



REPORT OF COVID-19, SRHR AND GBV INTERVENTION IN KADUNA STATE

May 2021

ACRONYMS

ANAYD African Network of Adolescents and Young Persons Development (ANAYD)

COVID19 Coronavirus Disease of 2019

EVA Education as a Vaccine

GBV Gender-based Violence

IWD International Women's Day

KADSACA Kaduna State Agency for the Control of AIDS

LACA Local Action Committee on AIDS

MOH Ministry of Health

MOHSSD Ministry of Human Services and Social Development

NCDC The Nigeria Centre for Disease Control

SGBV Sexual Gender-based Violence

SRH Sexual Reproductive Health

SRHR Sexual Reproductive Health and Rights

PREFACE

This is a report that shares insight on the support ANAYD received for COVID-19 and GBV intervention from Education as a Vaccine (EVA), a UNFPA funded project.

The project delves into the impact of COVID-19 and GBV in communities, using practical methods of sensitization of communities and strategic engagement of relevant stakeholders in communities of intervention.

It also explores aspects of sustainability by collaborating with relevant government parastatals and strengthening existing systems and structures through capacity building and advocacy.

Overall, this report reveals the impact of CSO collaboration and the priceless results possible with proper engagement at the grassroots. Thus, it is a handy document for interventions seeking to employ community structures for sensitization and system strengthening.

Meanwhile, though there have been many COVID-19 and GBV interventions, a lot still needs to be done. The recommendations and lessons learned in this project are entry points for future interventions. I therefore employ other organization to critically consider these to enable us maximize the investments already made in the area.

Mr. Aaron Sunday
Executive Director ANAYD

ACKNOWLEDGMENT

The African Network of Adolescents and Young Persons Development (ANAYD) is exceptionally appreciative to Education as a Vaccine (EVA) and UNFPA for the support that made this project possible..

Very specially, we acknowledge the participation of the communities that received this intervention and contributed to its success.

ANAYD acknowledges the immense efforts of CSOs, through your partnership this project was a success:

S/N	NAME CSO
1	DEBORAH WOMEN AND YOUTH INITIATIVE (DWYI)
2	EAGLE LEAD DEVELOPMENT INITIATIVE (ELDI)
3	GAIL FOUNDATION
4	BAKO YOUTH DEVELOPMENT FOUNDATION (BYDEF)
5	ASSOCIATION OF POSITIVE YOUTH LIVING WITH HIV IN NIGERIA (KAD-APYIN)
6	VOICE OF THE GIRL CHILD AND VULNERABLE PEOPLE FOUNDATION (VGCVPF)
7	HOPE FOR COMMUNITIES AND CHILDREN INITIATIVE (H4CC)
8	WOMEN AND CHILDREN'S RIGHTS AND EMPOWERMENT FOUNDATION (WCREF)
9	GLOBAL INITIATIVE FOR WOMEN & CHILDREN (GIWAC)
10	AREWA GIRL CHILD INITIATIVE (AGCI)
11	AID FOUNDATION

Table 2: List of CSOs implementing project

Government agencies continues to be our collaborators. We thank every agency that supported the process:

- Ministry of Health
- Ministry of Human Services and Social Development
- Kaduna State Agency for the Control of AIDS
- Local Action Committee on AIDS

Finally, we are very grateful for the continued support and passion of our Staffs and Volunteers, whose efforts made this project a success.

EXECUTIVE SUMMARY

In 2020, the world was hit by the COVID-19 pandemic which saw the world going into lockdown and taking so many measures to prevent spread. This also spiked Gender-Based Violence (GBV) across the world, Kaduna state Nigeria was no exception.

In response to this, EVA (with funding from UNFPA) supported ANAYD to implement sensitization and capacity building activities in 10 communities in Chikun and Kaduna North LGA of Kaduna state.

The project reached a total of 1852 (752 males, 1100 female) persons (Community Leaders, community members, adolescents, youths, and GBV Responders) and distributed 1466 facemasks during the implementation of its activities. 10 Youth Champion cohorts were formed across the project locations tasked with the dissemination of SRHR, GBV information and the risk mitigation techniques against STIs and unwanted Pregnancy to their peers.

Additionally, in order to enhance GBV reporting, the project built the capacity of GBV Responders in the state; facilitated the formation of SGBV Community committees across the project locations; and provided project feedback to the MOH and MOHSSD for collaboration and sustainability.

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SECTION I: BACKGROUND

The coronavirus disease of 2019 (caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) pandemic shocked the world, overwhelming the health systems of even high-income countries. Predictably, the situation has elicited social and medical responses from the public and governments, respectively.

Nigeria recorded an imported case from Italy on February 27, 2020, and has continued to record new cases across ever since across the 36 states and FCT of the country. Currently, active cases stands at 7,518 and deaths at 2,058.



Fig 1: COVID-19 in Nigeria (copied from <https://covid19.ncdc.gov.ng>)

Similar to any other global emergency, the primary and secondary effects of COVID-19 impact the lives of women, men, boys and girls differently, and emerging evidence suggests that the pandemic is magnifying existing inequalities, including gender inequalities.

COVID-19 is amplifying deeply entrenched gender inequalities that are putting women and girls at higher risk of the pandemic's social and economic impact.

- The economic impact of COVID-19 is increasing stress and tension in households and leading to an increase in the frequency and severity of intimate partner and domestic violence, which disproportionately affects women and girls.
- Loss of income among households is posing an alarming financial challenge and potentially affecting the current and future livelihoods of vulnerable households, especially female-headed households, as well as persons with disability.
- There are limited prevention mechanisms and response services to address gender-based violence (GBV) and sexual and reproductive health for women and girls, including psychosocial support.
- COVID-19 and associate measures to curb its spread, coupled with the security situation, are limiting humanitarian assistance, leading to a gap in meeting urgent humanitarian needs.

SECTION I: BACKGROUND

- COVID-19 has disrupted income-generation activities and livelihoods, which results in pushing the affected population, especially women, back into extreme poverty.

Since the onset of the pandemic, Kaduna state has ranked among the first 5 states with highest cases of COVID-19 cases. According to the Nigeria Centre for Disease Control (NCDC), the state ranks 4th based on the number of cases per state in Nigeria.



Fig 2: COVID-19 cases by states in Nigeria

Nigeria has long been facing a gender-based violence crisis, with 30% of women and girls aged 15-49 having experienced sexual abuse. Lack of coordination amongst key stakeholders and poor implementation of legal frameworks, combined with entrenched gender discriminatory norms, has hampered government and civil society efforts to address gender-based violence. These efforts have been further compromised by the COVID-19 pandemic with reasonable number of incidences in Kaduna state. With the huge negative impact of GBV, communities must play their part in both prevention and reporting of GBV.

I.1 Objectives

Overall, the project was designed:

- To reach community members with awareness and risk mitigation of COVID-19
- To reach community members with knowledge and information on SGBV
- To increase young people's access to SRH information

I.2 Process

The project was implemented in phases with the following focus:

S/N	Activity
1.	Training of Community Leaders
2.	Community Sensitization
3.	Review meeting with community Stakeholders
4.	Sensitization of Adolescents
5.	Community engagement with Youths
6.	Capacity building meeting with GBV Responders
7.	Community Engagements by Community Leaders
8.	Feedback meeting with MOH, MOHSSD

Table I: List of activity focus

SECTION 2: METHODOLOGY

In Kaduna state, communities remain a vital unit of society. The project which was implemented in 2 LGAs – Chikun and Kaduna North of Kaduna stated worked with community leaders to ensure grassroots participation and sustainability.

To implement the activities, ANAYD coordinated 10 Civil Society Organizations (CSOs), and collaborated with the Local Action Committee on AIDS (LACA) from Kaduna North and Chikun LGAs, Kaduna State Agency for the Control of AIDS (KADSACA), Ministry of Health (MOH), and the Ministry of Human Services and Social Development (MOHSSD).

2.1 Mapping of CSOs

The 10 CSOs were selected from a pool of CSOs in Kaduna state. Selection was based on the following criteria:

- Focus on thematic areas
- Track record of success implementing community-based activities
- Capacity to implement project
- Ability to work in identified locations

S/N	NAME CSO
1	DEBORAH WOMEN AND YOUTH INITIATIVE (DWYI)
2	EAGLE LEAD DEVELOPMENT INITIATIVE (ELDI)
3	GAIL FOUNDATION
4	BAKO YOUTH DEVELOPMENT FOUNDATION (BYDEF)
5	ASSOCIATION OF POSITIVE YOUTH LIVING WITH HIV IN NIGERIA (KAD-APYIN)
6	VOICE OF THE GIRL CHILD AND VULNERABLE PEOPLE FOUNDATION (VGCVPF)
7	HOPE FOR COMMUNITIES AND CHILDREN INITIATIVE (H4CC)
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9	GLOBAL INITIATIVE FOR WOMEN & CHILDREN (GIWAC)
10	AREWA GIRL CHILD INITIATIVE (AGCI)

Table 2: List of CSOs implementing project

2.2 Site selection

The project was implemented in 10 communities 5 each in Kaduna North and Chikun LGAs respectively. These communities were selected based on:

- Population
- Susceptibility to COVID-19 infection
- Closeness to the metropolis
- Track record of SGBV cases

SECTION 2: METHODOLOGY

S/N	CHIKUN LGA COMMUNITIES
1.	DANHONO
2.	UNGWAN YELWA
3.	KUDENDAN
4.	KUJAMA
5.	MARABAN RIDO

KADUNA NORTH LGA COMMUNITIES	
6.	ABAKWA
7.	UNGWAN SHANU
8.	UNGWAN DOSA
9.	KABALA DOKI
10.	WARRI STREET

Table 3: List of project communities

2.3 Activities

2.3.1 Training of Community Leaders

The project identified Community Leaders including Women Leaders, Youth Leaders and Community Based Distributors from the project communities. The activity reached a total of 50 Community Leaders – 25 (17 males, 8 females) from Chikun LGA, and 25 (11 males, 14 females) from Kaduna North.



Fig. 3: Training of Community Leaders

Participants were trained through a practical and interactive, with focus on:

COVID19

- Basic information about cause, transmission, symptoms, and management of COVID19
- Myths and misconceptions
- Risk perception, prevention and control (How to reduce risk of transmission)
- Stigma and discrimination of those with COVID19 infection

SEXUAL REPRODUCTIVE HEALTH RIGHTS (SRHR)

- SRH (definition)
- SRHR a human right
- SRHR a right to be free from all forms of violence and coercion

GENDER-BASED VIOLENCE (GBV)

- Violence
- Gender-based violence
- Forms of Gender-based violence
- Consequences of GBV
- Risk factors of Sexual and Gender Based Violence
- Responding to Sexual and Gender Based Violence
- Roles individuals play

COMMUNITY REPORTING STRUCTURES

- Community knowledge, attitudes and practices about GBV
- Community security structure
- Stages of reporting GBV

PSYCHOSOCIAL SUPPORT

- Psychosocial (definition)
- Psychosocial domains
- Basic concepts of psychosocial support
- Psychosocial responses
- Community and family support

2.3.2 Community Sensitization

SGBV and the COVID-19 pandemic are realities that individuals experience in their communities. Interestingly, in these two situations communities can play a vital role in preventing and taking charge of the situations. Hence the need for community sensitizations on COVID-19 and SGBV.

These sensitizations were conducted by the 10 implementing CSOs in 10 communities (5 each in Chikun and Kaduna North LGAs) in Kaduna state.



2.3.2 Community Sensitization

The following were discussion points for the sensitizations conducted across the 10 project communities:

Covid-19 Pandemic

- Covid-19 situation in Kaduna
- Prevention and Control of the spread of Covid-19
- Covid-19 Stigma and Discrimination

Sexual and Gender-Based Violence

- Definition of Gender-Based Violence
- Types of Gender-Based Violence
- The effect of Covid-19 on GBV
- Roles of community leadership in mitigating GBV in the Society
- Available services provided for GBV victims

Sexual and Reproductive Health

- Definition of Sex
- Understanding difference between sex and gender
- Safe and unsafe Sex
- STIs including HIV/AIDS
- Sexual Abuse

LGA	MALE	FEMALE	TOTAL
CHIKUN	197	377	574
KADUNA NORTH	221	322	543
TOTAL	418	699	1117

Table 4: Number of persons reached during community sensitization

Throughout the project a total of 1117 (418 males and 699 females) persons were reached during community sensitization across the 10 project locations in Chikun and Kaduna North LGAs of Kaduna state.

GBV cases reported

During the community sensitization, 9 GBV cases were reported across the 10 project locations. These cases were forwarded to the appropriate authorities.

COMMUNITY	Number of GBV cases reported
DANHONO	0
UNGWAN YELWA	0
KUDENDAN	0
KUJAMA	0
MARABAN RIDO	0
ABAKWA	1
UNGWAN SHANU	0
UNGWAN DOSA	2
KABALA DOKI	4
WARRI STREET	2
TOTAL	9

Table 5: Number of GBV cases reported

2.3.3 Review meeting with community Stakeholders

The role stakeholders play in communities is priceless. They are pivotal to sustainability of interventions and humanitarian efforts. On this background, Community Stakeholders from Chikun and Kaduna North LGAs held a one-day meeting (for each LGA).

This engagement was geared at intimating community stakeholders about SGBV and risk mitigation of the COVID-19 pandemic in order to get their buy-in, as well as develop community plans.

COMMUNITY	MALE	FEMALE	TOTAL
CHIKUN	24	13	37
KADUNA NORTH	17	15	32
TOTAL	41	28	69

Table 6: Number of Community Leaders who attended review meeting

In Chikun LGA, 37 (24 Males and 13 Females) Community stakeholders were reached across various communities. 32 (17 Males and 15 Females) Community stakeholders were reached in Kaduna North LGA of Kaduna state. These 69 Community stakeholders committed to taking the knowledge and discussions further in their communities.

2.3.4 Sensitization of Adolescents

As part of activities to commemorate the International Women's Day (IWD) 2021 activities, the project sensitized Adolescents (Boys and Girls) and Young Women in 5 communities of Kaduna state. 3 communities (Ungwan Yelwa, Danhono and Maraban Rido) in Chikun LGA, and 2 communities (Abakwa and Ungwan Dosa) in Kaduna North LGA.



Fig. 5: Cross session of Pictures during Community Engagement with Young Girls SRH, Covid-19 & GBV at SMC Ungwan Dosa, Kaduna North, Kaduna



Fig. 6: Sensitization of Adolescent Girls and Young Women in Abakwa community of Kaduna North LGA

COMMUNITY	Number of Adolescent Boys	Number of Adolescent Girls/Young Women	TOTAL
DANHONO	0	30	30
UNGWANYELWA	0	38	38
MARABAN RIDO	10	20	30
ABAKWA	0	30	30
UNGWAN DOSA	5	36	41
TOTAL	15	154	169

Table 7: Number of Adolescents and Young Women reached

The sensitization focused on SRHR and SGBV. It reached a total of 169 Adolescents and Young Women – 15 Males and 154 Females in 5 communities in Chikun and Kaduna North LGAs of Kaduna state.

2.3.5 Community Engagement with Youths

Youth is a period of mobility, hence the high number of STIs and SGBV recorded among this group. The project engaged youths across the 10 project communities, with the goal of sensitizing them and empowering them with information on COVID-19, SRH and SGBV.



Fig 7: Youths (participants) and some stakeholders after sensitization in Ungwan Shanu, Kaduna North LGA



Fig 8: Youths (participants) at Danhono, Chikun LGA

Across the 10 communities, the project reached 350 youths - 205 males and 145 females. These engagements resulted in the formation of Youth Champions, who will step-down learnings to their peers and provide linkage between their peers/community and the CSOs.

COMMUNITY	Number of Youth Male	Number of Youth Female	TOTAL
DANHONO	17	13	30
UNGWAN YELWA	20	17	37
KUDENDAN	12	20	32
KUJAMA	53	2	55
MARABAN RIDO	15	15	30
ABAKPA	15	20	35
UNGWAN SHANU	14	16	30
UNGWAN DOSA	27	14	41
KABALA DOKI	17	13	30
WARRI STREET	15	15	30
TOTAL	205	145	350

Table 8: Number of Youths sensitized across project locations

2.3.6 Capacity building meeting with GBV Responders

One of the key players in the fight to end GBV are the Responders. Their response to victims affects the outcomes of cases reported. In order to strengthen systems and capacity of critical staff to respond to GBV and stigma related issues effectively, a two-days meeting was held with 23 Responders – 14 Males; 9 Females, in the state.

The major focus of the discussions were:

- Safeguarding
- Confidentiality and data security report safety
- Available law that protects women and girls in Kaduna
- Basic of psychosocial counselling
- Reporting systems
- Handling survivors of SGBV

With revived zeal and increased capacity, Responders committed to providing proper and survivor-friendly services in their facilities.

2.3.7 Community Engagement by Community Leaders

In order to further engagements with communities, Community Leaders led sensitization was conducted in 2 communities – Ungwan Yelwa in Chikun LGA and Abakwa in Kaduna North LGA. This engagement was aimed at increasing community members' knowledge on COVID-19, SRH and GBV, and further sustainability efforts.



Fig.9: Community Leaders engagement in Abakwa community of Kaduna North LGA

COMMUNITY	Number of Community Leader Male	Number of Community Leader Female	TOTAL
UNGWAN YELWA	23	26	49
ABAKWA	25	25	50
TOTAL	48	51	99

Table 9: Community Leaders reached in Ungwan Yelwa and Abakwa

The sensitization reached a total of 99 persons – 49 in Chikun LGA and 50 in Kaduna North LGA. There were more females (51) reached than males (48) across the 2 locations.

2.3.8 Feedback Meeting with MOH and MOHSSD

A one-day virtual feedback meeting was held with the Kaduna State Ministry of Health (MOH), Ministry of Human Services and Social Development (MOHSSD) and CSOs, to share feedbacks on the project. In attendance at the meeting were also a representative of UNFPA and EVA.

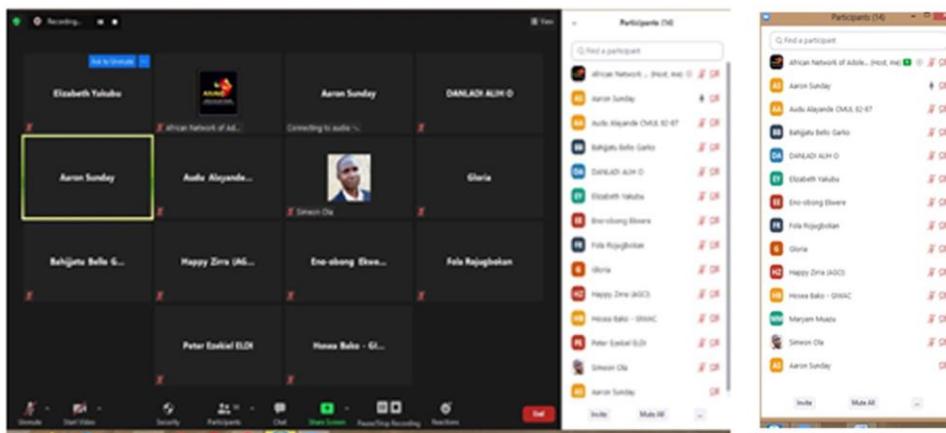


Figure 10:Virtual meeting with MOH, MOHSSD and CSOs

OUTPUTS/OUTCOMES

- 1466 facemasks distributed
- 10 communities reached with information COVID-19, SRH, SGBV information and GBV reporting channels in Kaduna state
- 418 Males, 699 Females reached with information COVID-19, SRH and SGBV information during community sensitization and community leaders engagements
- 99 Community Leaders (48 Males, 51 Females) empowered with messages for step-down to wider audience in their communities
- 9 GBV cases reported during the course of community sensitization
- 69 (41 Males, 28 Females) Community Stakeholders who made commitment to taking the COVID-19, SRH and SGBV information received further in their communities
- 154 Females, 15 Males Adolescents and Young Women reached SRHR, GBV information and the risk mitigation techniques against STIs and unwanted Pregnancy
- 350 Youths – 205 Females, 145 Males reached SRHR, GBV information and the risk mitigation techniques against STIs and unwanted Pregnancy

- 10 Youth Champion cohorts committed to engaging in peer-to-peer sessions formed across the 10 project locations
- 14 Male, 9 Female GBV Responders empowered with capacity to provide better GBV services
- 1 school Security Guard volunteered to report all cases of SGBV within the school premises
- Communities committed to enforcing the use of facemask and sanitizers in the Mosque, Church and social gatherings
- SGBV community committees formed across project locations
- Project feedback shared with MOH and MOHSSD for collaboration and sustainability of efforts

SECTION 3: CHALLENGES AND RECOMMENDATIONS

Challenges

- Lack of consumables such as Condoms for participants (particularly adolescents and youths) during the Sexual and Reproductive Health (SRH) sensitization
- Language was a barrier; it is sometimes difficult to translate some significant details about SGBV and COVID-19 to Hausa
- As a result of inadequate fund, transport refund was not provided for participants. Many participants expected to get this refund.
- Number of CSO staffs allowed during sensitization was inadequate
- Absence of administration cost in the budget

Recommendations

- To reduce the rates of unwanted pregnancies and risky sexual behaviours common in many communities, more forums should be designed for young people to both learn about SRH and provide feedback
- The intervention should be scaled up to reach more communities as many community members still have poor knowledge of COVID-19, SRH and SGBV in Kaduna state
- There is a need for sensitization targeted at the Police and other law enforcement agencies to which GBV cases are reported
- In the future, projects like this should consciously target Persons with Disability (PWD) among the beneficiaries to be reached

Lessons learned

- Many participants were completely unaware of their sexual rights and the reporting channels for GBV and the state agencies responsible for handling such cases
- Communication between parents/caregivers and their children is poor this has further affected the effective delivery of SRH information for adolescents and young persons
- Morality as seen by community has further contributed to the spread of STIs with little contribution to the promotion of safe sex
- Once engaged effectively, most community member will support efforts to end GBV
- With continued engagement with community stakeholders, there is bound to an increase in proper dissemination of adequate information, hence, dispelling myths surrounding issues

Success Story

Ungwan Shanu – Community Sensitization

During the advocacy with the community stakeholders, the participants shared that as a result of the previous UNFPA supported sensitisation activity held in their community, the women in the community went house-to-house to sensitise women and families on COVID-19 and that has contributed to the increase in the use of face masks within the community. Now, husbands and sons always wear their masks to the mosques and churches.

Also, committees were formed by the market, school, health facilities, security agents, VCMs and religious leaders. The committees are involved in the sensitisation and campaigns on social/physical distancing, handwashing, community hygiene, handwashing etc.

Regarding SGBV, the SBMC reported that following the previous sensitisation, they have been motivated to follow-up on SGBV cases. They have reported and still have on-going cases at the Ministry of Human Services and Social Development (HSSD), and the NSDC. The Facility Health Committee (FHC) Chairman was assigned the responsibility of documenting SGBV cases and his new role has earned him the nickname “Taxi No Garage” due to his active involvement in addressing pressing community issues.

The participants shared that youths in the community also benefitted from the sensitisation because mothers are now well informed and empowered with messages on SRH. They now have the confidence to speak to their daughters and empower them with relevant SRH information to help them make informed decisions as it affects their lives.

Furthermore, due to zeal and commitment to the project, the Sarkin Abakwa (Traditional Leader) honoured a team lead (Aisha Bello - Voice of the Girl & Vulnerable People Foundation) with a royal title Jagaban Matan Abakwa. This title empowers the holder with the capacity to represent all the women in the community.

SECTION 4:APPENDICES

Pictures



Meeting with community leaders



SECTION 4:APPENDICES



Meeting with GBV Responders



Engagement with youths



Community sensitization in Kaduna North LGA



Community sensitization in Chikun LGA