenges.

The implementation activities required are in two main categories – creating an enabling environment and implementation at the local level, however, these are not independent of each and activities may overlap or occur simultaneously.

This implementation guide is in two parts – the first deals with actions required to create an enabling environment for implementation and sustainability while the second part deals with development of action plans for implementation. Successful implementation requires collaboration and consensus building among the stakeholders to ensure high quality service provision and coordination.

Language and terms

Child marriage

refers to formal marriage or informal union of an individual under the age of legal consent in the country. In Nigeria, the Child Rights Act of 2003 states that a child is any person under the age of 18 years.

Coordination

is a central element of the response to GBV, child marriage and FGM. It is required by international standards that aim at ensuring that the response to GBV, child marriage and FGM is comprehensive, multidisciplinary, coordinated, systematic and sustained. It is a process that is governed by laws and policies. It involves a collaborative effort by multi-disciplinary teams and personnel and institutions from all relevant sectors to implement laws, policies, protocols and agreements and communication and collaboration to prevent and respond to these incidents against women and girls.

Coordination occurs at the national level among ministries that play a role in addressing these issues, and at the state and local government levels between service providers and other stakeholders at these levels. Coordination also occurs between the different levels of government.

Economic and financial violence

refers to any act or behaviour which causes economic harm to an individual e.g. property damage, restricting access to financial resources, education or the labour market, or not complying with economic responsibilities, such as alimony. It includes denying a woman or girl access to and control over basic resources.

Essential Services

encompass a core set of services provided by the health care, social service, police and justice sectors. The services must, at a minimum,

secure the rights, safety and well-being of any woman or girl who experiences gender-based violence.

Female genital mutilation (FGM)

or female genital cutting or female circumcision is any procedure that involves partial or total removal of the external genitalia and/or injury to the female genital organs whether for cultural or any other non-therapeutic reasons.

Gender based violence

is any act of violence directed against a person because of that persons gender or violence that affect persons of a particular gender disproportionately. For this Essential Services Package for women and girls survivors of violence, it is defined as any act of violence that is directed against a woman or girl because she is a woman/girl or that affects women and girls disproportionately.

Gender-responsive policies and practices

means policies and practices that take into account the different social roles of men and women that lead to women and men having different needs.

Health system refers to

- (i) all activities whose primary purpose is to promote, restore and/or maintain health;
- (ii) the people, institutions and resources, arranged together in accordance with established policies, to improve the health of the population they serve.

Implementation

means to plan and carry out the activities set forth in the guidelines for each of the Essential Services in a manner that is sustainable and

effective in meeting the needs of women and girls who have been subject to GBV, child marriage or FGM, including holding offenders accountable.

Infrastructure

means basic physical and organizational structures and facilities. In the context of the Global Programme and this Guide, infrastructure includes the necessary facilities, equipment, educational institutions, technology services, organizational and financial support.

Intimate partner violence

is “the most common form of violence experienced by women globally and includes a range of sexually, psychologically and physically coercive acts used against adult and adolescent women by a current or former intimate partner, without her consent. It should be noted that men can also experience intimate partner violence although this document focuses on women and girls.

Justice system

for the purposes of this Guide, means formal justice systems that are the responsibility of the State and its agents. They include government supported laws, and institutions such as police, prosecution services, courts, correctional programmes (e.g. probation and parole) and prisons that have the responsibility to enforce and apply the laws of the State and to administer the sanctions imposed for violations of laws.

Justice continuum

extends from a victim/survivor's entry into the system until the matter is concluded. A woman's journey will vary, depending on her needs. She may pursue a variety of justice options, ranging from reporting or making a complaint, which initiates a criminal investigation and prosecution or seeking protection, and/or pursuing civil claims

including civil protection order, divorce and child custody actions and/or compensation for personal or other damages, including from State administrative schemes, concurrently or over time.

Multi-sectoral response

means a group of stakeholders who have entered into agreements to work in a coordinated manner to respond to GBV, child marriage and FGM within a community. These teams share a victim/survivor-centred philosophy and apply human rights standards of victim/survivor safety and perpetrator accountability. They are focused on ensuring an effective response to individual cases and may contribute to policy making.

Non-partner sexual violence

refers to sexual violence by a relative, friend, acquaintance, neighbour, work colleague or stranger. It includes being forced to perform any unwanted sexual act, sexual harassment and violence perpetrated against women and girls frequently by an offender known to them, including in public spaces, at school, in the workplace and in the community.

Physical violence

involves intentionally using physical force, strength or a weapon to harm or injure the woman or girl.

Psychological/emotional violence

includes controlling or isolating the woman or girl, and humiliating or embarrassing her. It involves the intentional act against a person that results in mental, spiritual, moral and social harm, including insults, threats, and verbal abuse.



Rape

non-consensual penetration (however slight) of the vagina, anus or mouth with a penis, other body part or any other object.

Sexual violence

includes abusive sexual contact, making a woman or girl engage in a sexual act without her consent, and attempted or completed sex acts with a woman or girl who is ill, disabled, under pressure or under the influence of alcohol or other drugs.

Social services

are services that respond to GBV, child marriage or FGM which are specifically focused on victims/survivors of such incidents. They are imperative for assisting the recovery of women and girls from these incidents, their empowerment and preventing the reoccurrence of violence and, in some instances, work with particular parts of society or the community to change the attitudes and perceptions of GBV, child marriage and FGM.

They include, but are not limited to, providing psycho-social counselling, financial support, crisis information, safe accommodation, legal and advocacy services, and housing and employment support.

Stakeholders

are all government and civil society organizations and agencies that have a role in responding to GBV, child marriage and FGM at all levels of government and civil society. Key stakeholders include victims/survivors and their representatives, social services, health care sector, legal aid providers, police, prosecutors, judges, child protection agencies, and the education sector, among others.

Theory of change

means a specific type of methodology for planning, participation, and evaluation that is used in the philanthropy, not-for-profit and government sectors to promote social change. Theory of change defines long-term goals and then maps backward to identify necessary pre-conditions.

Victims/Survivors

refers to the women and girls who have experienced or are experiencing gender-based violence to reflect both the terminology used in the legal process (victims) and the agency of these women and girls in seeking essential services. Victims/survivors may also be pregnant women who experience GBV or FGM during pregnancy.

Victim/survivor-centred approach

means a human rights-based approach that victims/survivors' rights and needs are first and foremost. The victim/survivor has a right to:

- a. Be treated with dignity and respect instead of being exposed to victim/survivor-blaming attitudes
- b. Choose the course of action in dealing with the violence instead of feeling powerless
- c. Privacy and confidentiality instead of exposure
- d. Non-discrimination instead of discrimination based on gender, age, race, ethnicity, ability, religion, health status (e.g. HIV) or any other characteristic
- e. Receive comprehensive information to help her make her own decision instead of being told what to do.

Violence against women and girls (VAWG)

means “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women and girls, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.

Guide to implementation

Part I: Enabling Environment to Support Implementation

In order to ensure routine delivery of the Essential Services Package to all women and girls survivors of GBV, child marriage and FGM, the government needs to address institutional structural barriers and put in place the elements to support an enabling environment including laws, policies, budgets, capable service providers, informed service demanders and quality controls.

This Part of the Guide reviews the foundational elements that support the essential services and high quality service delivery as follows.

1. Comprehensive Legislation and Legal Frameworks

Creating a supportive comprehensive legislative framework is essential to the long-term sustainability and accountability of the essential services. Laws provide the legal and judicial basis for women and girls to claim their right to health, social services, justice and policing services and provide a remedy for them when these essential services are denied, undermined, unreasonably delayed or lacking.

A comprehensive legislative framework on GBV, child marriage and FGM must be supported by laws which provide for gender equality in marriage, divorce, property rights and child custody. Recommended strategies for a comprehensive legislative framework include:

1. Promote and integrate the principles of gender equality, non-discrimination and the promotion of women's empowerment in all laws
2. Ensure laws are guided by the principles of human rights-based, victim/survivor-centred approach and ensuring perpetrator accountability

3. Cover all forms of violence against women, using broad definitions that are aligned with human rights standards:
 - a. Criminal law framework that criminalizes all forms of violence against women, reflecting the reality of violence women face, including criminalizing breaches of civil protection orders
 - b. Criminal, civil, family and administrative law frameworks that ensure effective prevention, protection, prosecution, punishment and provisions of redress and reparations, including a civil protection order
4. Respond to and address the root causes of GBV, child marriage and FGM against women, especially the historical inequity between women and men.
5. Impose a statutory obligation on the institutions to provide coordinated and integrated services and provide clear mandates for service providing institutions.



6. Consider specific legislative provisions for specialized units, training, oversight and monitoring mechanisms and a dedicated funding mechanism.
7. Provide for a law reform process that includes effective and transparent consultation:
 - a. Promote a broad consultation with all relevant agencies and civil society, including victim/survivors' organizations
 - b. Promote the use of evidence-based research to inform law reform
8. Develop information dissemination plans/legal literacy campaigns to ensure women are aware of their rights in law, services available and remedies

2. Gender Responsive Policies and Practices

Gender-responsive policies and practices recognise the historical inequity between women and men and are aimed at eliminating that inequity. Gender-responsive policies and practices are crucial for ensuring standardised quality of delivery by each sector and their interaction with each other in the delivery of the essential services. Policies and practices can also contribute by addressing social barriers, institutional cultures, and operational structures that traditionally have hindered quality service delivery. Recommended strategies for achieving this include:

1. Ensure a comprehensive policy framework that covers different levels such as national, multi-sectoral, sector specific and institutional
2. Incorporate a common understanding of GBV, child marriage and FGM that is victim/survivor-centred and informed by guiding human rights principles and the need for perpetrator

accountability

3. Articulate clearly the internal institutional factors such as staffing, protocols, procedures and organizational culture as well as organizational relationships required for collaboration and coordination.
4. Integrate policies on GBV, child marriage and FGM into the broader policy commitments to gender equality and human rights.
5. Integrate sectoral and coordination policies into a National Policy and Action Plan to eliminate GBV, child marriage and FGM
6. Develop policy commitments by:
 - a. Communicating the policy to all stakeholders
 - b. Considering incentives to get buy-in for inter-agency collaboration
 - c. Specifying a key role for victims/survivors and their advocates



3. Resources and Financing

In order to guarantee essential services that effectively respond to women and girls, plans and policies must be supported by the financial resources that will build and sustain environments free of GBV, child marriage and FGM. These policies and plans must be rooted in a national system that enables the coordination of strategies across sectors to advance gender equality and women's empowerment – not just keep women and girls free from GBV, child marriage and FGM.

It is particularly important to analyse the national public financial management system and how it can be used to link the specific goals contained in national laws and policies that address the issues of GBV, child marriage and FGM, to the financial resources required to effectively meet and maintain them. Recommended strategies for resources and financing include:

1. Promote and integrate principles of gender-responsive planning and budgeting in order to foster the generation of national plans and policies that adequately meet the needs of women and girls.




2. Emphasize the active participation of civil society and gender advocates in policy planning and budgetary processes as a means of learning about the needs of women and girls, and work to include them in the laws, policies and budgets designed to positively impact their lives.
3. Understand the impact that public financial management systems and fiscal policies have on gender equality.
4. Designate adequate and sustained financial resources to prevent and respond to GBV, child marriage, and FGM.
5. Ensure adequate and appropriate infrastructure and services are accessible, available and adaptable to all women and girls in the country, including rural and remote areas.
6. Consider the creation of multi-stakeholder platforms or interdisciplinary units to design holistic strategies that understand gender equality and women's empowerment across all areas of government action

4. Training and Capacity Development

It is fundamental for the delivery of the essential services that those institutions responsible for providing the services have an organizational environment to support the delivery of these services. Training and capacity development ensure that sector agencies and coordination mechanisms have the capacity and capability to deliver quality services, and that service providers have the competency required to fulfil their roles and responsibilities. Recommended strategies include:


1. Set standards for workplace practices, including the necessary

- 
- capacity of the service providers in terms of knowledge and skills
2. Increase the diversity of the workforce, including in terms of gender, ethnicity and language
 3. Establish policies on promoting gender equality within those institutions responsible for providing essential services, especially at the senior decision-making level, including measures to recruit, retain and promote women where they are not adequately represented.
 4. Set standards in training of service providers based on good practices in each sector and on coordination, including partnering with women's organizations and inter-agency training.
 5. Provide opportunities for service providers at various stages of their career (from intake, continuing training and advancement, peer-to-peer exchanges) to build their skills and expertise and to ensure their knowledge and skills remain up to date.
 6. Promote specialization and multi-disciplinary teams

5. **Governance, Oversight and Accountability**

For the government to meet its duty to provide quality essential services, implementation plans should be supported by gendered governance, oversight and accountability. In their exercise of political, economic and administrative authority, the government needs to recognize how the lives of women are deeply and systematically conditioned by social norms and structural power.

The mechanisms, processes and institutions through which citizens and groups articulate their interests and exercise their legal rights must be



accessible to women, and be designed to guarantee gender equality and promote women's empowerment as well as ensure that such mechanisms, processes and institutions do not condone violence against women or increase the vulnerability or re-victimization of women who have experienced violence.

Ensuring gender responsive governance, oversight and accountability contributes to the Essential Services Package being viewed as legitimate by society, service providers and service users. Recommended strategies for implementation include:

1. Promote governance structures that contribute to increasing the confidence of women in mechanisms, processes and institutions, facilitating their participation and addressing gender-related barriers to their access.
2. Develop opportunities and capacities of women to influence the wide range of ways in which political social and administrative structures of society can ensure gender equality and women's access, including through working with women's groups and social movements.
3. Promote women's participation in both government (legislative politics, courts, administrative agencies, the military) and in institutions of civil society (movements, groups, non-governmental organizations).
4. Enhance existing oversight mechanism (e.g. internal and external) to integrate a mandate to cover gender equality and elimination of GBV, child marriage and FGM.
5. Promote a broad range of accountability mechanisms within and between each sector, including victim complaint mechanisms,

monitoring by an independent body and/or civil society.

6. Enhance accountability mechanisms with participation by stakeholders in design, implementation and assessment of services

6. Monitoring and evaluation

Continuous improvement by sectors, informed by regular monitoring and evaluation, is needed to deliver quality services to women and girls experiencing GBV, child marriage and FGM. Monitoring and evaluation is a key step in the implementation process which will be discussed in greater detail in the next Part of this Guide.


As an enabling factor, monitoring and evaluation refers to systems that are in place at the national and subnational levels. In order to ensure that these existing monitoring and evaluation systems support the effective monitoring of the implementation of the essential services, they should be strengthened to ensure that reliable comprehensive



data is in a form that can be used to gauge and promote quality service provision.

This means collecting and analysing sex and age-disaggregated statistics which can be used to develop evidence-informed policies, budgets and legislation that deliver effective services for gender equality. Recommended strategies for monitoring and evaluation include:

1. Set standards for gender-responsive monitoring and evaluation including indicators, data collection, analysis and reporting, methodology, schedules for collecting and reporting data, including qualitative and quantitative data.
2. Develop guidelines and structures at the national level to support good gendered monitoring of service delivery at the subnational level.
3. Revise existing administrative data collection mechanisms to track provision of and access to essential services on ending GBV, child marriage and FGM, as well as outcomes/results of the provision of such services.
4. Create mechanisms that can feed results from the monitoring and evaluation of the implementation of the essential services into recommendations for improvement to other enabling elements, such as law reform and policy development.
5. Ensure that results of monitoring and evaluation are broadly available, disaggregated by relevant characteristics (i.e. age, ethnicity, location and other variables to be agreed upon in each context), and protect confidentiality of victims/survivors.

- 
6. Ensure gender balance in any external data collection, monitoring and evaluation processes.

Part II: The Implementation Process

With the enabling factors in place, the actual process of implementing the Essential Services Package is carried out at the local level where victims/survivors access the services. Although implementation may be carried out by a group of providers of a particular essential service, or even by a single provider of an essential service, delivery of the services is much more effective if carried out as part of a coordinated multi-sectoral response to GBV, child marriage and FGM.

In addition to the providers of essential services, the coordinated response may include other stakeholders. The implementation process is not conducted just once to create the essential services, but aspects of the process are conducted continually or periodically as circumstances require to ensure that the services are working to keep women safe and hold perpetrators accountable. The implementation process includes:

1. Identifying the Entity Responsible for Implementation

Implementation of the essential services requires identification of a specific entity that is responsible for ensuring that the services are provided in a way that effectively addresses GBV, child marriage and FGM. The entity may be a separate coordinating body or a function within a stakeholder sector.

What is important is that the entity charged with this responsibility includes all relevant sectors in the response. While some coordination may take place informally based on existing relationships, a sustainable response requires formal agreements regarding the role and accountability of each stakeholder in carrying out implementation of

the essential services.

The implementation entity is responsible for guiding the implementation of essential services. It sets goals and objectives for providing the services and holds each sector accountable for ensuring that the guidelines for each of the services are followed. In addition, the implementation entity works to ensure that appropriate resources are available and that obstacles are addressed and necessary corrections made.

It facilitates cooperation, coordination and collaboration among the essential services providers and other stakeholders and ensures that voices of vulnerable and marginalized populations are heard.

Recommended strategies for identifying the entity responsible for implementation include:

1. Possible make-up of implementing entity:
 - a. Multi-sectoral partnership comprised of providers of essential services and other stakeholders
 - b. Balance of government officials and civil society organizations
 - c. NGOs and victim/survivor advocates should play a key role. This is important because women's rights NGOs often operate as an entry point for victims/survivors seeking services and continue to work with them to address GBV, child marriage and FGM. Thus, they are in the best position not only to understand victims/survivors' needs but to represent those needs to other service providers and promote a comprehensive, effective response to GBV, child marriage and FGM
 - d. A central body may be responsible for implementation (e.g., one-stop centres) or each sector may carry out its services

independently with a separate group responsible for coordination

- e. A new entity may be created for the purpose of implementing coordination among providers and other stakeholders, or an existing entity may be given responsibility for implementing coordination – the Gender Management System (at national and state level) as described in the National Gender Policy Strategic Framework,¹¹ is well positioned to undertake coordination of activities in Nigeria. Specialised technical groups such as the FGM Advisory Committee and Reproductive Health Technical Working Group, the Child Marriage Coordination Unit of the Ministry of Women Affairs, and other relevant technical groups must be involved in the response.

2. Members of the implementation body should share a victim/survivor-centred philosophy and apply human rights standards of victim/survivor safety and offender accountability.
3. Members of the implementation body should enter into a memorandum of understanding (MOU) agreeing to a victim/survivor-centred philosophy, goals and objectives. The MOU should incorporate a shared understanding of GBV, child marriage and FGM, and transparent standards and expectations for each participating sector

2. Conducting an Assessment

For implementation of essential services to meet the needs of women and girls who have been subject to GBV, child marriage and FGM, it is important to conduct an assessment to establish knowledge of the existing situation and identify gaps in the available services as well as the factors that provide for an enabling environment.

Assessment is necessary to identify needs, the existing capacity to meet those needs, needs that are not being met, and establishing goals and objectives for meeting the unmet needs. Recommended strategies for conducting an assessment include:

1. Consult with stakeholders, including those who are not part of the implementation entity
2. Determine whether enabling factors are in place
3. Identify existing government agencies, roles and mandates
4. Identify existing civil society providers and their capacity
5. Assess quantity and quality of existing essential services
6. Determine required and available resources
7. Analyse and identify gaps – determine the need for new, additional, and improved services
8. Assess victims/survivors' knowledge of their right to services, their experience in using existing services and their capacity to demand services
9. Assess need for services based on community demographics

3. Developing a Costed Implementation Plan

Developing, costing and carrying out the implementation plan is at the core of the implementation process. The result should be the availability of sufficient essential services that carry out good practices in responding to the needs of women and girls who are subject to GBV, child marriage and FGM. Recommended strategies for developing a

costed implementation plan include:


1. Refine goals and objectives
2. Clearly identify tasks, time frame, roles and responsibilities
3. Create a process for resolving disputes among coordinating entities
4. Identify funding requirements, funding sources and apply for funding
5. Identify required infrastructure and how to obtain it.
6. Identify human resources, including how to secure and/or train required providers.
7. Prioritise service delivery based on evidence of community need.
8. Create a detailed implementation plan based on elements set out in the relevant sector appendix
9. Disseminate implementation plan to service providers and others, as appropriate.
10. Make technical assistance and resources available to service providers to carry out implementation plan.
11. Promote coordination among service providers.
12. Raise public awareness of availability of Essential Services and how to access them

4. Monitoring and Evaluating Implementation

Monitoring and evaluation are necessary for accountability, essential to determining strengths and weaknesses of services being provided, and critical to identifying gaps and needed changes. Monitoring and evaluation provide information to justify funding requests, and to advocate for stronger laws and more effective implementation of laws and policies on violence against women and girls.

Collecting and reporting both qualitative and quantitative data is important, as well as ensuring that the data is interpreted correctly. For example, increased reporting of GBV does not necessarily indicate an increase in GBV, but it may be the result of a greater willingness of victims to report the GBV. Recommended strategies for monitoring and evaluation include:

1. Set realistic short, medium and long-term goals.
2. Identify oversight mechanisms – internal, external, and operational grievance mechanisms.
3. Use qualitative and quantitative indicators of effectiveness:
 - a. Number of information/advocacy events organized to share information on the guidelines and tools for essential services
 - b. Number of visits/requests to the information website/content developed under the programme
 - c. Specific inter-agency agreements available for collaboration
 - d. Number of training modules and curricula, developed or adapted in line with the global guidelines for capacity building of service providers



e. Number of training and capacity building courses to address the guidelines and tools for the essential services and their core elements implemented.

5. Incorporate baseline data into measurement systems.
6. Adopt a system for measuring achievement of goals, outcomes and outputs.
7. Arrange for monitoring by an independent body and/or civil society.
8. Monitor outcomes of services which are provided and those services which are not provided.
9. Analyse and disseminate monitoring data – make data and analysis publicly available.
10. Report disaggregated data while maintaining confidentiality

5. Review Cycle and Adapting an Implementation Plan

Learning from experience, rethinking and refining how services are delivered based on those learnings should be a continual process. Effectively meeting the needs of victims/survivors depends on service providers' ability to improve based on knowledge gained from their own experiences and those of other service providers. Recommended strategies for achieving this include:

1. Use monitoring and evaluation results to identify recommendations for improvement.

2. Implement recommendations.
3. Incorporate recommendations by victims/survivors and/or their advocates into changes and improvements to service delivery.
4. Conduct ongoing training for service providers on new developments and good practices in service delivery



Special Considerations for Implementation

1. **Integration of services:** All survivors must be treated with respect and dignity. Service providers in the various sectors need to be trained to address their needs in a sensitive manner. Services for survivors should not separate from general services in order to minimise stigmatisation as separate services may make survivors more visible and recognisable.
2. **Women and Girls Living with Disabilities:** There should be special attention paid to implementation plans to ensure the inclusion of women and girls living with disabilities. This may include ensuring that there are service providers such as sign language specialists available to address their needs in all the sectors. With the scarcity of sign language specialists in most sectors, some basic training on sign language for service providers should be provided.

Availability of communication materials for visually impaired persons (braille) and disability-inclusive access to buildings (e.g. wheelchair ramps) will also improve access to services. In addition, the various sectors should collaborate with networks of people living with disabilities as well as CSOs working with them in order to identify their needs and facilitate access to services.

3. **Children, adolescents and young people:** These are frequently survivors of violence and services should accommodate their needs by being respectful, non-judgemental, and flexible. They must have privacy and confidentiality like any other survivor, and the possibility of the parent or guardian being the perpetrator of violence must be borne in mind. Peer educators should be engaged to reach adolescents and young people with information and support.

4. Support from families: Although this is important in helping survivors to cope with the traumatic experience they had, care should be taken to ensure that only family members whose presence is desired by the survivor is included. This is important as some family members may be the perpetrator of violence.

5. Programming during periods of disrupted activities such as the COVID-19 pandemic: Implementing agencies need to ensure that service disruption during such periods is limited as much as possible while adhering to safety guidelines issued by the government. In the case of infectious disease pandemic like COVID-19, guidelines for the reduction of transmission may include improved hand hygiene (handwashing or use of hand sanitisers), proper respiratory hygiene (when coughing or sneezing), maintaining physical distancing, use of face masks, and avoiding gatherings/crowds and seeking help when feeling ill. Similar considerations may be needed during outbreaks of other infectious diseases such as Ebola and Lassa fever.

It is also important to follow government guidelines during other emergencies such as conflicts and security challenges. Some measures that can be taken to ensure continuity of services are detailed in Appendix 5.

APPENDICE

Appendix 1: Checklist for the Health Sector

Implementation Steps	Considerations for Essential Justice and Policing Services	Identified Gaps	Actions Required to Address Gaps
Advocacy, situation analysis and planning	<ol style="list-style-type: none"> 1 Assess the political readiness of the health system 2 Advocacy for building political will 3 Conduct a situation analysis 4 Develop a costed implementation plan taking into consideration service delivery improvement; health workforce capacity strengthening; infrastructure and medical products; policies, governance and accountability; information, monitoring and evaluation; and scale-up 		

Implementation Steps	Considerations for Essential Justice and Policing Services	Identified Gaps	Actions Required to Address Gaps
Improving service delivery	<ol style="list-style-type: none"> 1 Assess the health system readiness to provide services. 2 Establish protocols or standard operating procedures for service delivery for GBV, child marriage and FGM survivors. 3 Identify appropriate models of care for service delivery. 4 Establish coordination and referrals within the health system. 5 Put protocols or standard operating procedures into practice 		
Health workforce capacity strengthening	<ol style="list-style-type: none"> 1 Assign the necessary health care providers including supervisors 2 Develop or review capacity building materials (training manuals, job aids, monitoring checklists) 		

Implementation Steps	Considerations for Essential Justice and Policing Services	Identified Gaps	Actions Required to Address Gaps
	<ul style="list-style-type: none"> 3 Train health care providers including supervisors. 4 Offer mentoring and supervision to support performance 		
Strengthen infrastructure and availability of medical products	<ul style="list-style-type: none"> 1 Equip health facilities to respond adequately 2 Ensure safe access to health services 3 Provide the necessary medical products, equipment, and supplies to enable service provision in an integrated manner: <ul style="list-style-type: none"> a. Manage immediate complications like bleeding, infection, shock, etc b. Prevention and treatment of STI, HIV, HPV c. Infertility diagnosis and treatment d. Contraception e. Postabortion/abortion 		

Implementation Steps	Considerations for Essential Justice and Policing Services	Identified Gaps	Actions Required to Address Gaps
	<p>care services</p> <p>g. Maternal health services</p> <p>h. Management of immediate and long-term complications of FGM</p> <p>i. Sexual health services</p> <p>j. Mental health services</p> <p>k. Linkages to other services e.g. pelvic organ prolapse, menopause, etc</p>		
Policies, governance and accountability	<ol style="list-style-type: none"> 1 Review, implement and advocate to strengthen the legal frameworks 2 Review and strengthen policy frameworks 3 Establish a structure of governance 4 Implement accountability measures 5 Promote gender equality in the health work place 		

Implementation Steps	Considerations for Essential Justice and Policing Services	Identified Gaps	Actions Required to Address Gaps
Budget and financing	<ol style="list-style-type: none"> 1 Determine the core elements of an essential service package 2 Allocate a budget 3 Estimate the costs of delivering services 4 Reduce financial barriers to access 		
Multi-sectoral coordination and community engagement	<ol style="list-style-type: none"> 1 Strengthen engagement of the health sector in multi-sectoral coordination mechanisms 2 Establish coordination and referrals between the health and other sector services 3 Engage with the community to support, monitor and evaluate services 		
Information, monitoring and evaluation	<ol style="list-style-type: none"> 1 Use data for advocacy and planning 2 Conduct programme 		

Implementation Steps	Considerations for Essential Justice and Policing Services	Identified Gaps	Actions Required to Address Gaps
	<p>monitoring</p> <p>3 Conduct an evaluation</p> <p>4 Use information to improve services</p>		
Preparing to scale up	Design and plan the scale-up of a health system response to violence against women		

Appendix 2:

Checklist for the Justice and Policing Sector

Implementation Steps	Considerations for Essential Justice and Policing Services	Identified Gaps	Actions Required to Address Gaps
Identifying the entity responsible for implementation	<p>1 Identification of relevant stakeholders in justice and policing to be involved in multi-sectoral implementing bodies at national, state and LGA level</p>		

Implementation Steps	Considerations for Essential Justice and Policing Services	Identified Gaps	Actions Required to Address Gaps
	<p>2 Coordination of justice sector implementing body established or strengthened</p> <p>3 Establishment or strengthening of police and justice institutional implementation bodies for overseeing implementation</p> <p>4 Active participation in coordinated response to GBV, child marriage and FGM including stakeholders from social services, justice and police sectors, victim/survivor advocates, education sector and others</p> <p>5 Ensuring victim/survivor advocates play a key role in all of the above activities</p> <p>6 Ensuring there is a common understanding of GBV, child marriage and FGM, their causes and the objectives of services</p> <p>7 Identification of, and addressing victim/survivor blaming</p>		

Implementation Steps	Considerations for Essential Justice and Policing Services	Identified Gaps	Actions Required to Address Gaps
Conducting an assessment	<ol style="list-style-type: none"> 1 Consultations with relevant justice and police stakeholders, including with victims/survivors, where possible, following ethical and safety recommendations 2 Identification of gaps in available legal frameworks and law reform needs, to ensure a comprehensive legal framework for the effective delivery of quality essential justice and policing services 3 Identification of existing joint and sector justice policies and practices (whether there are specific policies on GBV, child marriage and FGM for the justice and policing sectors, and if they are linked to national policy and action plans, and whether such policies are integrated into existing justice and policing services). Identification of any companion procedures and protocols 		

Implementation Steps	Considerations for Essential Justice and Policing Services	Identified Gaps	Actions Required to Address Gaps
	<p>4 Identification of available resources and financing and the minimum requirements for the functioning of services.</p> <p>5 Identification of the current workforce capacity, and current workforce development and training approaches</p> <p>6 Identification of governance, oversight and accountability mechanisms currently in place Identification of the current ability of the justice and policing sectors to monitor and evaluate service delivery.</p> <p>7 Mapping of existing justice and policing essential services that are currently available in terms of availability, accessibility, responsiveness, adaptability, appropriateness, analyze quality and identify gaps.</p>		

Implementation Steps	Considerations for Essential Justice and Policing Services	Identified Gaps	Actions Required to Address Gaps
Developing and costing an implementation plan	<ol style="list-style-type: none"> 1 Refinement of specific goals and objectives for justice and policing sector, emphasizing victim/survivor safety while ensuring perpetrator accountability. 2. Development of comprehensive criminal legal and policy framework. 3 Development of civil, family and administrative law frameworks that ensure effective prevention, protection, adjudication and provision of remedies in accordance with international standards 4 Ensuring civil law decisions reached in marital dissolutions, child custody decisions and other family law proceedings for cases involving GBV, child 		

Implementation Steps	Considerations for Essential Justice and Policing Services	Identified Gaps	Actions Required to Address Gaps
	<p>marriage and FGM adequately safeguard victims and the best interests of children, and complement and are consistent with a criminal justice response</p> <p>5 Availability of urgent ex parte civil protection orders (i.e. orders that can be issued solely based on the victim/survivor's statement with the perpetrator having the right to a subsequent evidentiary hearing)</p> <p>6 Incorporation of legal provisions relating to traditional or informal reconciliation processes provided that they do not further discriminate women or make them more vulnerable</p> <p>7 Specific infrastructure considerations that can contribute to a positive enabling environment for</p>		

Implementation Steps	Considerations for Essential Justice and Policing Services	Identified Gaps	Actions Required to Address Gaps
	<p>the delivery of essential justice and policing services (physical, technical, financial, linguistic accessibility)</p> <p>8 Infrastructure considerations to ensure adequate facilities for all justice institutions: incorporating safety features (e.g. separate waiting rooms in courts); allowing for privacy and confidentiality (e.g. secure filing cabinets for records); ensuring appropriate signage; establishing facilities in locations within one day's journey (e.g. for women living in remote and rural areas), enhancing availability of technology, such as telephones, fax or internet technology to allow for women to easily participate in different stages of the justice chain</p>		

Implementation Steps	Considerations for Essential Justice and Policing Services	Identified Gaps	Actions Required to Address Gaps
	<p>and to obtain protection orders; developing network of hubs for service delivery; and creating mobile/travelling civil and family courts</p> <p>9 Infrastructure that allows for justice service providers to meet victims/survivors' medical and psychosocial needs, such as vehicles for transporting her to hospital, to forensic examination or to a shelter</p> <p>10 Infrastructure that can accommodate multi-disciplinary and inter-agency approaches (e.g. one stop centres)</p> <p>10 Training of justice providers on women's human rights; the dynamics of GBV, child marriage and FGM; effective protection and resolution of these cases; and to increase their</p>		

Implementation Steps	Considerations for Essential Justice and Policing Services	Identified Gaps	Actions Required to Address Gaps
	<p>ability to manage incidents of violence against women in a way that minimizes the possibility of re-victimizing the victim/survivor (how to act in a manner that is non-judgmental, empathetic and supportive)</p> <p>11. Interdisciplinary training where possible and developing training in close cooperation with women's rights groups and civil society.</p> <p>12 Accessibility (physical, technical, financial, linguistic) of justice service providers, including ensuring staff in justice institutions in rural and remote areas through specialists at hub facilities and rotating staff.</p> <p>13 Establishment of multi-disciplinary teams where</p>		

Implementation Steps	Considerations for Essential Justice and Policing Services	Identified Gaps	Actions Required to Address Gaps
	<p>possible.</p> <p>14. Development or increased use of paralegals to increase legal assistance to victims/survivors.</p> <p>15 Promoting a critical mass of women justice service providers, including women justice providers in decision-making positions.</p> <p>16 Simplified forms, such as for applications for immediate and urgent protection measures; divorce and child custody, legal aid, state compensation funds.</p> <p>17 Record-keeping capacity to track cases (ensuring that they are prioritized and fast tracked), such as using unique case file identification throughout the justice chain as well as ensuring communication between</p>		

Implementation Steps	Considerations for Essential Justice and Policing Services	Identified Gaps	Actions Required to Address Gaps
	<p>multiple legal processes (e.g. family law case and criminal case).</p> <p>18 Costs associated with increasing the ability of victims to travel and access police and justice services (travel stipend, food allowance, hotel, child care allowance)</p> <p>19 Fee waivers or reductions for family, civil and administrative proceedings.</p> <p>20 Training court clerks to assist unrepresented women in submitting applications</p>		
Monitoring and evaluating implementation	<p>1 Integration of oversight of the justice response to violence against women into existing oversight joint and sector mechanisms, both external and internal</p>		

Implementation Steps	Considerations for Essential Justice and Policing Services	Identified Gaps	Actions Required to Address Gaps
	<ol style="list-style-type: none"> 2 Promote collaboration with civil society groups to work as an observatory on the justice sector response. 3 Integration of monitoring of GBV, child marriage and FGM cases with existing data collection mechanisms, such as criminal administrative data 4 Each justice agency integrate into existing procedures for collecting, storing and transferring data, measures to ensure confidentiality and respect for the privacy of victims/survivors, perpetrators and other persons involved 5 Strengthen linkages between justice agencies in terms of tracking GBV, child marriage and FGM cases throughout the justice chain. 		

Implementation Steps	Considerations for Essential Justice and Policing Services	Identified Gaps	Actions Required to Address Gaps
	<p>6 Enhancing existing monitoring body to include a gender observatory or mandate a national body to monitor and report on the delivery of justice and policing services.</p> <p>7 Training victims/survivors and other women to carry out monitoring of justice sector mechanisms.</p> <p>8 Permit independent monitoring by NGOs including review of case files in addition to courtroom observation.</p> <p>9. Assessment of the degree of compliance by governments (at all levels) and justice providers in exercising due diligence to prevent, protect, punish acts of violence against women</p> <p>10. Suggestions for qualitative and quantitative data</p>		

Implementation Steps	Considerations for Essential Justice and Policing Services	Identified Gaps	Actions Required to Address Gaps
	<p>disaggregated by sex</p> <ul style="list-style-type: none"> a. Whether women know their rights under the law; whether men are aware of the law (crimes and penalties) and whether service providers are aware of their legal obligations to prevent and respond to GBV, child marriage and FGM b. Data on the impact of police and justice sector specific interventions and the performance of the justice and policing sector c. Population based surveys (e.g. crime/victimisation surveys or violence against women surveys) and administrative data from police, prosecution services, courts and corrections d. Evaluation of police and justice initiatives could include assessment of reporting rates, case 		

Implementation Steps	Considerations for Essential Justice and Policing Services	Identified Gaps	Actions Required to Address Gaps
	<p>rates, conviction rates, women's perception around the quality of services provided and whether their needs were met, barriers to access, and knowledge, attitudes and practices of police and other justice providers around gender and violence against women</p>		
<p>Review cycle and adapting implementation plan</p>	<ol style="list-style-type: none"> 1. Identification of barriers/obstacles to justice and policing services and lessons learned from monitoring and evaluation 2. Input from relevant stakeholders, such as trained sensitive police and justice providers, and victims/survivors 3. Incorporation of good practices and lessons learned in modifying justice and policing service delivery 		

Appendix 3: Checklist for the Implementation Process Considerations Specific for the Social Services Sector

Implementation Steps	Considerations for Essential Justice and Policing Services	Identified Gaps	Actions Required to Address Gaps
Identifying the entity responsible for implementation	<ol style="list-style-type: none"> <li data-bbox="507 640 1007 1435">1 Identification of relevant stakeholders in the social service sector to be involved in a national multi-sectoral implementing body including ministries responsible for social services, entities that deliver social services, educational institutions that train providers of social services, women's rights NGOs, and faith-based organizations that provide support to individuals and families <li data-bbox="507 1451 1007 1619">2 Establishment or strengthening coordination among social services providers <li data-bbox="507 1635 1007 1839">3 Active participation in coordinated response to violence against women and girls including stakeholders from social services, health, 		

Implementation Steps	Considerations for Essential Justice and Policing Services	Identified Gaps	Actions Required to Address Gaps
	<p>police and justice sectors, victim/survivor advocates, education sector and others</p> <p>4 Ensuring victim/survivor advocates play a key role in all of the above activities</p> <p>5 Ensuring there is a common understanding of GBV, child marriage and FGM, their causes and the objectives of services</p> <p>6 Identification of, and addressing victim/survivor blaming</p>		
<p>Conducting an assessment</p>	<p>1. Consultation with relevant stakeholders in the social services sector such as:</p> <p>a. Organizations with specific responsibility for implementation of essential services including ministries responsible for social services; social service providers; civil society</p>		

Implementation Steps	Considerations for Essential Justice and Policing Services	Identified Gaps	Actions Required to Address Gaps
	<p>organizations; academics; organizations that represent victims/survivors; and victims/survivors</p> <p>b. Key stakeholders and actors responsible for developing policies and protocols, involved in coordination and involved in providing services; as well as members of the community, leaders of the community and women's organizations</p> <p>c. Other stakeholders with a role or interest in responding to GBV, child marriage and FGM</p> <p>2 Identification of current legal frameworks to promote protection for women and support the delivery of safe, effective and ethical social services and identification of existing gaps in these frameworks</p>		

Implementation Steps	Considerations for Essential Justice and Policing Services	Identified Gaps	Actions Required to Address Gaps
	<p>3 Identification of existing policies, plans, protocols and practices, (whether there is a specific GBV, child marriage and FGM social services policy and if it is linked to national policy), and assess how policies regarding social services for women subjected to GBV, child marriage and FGM are integrated into existing social services</p> <p>Assessment of the level of implementation of policies, plans and protocols, including gaps and bottlenecks, access barriers by sub-groups</p> <p>4 Identification of available resources and financing and the minimum requirements for the functioning of services (e.g. social services budgets; infrastructure and locations)</p> <p>Assessment of the availability of</p>		

Implementation Steps	Considerations for Essential Justice and Policing Services	Identified Gaps	Actions Required to Address Gaps
	<p>products/commodities and technology that enable confidentiality, privacy and safety</p> <p>5 Identification of the current workforce capacity and development and training approaches (initial training, continuing education and in-service training; inter-sectoral team building; and social services work force supervision and mentoring)</p> <p>6 Identification of current governance, oversight and accountability mechanisms (institutional coordination mechanisms at national or subnational levels, how they function, which stakeholders are involved and who is not participating that should be)</p> <p>Identification and inclusion of groups of people that are more vulnerable to GBV, child marriage and FGM (e.g. people with disabilities)</p> <p>7 Identification of the current</p>		

Implementation Steps	Considerations for Essential Justice and Policing Services	Identified Gaps	Actions Required to Address Gaps
	<p>ability of the social services sector to monitor and evaluate service delivery (information systems, client feedback mechanisms, and other methods to track quality of services)</p> <p>8 Mapping of existing essential social services in terms of availability, accessibility, responsiveness, adaptability, appropriateness; analyze quality and identify gaps:</p> <ul style="list-style-type: none"> a. Which social services exist for victims/survivors b. Which entities are providing the services (government, non-governmental organizations, others) c. Locations where services are concentrated and where there are gaps d. How services are financed and what costs are for victims/survivors e. The level of quality and users' experience f. Who is accessing services 		

Implementation Steps	Considerations for Essential Justice and Policing Services	Identified Gaps	Actions Required to Address Gaps
	<p>and who is not</p> <p>g. What services are provided at different types of facilities (e.g., crisis centres, one stop centres, clinics and hospitals, shelters, women's advocacy centres, places of worship/faith based groups)</p> <p>h. Whether the facilities provide safety (e.g. security guard or police presence) and confidentiality (e.g. substituting the victim/survivor's name with a client number or alias, policies on confidentiality, (e.g. location of the facility is kept secret)</p> <p>9 Refinement of specific goals and objectives for social services sector (principle of survivor-</p>		

Implementation Steps	Considerations for Essential Justice and Policing Services	Identified Gaps	Actions Required to Address Gaps
	<p>centred services, recognizing GBV, child marriage and FGM as social problems caused by the traditional inequality between men and women and men's efforts to maintain power and control over women, avoid victim/survivor blaming)</p> <p>10 Specific legislation and policy framework considerations that can contribute to a positive enabling environment for the delivery of essential social services</p> <p>a. Laws and/or policies that clearly identify a comprehensive range of social services which address the physical, mental, economic, social and psychological consequences of different types of</p>		

Implementation Steps	Considerations for Essential Justice and Policing Services	Identified Gaps	Actions Required to Address Gaps
	<p>violence and the obligation of social services providers to offer comprehensive services to victims/survivors, recognize the rights of victim / survivors that promote safety and assistance and preserves confidentiality, and seek to prevent re-victimization</p> <p>b. Legislation should not make reporting mandatory in cases involving adult victims/survivors and should prohibit the disclosure of information about specific cases to government agencies without the fully informed consent of the victim/survivor</p> <p>c. Legislation to provide for a specific agency or</p>		



Implementation Steps	Considerations for Essential Justice and Policing Services	Identified Gaps	Actions Required to Address Gaps
	<p>agencies responsible for victim/survivor services and clearly describe their responsibilities; mandate coordination, implementation and dedicated funding mechanisms to ensure those services are established, monitored and evaluated and the results of this monitoring are shared and used to enhance service delivery</p> <p>d. Legal provisions should include establishing specialized and multidisciplinary units or approaches (e.g., mandated social services referrals by specialized domestic violence police units); mandating training; and establishing an oversight mechanism</p> <p>e. Policies that focus on</p>		

Implementation Steps	Considerations for Essential Justice and Policing Services	Identified Gaps	Actions Required to Address Gaps
	<p>how to integrate GBV, child marriage and FGM into different types of social services and programming such as livelihoods development, agriculture, business development, education</p> <p>f. Policies that address a system-wide approach in social services facilities including how to obtain personal information that allows for privacy and confidentiality; how to avoid re-victimization by requiring victims/survivors to repeat their stories; establish protocols for when and where social services providers may discuss personal information about clients</p> <p>g. Protocols and guidelines standardise quality of services and provide</p>		

Implementation Steps	Considerations for Essential Justice and Policing Services	Identified Gaps	Actions Required to Address Gaps
	<p>clear procedures for social services providers, e.g. the types of supports provided, length of time a victim/survivor can access services, frequency of counselling sessions, support provided after receiving service, training of workers</p>		
<p>Developing and costing an implementation plan</p>	<p>1 Infrastructures that provide for accessibility (physical, technical, financial, linguistic) to all women and girls subjected to GBV, child marriage and FGM, with special consideration for women in remote and rural areas and women from marginalized groups, such as women with disabilities and women with mental</p>		

Implementation Steps	Considerations for Essential Justice and Policing Services	Identified Gaps	Actions Required to Address Gaps
	<p>health challenges</p> <p>2 Equipment and supplies necessary for comprehensive services, recognizing the different needs of different services</p> <p>3 Infrastructures that incorporate safety, privacy, confidentiality and dignity features, such as consultation rooms where victims/survivors cannot be overheard from outside; private waiting rooms to avoid sharing information in public areas such as the reception area; and secure file cabinets/lockable cupboards for patient files</p> <p>4 Infrastructure that minimizes secondary victimization, such as requiring victim/survivors to retell their stories multiple times Infrastructure that can accommodate multi-disciplinary and inter-agency approaches (e.g., hospital based one stop centres</p>		



Implementation Steps	Considerations for Essential Justice and Policing Services	Identified Gaps	Actions Required to Address Gaps
	<p>5 A systems approach which focuses on developing resources and skills across the entire social services organization by training all social services provider staff as well as specialized staff who are providing direct services to victims/survivors</p> <p>6 An integrated approach to train existing social services providers to screen for GBV, child marriage and FGM, provide counselling where possible and referrals to other services</p> <p>7 Availability of social services providers who have the capacity to deliver quality psychosocial and other support services to women and girls subjected to GBV, child marriage and FGM</p> <p>8 Accessibility (physical, technical, financial, linguistic) of social services providers (availability of social services staff 24 hours/365 days per year,</p>		

Implementation Steps	Considerations for Essential Justice and Policing Services	Identified Gaps	Actions Required to Address Gaps
	<p>availability of staff in rural and remote areas through specialists at hub facilities and rotating staff)</p> <p>9 Responsive social services providers (including ensuring capacity of staff to conduct safety and danger assessments)</p> <p>10 Specialised/specially designated social services providers (selection on the basis of experience, interest, skills, attitudes and levels of sensitisation) Recognise the qualifications of specialists and remunerate them accordingly.</p> <p>11 Multi-disciplinary teams (different types of social services providers and across sectors, such as incorporating social services providers into the health care or police response to GBV, child marriage and FGM)</p> <p>12 Training of social services providers on: the dynamics of GBV, child marriage and</p>		

Implementation Steps	Considerations for Essential Justice and Policing Services	Identified Gaps	Actions Required to Address Gaps
	<p>FGM; the relevant laws guiding their work, including what constitutes a crime; evidence in criminal proceedings; how to report GBV, child marriage and FGM; whether and how women can obtain protection measures; obligations of social services providers in cases involving girls. In addition, training should focus on knowledge, attitudes and skills that are gender-responsive and women-centred, such as how to ask about GBV, child marriage and FGM, care for women who disclose and refer women for specialised services</p> <p>13 Interdisciplinary training where possible, and developing training</p>		

Implementation Steps	Considerations for Essential Justice and Policing Services	Identified Gaps	Actions Required to Address Gaps
	<p>through collaboration among relevant actors, particularly social service and health care providers, police and justice system representatives and women's rights NGOs</p> <p>Increasing female social services providers within staff to ensure survivors have access to same sex social services providers where possible</p> <p>14 Integrate into social service agency guidelines specific responses to women and girls subjected to GBV, child marriage and FGM.</p> <p>15 Secure storage of client records and information systems.</p> <p>16 Standardisation of case documentation and management systems on GBV, child marriage and</p>		

Implementation Steps	Considerations for Essential Justice and Policing Services	Identified Gaps	Actions Required to Address Gaps
	<p>FGM within and across social services agencies</p> <p>17 Enhancement of referral processes among social services agencies.</p> <p>18 Providing all social services for women and girls subjected to GBV, child marriage and FGM free of charge.</p> <p>19 Transportation for social services and other services not easily accessible to victims/survivors</p>		
Monitoring and evaluation	<ol style="list-style-type: none"> 1. Integration of oversight of the social services response to GBV, child marriage and FGM into existing oversight joint and sector mechanisms, both external and internal 2. Collaboration with women's rights NGOs with 		

Implementation Steps	Considerations for Essential Justice and Policing Services	Identified Gaps	Actions Required to Address Gaps
	<p>experience in social services to monitor and evaluate the social services sector response</p> <p>3 Integration of monitoring of GBV, child marriage and FGM in the existing social services systems through standardised records and information systems with careful attention to confidentiality and safety of victims/survivors</p> <p>4 Enhancement of existing monitoring body to include mandate to monitor and report on the delivery of social services for women and girls subjected to GBV, child marriage and FGM</p> <p>5 Include client feedback and assessments or other approaches to monitor the quality of</p>		

Implementation Steps	Considerations for Essential Justice and Policing Services	Identified Gaps	Actions Required to Address Gaps
	<p>services and whether they are making a change in the lives of victims/survivors</p> <p>6 Suggestions for qualitative and quantitative data:</p> <p>a. Prevalence rates of GBV, child marriage and FGM (provide baseline and identify patterns within the country and changes over time)</p> <p>b. Qualitative and/or quantitative data on the impact of social services sector specific interventions and the performance of the social services sector</p> <p>c. Evaluation of social services initiatives could include the following social services system indicators:</p> <p>1 Proportion of social services units that have</p>		

Implementation Steps	Considerations for Essential Justice and Policing Services	Identified Gaps	Actions Required to Address Gaps
	<p>documented and adopted a protocol for the clinical management of women and girls survivors of GBV, child marriage and FGM</p> <ul style="list-style-type: none"> ii. Proportion of social services units that have undertaken a readiness assessment for the delivery of GBV, child marriage and FGM services iii. Proportion of social services units that have commodities for the clinical management of GBV, child marriage and FGM survivors iv. Proportion of social services units with at least one service provider trained to care for and refer GBV, child marriage and FGM survivors 		

Implementation Steps	Considerations for Essential Justice and Policing Services	Identified Gaps	Actions Required to Address Gaps
	<ul style="list-style-type: none"> v. Number of social services providers trained in GBV, child marriage and FGM management and counselling vi. Proportion of women who were asked about GBV, child marriage and FGM during a visit to a social services unit vii. Proportion of women who reported GBV, child marriage and FGM viii. Number of clients receiving services ix. Types of cases that have been received x. Types of cases referred from where xi. Number of nights of stays in shelters xii. Numbers/types of services clients received xiii. Number of follow-up visits to clients who have returned to community 		

Implementation Steps	Considerations for Essential Justice and Policing Services	Identified Gaps	Actions Required to Address Gaps
	<ul style="list-style-type: none"> xiv Number of referrals made to other services xv. Number of people with disabilities who have been served (this could also be expanded to number of people from marginalized groups, e.g. indigenous women, women from ethnic minority groups) d. Other data might include: women's perception around the quality of services provided and whether their needs were met; barriers to access; and knowledge, attitudes and practices of social services providers on gender inequality, GBV, child marriage and FGM e. Development of a balanced social services assessment scorecard to support monitoring development over time 		

Implementation Steps	Considerations for Essential Justice and Policing Services	Identified Gaps	Actions Required to Address Gaps
Review cycle and adapting an implementation plan	<ol style="list-style-type: none"> 1 Identification of barriers/obstacles to social services and lessons learned from monitoring and evaluation. 2 Input from relevant stakeholders, such as trained sensitive social services providers and victims/survivors 3 Incorporation of good practices and lessons learned in modifying service delivery 		

Appendix 4: Checklist for the Implementation Process

Considerations for Coordination and Governance of Coordination

Implementation Steps	Considerations for Essential Justice and Policing Services	Identified Gaps	Actions Required to Address Gaps
Identifying the entity responsible for Implementation	<ol style="list-style-type: none"> 1. Include agencies/stakeholders that will be part of coordinated response (up-to-date directory of stakeholders) 2. Leadership by victim/survivor advocates 		
Conducting an assessment	<ol style="list-style-type: none"> 1. Availability of a comprehensive legal framework based on a victim/survivor-centred approach and human rights standards and a legal framework for coordination that is based on good practices 2. Availability of gender-responsive policies and practices including policies to identify and 		

Implementation Steps	Considerations for Essential Justice and Policing Services	Identified Gaps	Actions Required to Address Gaps
	<p>address barriers to effective coordination</p> <p>3. Availability of adequate and sustained resources and financing at national and subnational levels to coordinate policymaking and delivery of essential services.</p> <p>4 Regular training and workforce development on good practices in coordination of essential services at all levels.</p> <p>5 Availability of standards for monitoring and evaluation that establish methodology, factors for measurement, schedules for collecting and reporting data and that the data that is collected is analyzed and made available to improve services.</p> <p>6 Identification and strengthening of current</p>		

Implementation Steps	Considerations for Essential Justice and Policing Services	Identified Gaps	Actions Required to Address Gaps
	<p>coordination efforts.</p> <p>7. Identification and strengthening of legal and policy framework for coordination based on good practices</p>		
Developing and costing an implementation plan	<ol style="list-style-type: none"> 1 Identification of coordination tasks – establishing policies and protocols and/or collaborating on individual cases, e.g., confidentiality policy 2 Creation of policies, protocols, MOUs that: <ol style="list-style-type: none"> a. require cooperation among agencies that address GBV, child marriage and FGM b. require appropriate information sharing c. prohibit mandatory reporting of individual cases except in cases of 		

Implementation Steps	Considerations for Essential Justice and Policing Services	Identified Gaps	Actions Required to Address Gaps
	<p>immediate danger, child victims or special vulnerability</p> <p>3. Determination of leadership of the coordinated response.</p> <p>4 Determination of whether/when meetings will be held</p> <p>5 Conduct of joint on-going training</p> <p>6 Agreement on primary goals – victim safety, offender accountability, agency accountability</p> <p>7 Agreement that state institutions and not victims/survivors are responsible for addressing violence</p> <p>8 Adoption of standards that are specific to girls.</p> <p>9 Avoidance of unnecessary duplication of services.</p> <p>10 Use of risk assessment at</p>		

Implementation Steps	Considerations for Essential Justice and Policing Services	Identified Gaps	Actions Required to Address Gaps
	<p>every stage of the intervention.</p> <ol style="list-style-type: none"> 11. Multi-disciplinary team case review – agencies work together to improve responses in specific cases. 12. Fatality team review – analyse cases that result in death of victims to improve responses, services and collaboration to avoid future fatalities 13 Agreement on victim-centered philosophy: victims are not responsible for the GBV, child marriage or FGM and cannot stop it 14 Agreement that root cause of GBV, child marriage and FGM is power and control 15 Definition of roles of participating agencies 16 Adoption and 		

Implementation Steps	Considerations for Essential Justice and Policing Services	Identified Gaps	Actions Required to Address Gaps
	<p>enforcement of ethical conduct for staff and volunteers of participating agencies</p> <p>17 Creation and enforcement of protocols for collecting, maintaining and allowing access to personally identifiable information</p> <p>18 Ensuring that coordinated response takes into account diversity of needs of victims/survivors e.g., girls, older women, disabled, marginalized, minority and other vulnerable groups</p> <p>19 Tailoring strategies to specific issues experienced by different groups</p>		
Monitoring and evaluating implementation	<p>1. Tracking and sharing of information.</p>		

Implementation Steps	Considerations for Essential Justice and Policing Services	Identified Gaps	Actions Required to Address Gaps
	<ol style="list-style-type: none"> 2. Evaluation by victims/survivors and their advocates 3. Conducting internal and external audits to ensure agency accountability 4. Following up on cases to learn outcomes and improve responses including fatality review 5. Creation of inter-agency tracking systems 6. Use of common technology for all recording and reporting 7. Requirement for each agency to maintain monitoring and evaluation data 8. Obtaining consent of victims/survivors to record personally identifiable information 9. Anonymisation of data for monitoring and evaluation purposes 10. Analysing data to identify 		

Implementation Steps	Considerations for Essential Justice and Policing Services	Identified Gaps	Actions Required to Address Gaps
	<p>vulnerabilities of specific groups</p> <p>11 Adoption of processes to identify unintended consequences of responses to GBV, child marriage and FGM</p>		
Review cycle and adapting implementing plan	<p>1 Identification of barriers to successful coordination and possible solutions</p> <p>2 Conducting regular, on-going training to ensure that new knowledge and good practices are incorporated into response to GBV, child marriage and FGM</p> <p>3 Incorporation of lessons learned into future policies and practices.</p> <p>4 Identification of good practices and lessons learned</p>		

Appendix 5: COVID-19 Pandemic Considerations for Essential Services Package Implementation

Due to the restrictions in gathering imposed as part of efforts to curb the spread of the COVID-19 coronavirus, the implementation of the Essential Services Package will need to consider the following options.

Coordination

1. Meetings can be held using virtual meeting platforms whenever possible
2. Ensure data collection is not disrupted – provide access to virtual reporting systems
3. Include SRHR services in the pandemic response – participate in coordination fora, provide commodity supplies (SRHR commodities, PPE and other infection prevention supplies), ensure service providers have access to personal protective equipment (PPE) and to virtual reporting systems, and include SRHR in funding proposals

Service Delivery (Health, Justice and Policing, Social)


1. Minimise disruption of routine services – provide access to PPE, and virtual reporting and referral systems for service providers, ensure alternative reporting systems are available and accessible to survivors, consider community-based care where possible
2. Ensure SRHR services are available and accessible to survivors that are infected with COVID-19 coronavirus

3. Establish transport systems that are compliant with COVID-19 prevention protocols, for survivors requiring urgent attention
4. Provide basic screening services (temperature check), handwashing facilities, social distancing at all service delivery areas
5. Ensure service delivery providers and survivors are trained on COVID-19 prevention and on how to recognize suspected cases

Although these considerations are mainly in response to the ongoing pandemic, some of them may also apply to other situations where there is restriction on movement or gathering including conflict situations.

REFERENCES

1. United Nations Joint Global Programme on Essential Services for Women and Girls Subject to Violence 2015. Essential Services Package for Women and Girls Subject to Violence Core Elements and Quality Guidelines.
2. UNFPA 2010. Addressing Violence Against Women and Girls in Sexual and Reproductive Health Services: A Review of Knowledge Assets.
3. National Population Commission (NPC) [Nigeria] and ICF. 2019. Nigeria Demographic and Health Survey 2018. Abuja, Nigeria, and Rockville, Maryland, USA: NPC and ICF.
4. The World Bank Group 2019. Gender-Based Violence: An Analysis of the Implications for the Nigeria For Women Project.
5. UNHCR 2020: Regional Refugee Response Plan Nigeria Situation 2019- 2020 Updated for 2020.
6. Walker J.A., Mustapha A. and Balami L. Global Economy and Development Working Paper 129, August 2019. Building Resilience and Resistance to Child, Early, and Forced Marriage through Acquiring Skills: Findings from Implementation Research in Nigeria. development Research and Projects Centre (dRPC)/ Brookings Institution.
7. UN Women, 2020, "Violence against Women and Girls: The Shadow



Pandemic”, <https://www.unwomen.org/en/news/stories/2020/4/statement-ed-phumzile-violence-against-women-during-pandemic>.

8. Girls Not Brides. The Global Partnership to End Child Marriage 2020; COVID-19 and Child, Early, and Forced Marriage: An Agenda for Action.
9. United Nations Convention on the Rights of Persons with Disabilities 2006 (CRPD).
10. National Policy on Sexual and Reproductive Health and Rights of Persons with Disabilities with emphasis on Women and Girls 2018.
11. National Strategic Framework for the Elimination of Obstetric Fistula in Nigeria 2019 – 2023.
12. The Convention on the Elimination of All forms of Discrimination Against Women 1979.
13. African Charter on Human and Peoples' Rights 1981 (Banjul Charter).
14. United Nations Convention on the Rights of the Child 1989.
15. African Union Charter on the Rights and Welfare of the Child 1990.
16. Rome Statute of the International Criminal Court 1998.
17. United Nations Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children,

supplementing the United Nations Convention Against Transnational Organized Crime 2000.

18. Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol) 2003.
19. African Union Convention for the Protection and Assistance of Internally Displaced Persons in Africa (Kampala Convention) 2009.
<https://www.reproductiverights.org/world-abortion-laws/nigerias-abortion-provisions>
20. Accessed 10th October 2020.
21. The National Adolescent Health Policy 1995.
22. National Strategic Framework on the Health and Development of Adolescents and Young People in Nigeria 2007 – 2011.
23. Child Rights Act 2003.
24. Compulsory, Free Universal Basic Education Act 2004.
25. The Police Act 2004.
26. The Police Act 2020.
<https://punchng.com/appeal-court-declares-police-act-2020-illegal-nullifies-constable-recruitment-2/>
27. Accessed 25th October 2020.
28. National Gender Policy 2006.


29. National Gender Strategic Framework 2008.
30. Nigeria Vision 20: 2020. Economic Transformation Blueprint 2009.
31. The National Transformation Agenda 2011 – 2015.
32. National Policy and Plan of Action for the Elimination of FGM in Nigeria 2013 – 2017.
33. Draft National Policy and Plan of Action for the Elimination of FGM in Nigeria 2020 – 2024.
34. National Health Act 2014.
35. Violence against Persons Prohibition Act 2015.
36. Nigeria A Pathfinding Country. A Road Map for Ending Violence Against Children 2016.
37. National Health Policy 2016.
38. National Reproductive Health Policy 2017.
39. The National Social Protection Policy 2017.
40. Second National Action Plan on the Implementation of UN Security Council Resolution 1325 and Related Resolutions on Women, Peace and Security 2017–2020.
41. National Policy on Sexual and Reproductive Health and Rights of Persons with Disabilities with emphasis on Women and Girls 2018.

42. National Strategic Framework for the Elimination of Obstetric Fistula in Nigeria 2019 – 2023.
43. Birchall, J. (2019). Legislation, policies and social exclusion in Nigeria. K4D Helpdesk Report. Brighton, UK: Institute of Development Studies.
44. 28 Too Many. Nigeria: The Law and FGM. June 2018.
<https://www.partnersnigeria.org/vapp-tracker/>
45. Accessed 14th October 2020.
46. National Strategy to End Child Marriage in Nigeria 2016 – 2021.
47. White Ribbon Alliance. 2015. Respectful Maternity Care: A Nigeria-focused Health Workers' Training Guide. Washington, DC: Futures Group, Health Policy Project.
48. CARE, January 2020. Integration of Sexual Reproductive Health and Gender-Based Violence Programs. Cox's Bazar, Bangladesh.
49. WHO, UN Women and UNFPA. Health care for women subjected to intimate partner violence or sexual violence A clinical handbook. World Health Organisation 2014.
50. World Health Organization Department of Reproductive Health and Research (WHO/RHR) and Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP), Knowledge for Health Project. Family Planning: A Global Handbook for Providers (2018 update). Baltimore and Geneva: CCP and WHO, 2018.

51. Collins S, Arulkumaran S, Hayes K, Jackson S, and Impey L. Chapter 18: Sexual Assault; Oxford Handbook of Obstetrics and Gynaecology, second edition Oxford University Press 2008.
52. National Family Planning/Reproductive Health Service Delivery Protocols 2010.
53. National Guidelines for HIV Prevention, Treatment and Care 2016.
54. National Guidelines for Prevention, Treatment and Care of Viral Hepatitis 2016.
55. Garland S.M., Subasinghe A.K., Jayasinghe Y.L., Wark J.D., Moscicki A.B., Singer A., et al. HPV vaccination for victims of childhood sexual abuse. *The Lancet* 2015; 386 (10007):1919 – 1920.
<https://www.cdc.gov/std/tg2015/qa/sexual-assault-qa.htm>
56. . Accessed 24th October 2020.
57. WHO. Comprehensive cervical cancer control: a guide to essential practice. Geneva: World Health Organization, 2014.58. World Health Organization and United Nations High Commissioner for Refugees. mhGAP Humanitarian Intervention Guide (mhGAP-HIG): Clinical management of mental, neurological and substance use conditions in humanitarian emergencies. Geneva: WHO, 2015.
59. GBV Sub-Sector Partners Nigeria 2019. Standard Operating Procedures (SOPs) for Gender Based Violence Prevention and Response: Nigeria.
60. WHO recommendations on antenatal care for a positive pregnancy experience. World Health Organization 2016.

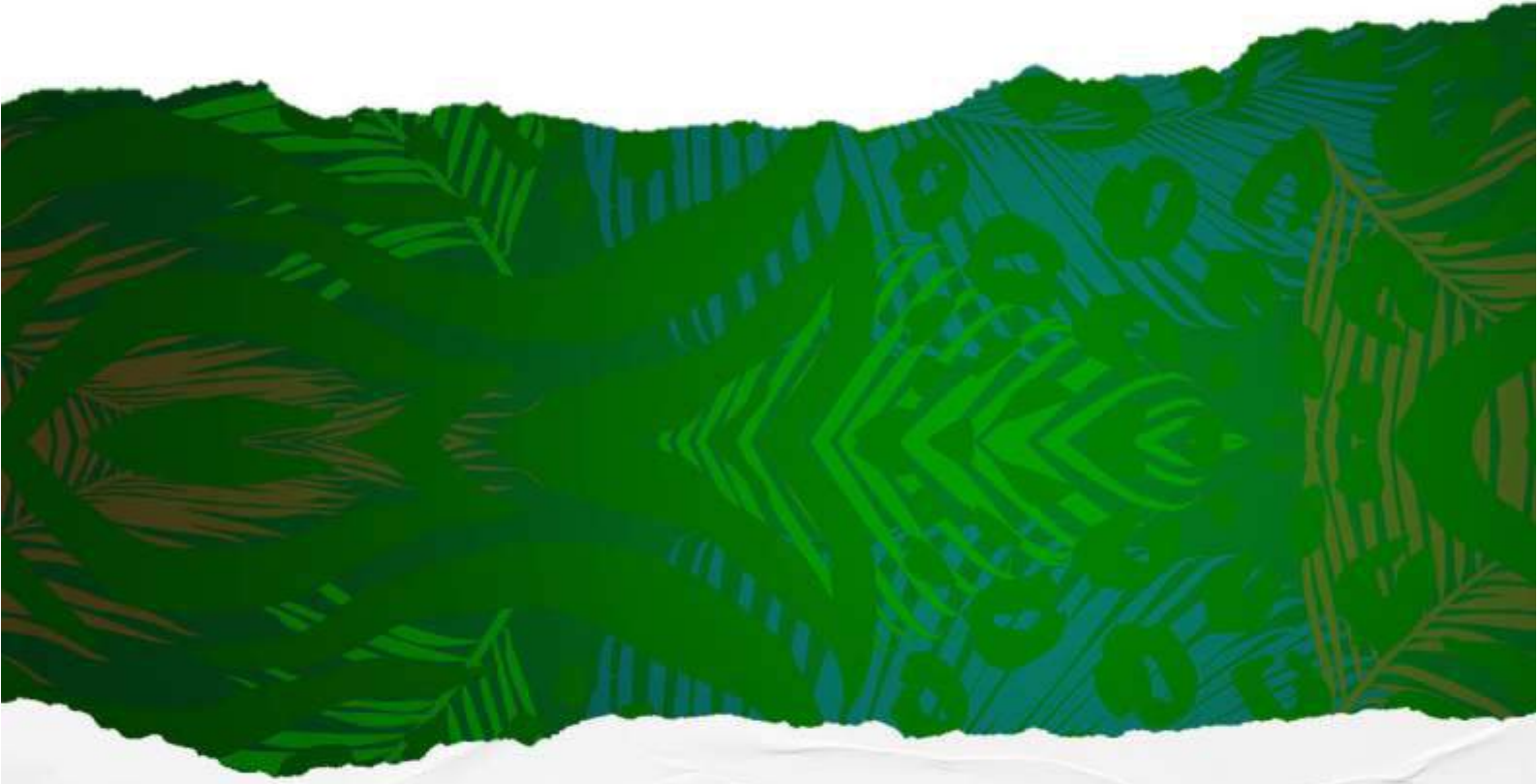
61. WHO recommendations: intrapartum care for a positive childbirth experience. Geneva: World Health Organization; 2018.
62. Girls Not Brides. The Global Partnership to End Child Marriage. Child Marriage and Sexual and Reproductive Health and Rights. November 2018.
63. Addressing the needs of Women and Girls affected by Female Genital Mutilation in Service Delivery Facilities. International Planned Parenthood Federation (IPPF) 2018.
64. Obianwu, O., Adetunji A., Dirisu O. "Understanding medicalisation of Female genital mutilation (FGM): a qualitative study of parents and health workers in Nigeria." Evidence to End FGM: Research to Help Women Thrive. New York: Population Council 2018.
<https://medicalworldnigeria.com/post/female-genital-mutilation-now-introduced-in-medical-curriculum?pid=13554>
65. Accessed 24th October 2020.
66. Yerima T.F. and Atidoga D.F. Eradicating the Practice of Female Circumcision/ Female Genital Mutilation in Nigeria within the Context of Human Rights. Journal of Law, Policy and Globalization 2014; 28:129 – 140.
67. National Protocol on the Management of Complications from Female Genital Mutilation (FGM) in Nigeria (draft).
68. Osterman A.L., Winer R.L., Gottlieb G.S., Sy M.P., Ba S., Dembele B., et al. Female genital mutilation and noninvasive cervical abnormalities and invasive cervical cancer in Senegal, West Africa: A retrospective study. International Journal of Cancer 2019; 144: 1302–1312.

69. Houlihan C.F, Baisley K., Bravo I.G., Kapiga S., Sanjose S., Changalucha J., et al. The Incidence of Human Papillomavirus in Tanzanian Adolescent Girls Before Reported Sexual Debut. *Journal of Adolescent Health* 2016; 58 (3): 295-301.
70. Care of women and girls living with female genital mutilation: a clinical handbook. Geneva: World Health Organization; 2018.
<https://nigerianscholars.com/tutorials/arms-of-government/structure-of-the-nigerian-judiciary/>
71. Accessed 14th October 2020.
<https://businessday.ng/news/article/special-courts-underway-to-try-rape-gender-based-violence-offenders/>
72. Accessed 14th October 2020.
<https://guardian.ng/news/fg-to-establish-specialised-courts-for-speedy-trial-of-rape-gender-based-violence-cases/>
73. Accessed 14th October 2020.
<https://allafrica.com/stories/202008280029.html> Accessed 14th October 2020
74. <https://guardian.ng/news/nigeria-launches-first-national-sex-offenders-register/>
75. Accessed 9th May 2021.
<https://tribuneonlineng.com/rape-cases-will-no-longer-be-bailable-soon- -fcta/>
76. Accessed 16th October 2020.
<https://www.vanguardngr.com/2020/10/fg-talks-tough-says-rape-will-no-longer-be-bailable/>
77. Accessed 16th October 2020.

- 
78. Ngianga-Bakwin Kandala, Glory Atilola, Chibuzor Christopher Nnanatu, Emmanuel Ogundimu, Lubanzadio Mavatikua, Paul Komba, Zhuzhi Moore, and Dennis Matanda. “Female genital mutilation in Nigeria: Is the practice declining? A descriptive analysis of successive demographic and health surveys and multiple indicator cluster surveys (2003–2017).” Evidence to End FGM: Research to Help Girls and Women Thrive. New York: Population Council 2020.
79. P i n k e r R . A . S o c i a l S e r v i c e .
<https://www.britannica.com/topic/social-service> Accessed 14th October 2020.



FEDERAL MINISTRY OF HEALTH



Spotlight Initiative
To eliminate violence against women and girls

