

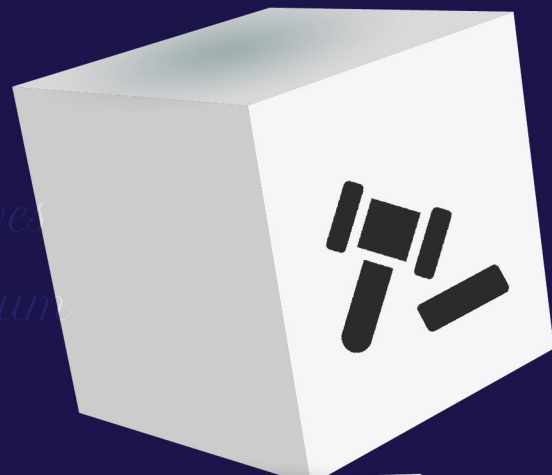
THE PAS MODEL

Holistic Response to Gender-Based Violence
(Nigeria)

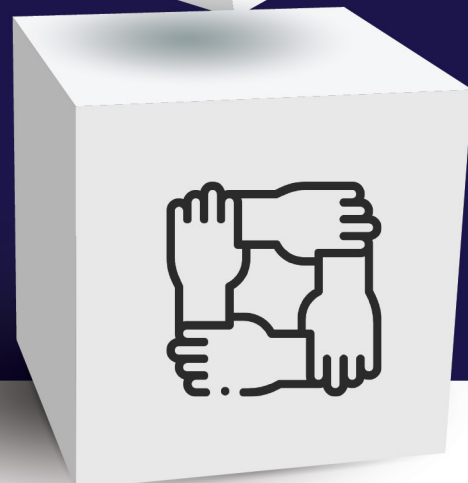
*awareness
accountability
counternarratives
sensitization
curriculum
narrative
sgbv*



*system data
sex offenders policy law
guiding informal justice
operating principles procedures
support network economic empowerment
awareness accountability counternarratives sensitization curriculum narrative
sgbv*



*livelihood support
skills acquisition legal aid
jobs placement prosecution
community support shelter
sarcs counselling centre
hospital family support*



THE **PAS** MODEL

**Holistic Response to Gender-Based Violence
(Nigeria)**



OPEN SOCIETY
Initiative for West Africa

Copyright:

The PAS Model™
@August 2020

The content of this document may be used only for education and reference purposes with due recognition of the funder. The document should not be reproduced for commercial or any profit-making purpose.

Acknowledgement:

This document is an output of series of engagements with actors and responders who work to prevent and respond to incidents of Gender-Based Violence in Nigeria. The development, production, and distribution of this document is funded by the Open Society Initiative for West Africa (OSIWA) for use in Nigeria, as well as to serve as guide in the development of the same or similar models in other countries within West Africa and beyond.

The views expressed and information contained in this document are by the different actors and stakeholders engaged in the course of developing this document; hence OSIWA cannot accept responsibility for such views or information or for any dependence placed on them.

OSIWA would like to thank all the participants, actors, stakeholders, and responders across multiple organizations and government institutions who dedicated time, resources, and expertise in strengthening this document.

Supported by:

Open Society Initiative for West Africa

Consultant:

Bukky Shonibare
Executive Director, Invictus Africa

About The PAS Model:

The PAS Model is a holistic framework for preventing and responding to gender-based violence (GBV). The model is built on three components of prevention, accountability, and support with each having specific actions and strategies to be adopted in ending the scourge of GBV.

CONTENTS

ABBREVIATIONS

5

EXECUTIVE SUMMARY

6

Context
A Shadow Pandemic
Tackling GBV
Learning from others

INTRODUCTION

8

Prevention
Accountability
Support

THE PAS MODEL

13

GBV Response Actions
Gaps Analysis in GBV Response Actions
Way Forward in GBV Response – PAS Model

GBV RESPONSE ACTIONS

17

CONCLUSION

46

ENDNOTES

48

ABBREVIATIONS

AEPB	-	Abuja Environmental Protection Board
ASUU	-	Academic Staff Union of Universities
BHI	-	BraveHeart Initiative
CRA	-	Child Rights Act
CSOs	-	Civil Society Organizations
DNF	-	Dorothy Njemanze Foundation
EVA	-	Education as a Vaccine
FSUs	-	Family Support Units
FSWs	-	Female Sex Workers
GBV	-	Gender-Based Violence
HIV	-	Human Immunodeficiency Virus
ICCPR	-	International Covenant on Civil and Political Rights
ICESCR	-	International Covenant on Economic, Social and Cultural Rights
IDPs	-	Internally Displaced Persons
iNGOs	-	International Non-Governmental Organizations
MDAs	-	Ministries, Departments, and Agencies
NAPTIP	-	National Agency for the Prohibition of Trafficking in Persons
NGF	-	Nigeria Governors' Forum
NGOs	-	Non-Governmental Organizations
NHRC	-	National Human Rights Commission
NOA	-	National Orientation Agency
NPF	-	Nigeria Police Force
NSRP	-	Nigeria Stability and Reconciliation Programme
OSIWA	-	Open Society Initiative for West Africa
PAS	-	Prevention, Accountability, Support
RoLAC	-	Rule of Law and Anti-Corruption
SGBV	-	Sexual and Gender-Based Violence
SRHR	-	Sexual and Reproductive Health and Rights
STER	-	Stand To End Rape Initiative
STI	-	Sexually Transmitted Infection
UDHR	-	Universal Declaration of Human Rights
UN	-	United Nations
UN Women	-	United Nations Entity for Gender Equality and the Empowerment of Women
UNDP	-	United Nations Development Programme
UNESCO	-	United Nations Educational, Scientific, and Cultural Organization
UNFPA	-	United Nations Fund for Population Activities
UNHCR	-	United Nations High Commissioner for Refugees
UNICEF	-	United Nations International Children's Fund
VAPP	-	Violence Against Persons Prohibition
WARDC	-	Women's Advocates Research and Documentation Centre
WILPF	-	Women's International League for Peace and Justice
WRAPA	-	Women's Rights Advancement and Protection Alternative
YHA	-	Youth Hub Africa
ZTVA	-	Zero Tolerance Village Alliance

EXECUTIVE SUMMARY

“the shadow pandemic”

Gender-Based Violence (GBV) across the world has taken a disturbing turn since the outbreak of the Coronavirus pandemic, with records of incidents in hundreds and thousands. It is a pandemic within a pandemic! GBV is, unarguably, the longest lasting pandemic in the world, seeing that it has transcended generations such that while the forms of GBV – sexual, physical, and psychological – remain the same, the ways they play out have been more gruesome and brutal. Children are not spared; neither are adolescents and the elderly. This has put an almost permanent blemish on our collective dignity and humanity as a people. In responding to GBV, governmental institutions – especially the enforcement and judicial systems – have not been on top of this age-long epidemic; and the society have not fared well either, as victims who dare speak up are stigmatized, threatened, or waylaid, all amounting to re-victimization of survivors, promoting the culture of silence, and widening the gender and general inequality gaps. This alarming trend, recently, led the United Nations to declare Sexual and Gender-Based Violence (SGBV) as a ‘shadow pandemic’¹ while calling for urgent, comprehensive, and effective actions by duty bearers to curb the menace.



GBV is, unarguably, the longest lasting pandemic in the world, seeing that it has transcended generations such that while the forms of GBV – sexual, physical, and psychological – remain the same, the ways they play out have been more gruesome and brutal.

Actors – state and non-state – have been carrying out programs and activities aimed at curbing SGBV in Nigeria. While some have been effective, some have done more harm than any intended good. Civil society organizations – international, national, and sub-national, as well as government bodies have continued to act. However, the extent to which these actions and programs lead to holistic and sustained impact is difficult to ascertain; not only for paucity of data at all levels, but, mainly, because there has been a largely siloed and uncoordinated approach to response actions by actors, stakeholders, and responders – government, non-governmental, and international partners. It is submitted, in this document, that a multi-layered, robust, and holistic approach

that combines the tripartite pillars of prevention, accountability, and support would be more strategic, effective, and sustainable in curbing all forms of GBV in Nigeria, and beyond.

With an overall aim of serving as a strategic framework for response actions on GBV, this document analyzes the current trend of GBV in Nigeria within the scope of three thematic pillars – prevention, accountability, and support. The document also provides gaps analysis between what is currently obtainable in GBV response actions on one hand, and what would strategically produce the desired outcomes through the prisms of these three themes – prevention, accountability, and support. The fusion of these tripartite pillars form ***The PAS Model***, which should be adopted holistically and concurrently, with none under-resourced at the expense of the other, in order to achieve an effective, impactful, and long-lasting GBV response.



THE PAS MODEL

The development, production, and distribution of this document is supported by the Open Society Initiative for West Africa (OSIWA). In crystalizing the ideas laid out in this document, as well as to present and collect inputs that strengthened the document, OSIWA led and coordinated several meetings with key state and non-state actors, stakeholders, responders, and service providers in the gender and GBV space in Nigeria, with each organization sharing their work, experiences, gaps and challenges, and ideas on the best way forward. OSIWA also supported a two-hour virtual town-hall meeting on a national television station in Nigeria to discuss the spate of GBV through which it garnered contributions and ideas from members of the public.

INTRODUCTION

Context

Gender-Based Violence (GBV) is specifically targeted against a person because of his or her gender. It can also be violence that disproportionately affects persons of a particular gender. GBV takes the form of physical, sexual, and/or psychological (including intimidation, suffering, coercion, and/or deprivation of liberty within the family or within the general community). It also includes violence which is perpetrated or condoned by the state. GBV emanates from gender norms and roles, as well as from unequal power relations between women and men. The most common of the different forms of GBV is sexual, hence, this document focuses more on Sexual and Gender-based Violence (SGBV).

A Shadow Pandemic

Unsurprisingly, 55% of girls and women aged 15 – 49, who have experienced sexual or physical violence did not seek help or support.

“GBV takes the form of physical, sexual, and/or psychological (including intimidation, suffering, coercion, and/or deprivation of liberty within the family or within the general community). It also includes violence which is perpetrated or condoned by the state.”

The world over, and from time immemorial, there has been a pervasive culture of abuse of women, and children. The COVID-19 pandemic further worsened this anomaly, resulting in a steep increase in cases of SGBV across the world. This is owing to the established fact that during conflict and crisis situations, women and girls are often disproportionately affected, thus exacerbating already existing gender and general inequalities. In Nigeria, the three forms GBV – physical, sexual, and psychological – have all been manifesting before and during the COVID-19 pandemic. Prior to the outbreak of the pandemic, 30% of girls and women aged 14 – 59 have experienced sexual violence,² while 1 in 4 girls have experienced violence before the age of 18³. Also, before the pandemic era, from 2013 to 2018, reports on Nigeria Demographic and Health Systems (NDHS) shows a steady increase in the spate of GBV in Nigeria. Unsurprisingly, 55% of girls and women aged 15 – 49, who have experienced sexual or physical violence did not

seek help or support;⁴ and this has been attributed to factors such as lack of trust in the justice system, societal and institutional stigmatization, ineffective investigation and forensics, and expensively elongated period of prosecution.

As Nigeria grapples with the health emergency occasioned by the COVID-19 pandemic, a shadow pandemic – an epidemic within a pandemic – was soon to surface. Globally, the astronomical growth in incidence of SGBV during the pandemic has been reported in both traditional and new media. A UN Women report⁵ shows that there was a 56% increase in SGBV incidence between March and April 2020. This has been characterized by a worrisome rape-and-kill trend in Nigeria, such as the case of 22-year-old Vera Uwaila Omozuwa, who, on May 27, 2020, was brutally raped and murdered in a church premises in Benin City, Edo State; on June 1, 2020, 11 men were arrested for raping a 12-year-old girl in Dutse, Jigawa State; and on the same day (June 1, 2020), 18-year-old Barakat Bello was reportedly gang-raped and stabbed to death in Ibadan, Oyo State.



3,600

**RAPE CASES IN
ABOUT 6 MONTHS**

On July 13, 2020, the Minister of Women Affairs disclosed that a total of 3,600 rape cases were reported nationwide during the lockdown, as each state recorded no fewer than 100 cases of rape. These figures represent only a few incidents or cases out of the many that either go unreported or never made it to the news.

Between March 23 and May 29, 2020, the Federal Capital Territory (FCT) Sexual and Gender-Based Violence Response Team received over 105 incidents of SGBV, which is an estimated 13 cases per week – a sharp increase from the usual five to six weekly incidents the team would normally receive before the outbreak of COVID-19 pandemic. On June 15, 2020 the Inspector General of Police disclosed that the Nigeria Police Force recorded 717 rape cases between January and May, and that 799 suspects have so far been arrested, 631 cases have been conclusively investigated and charged to court, while 52 cases are still being investigated.⁶ On July 13, 2020, the Minister of Women Affairs disclosed that a total of 3,600 rape cases were reported nationwide during the lockdown, as each state recorded no fewer than 100 cases of rape.⁷ These figures represent only a few incidents or cases out of the many that either go unreported or never made it to the news.

Tackling SGBV

The African Union Commission, in its bid to promote societies that prioritize prevention of sexual violence, stated that Africa must invest in ensuring access to information, data, and evidence which would inform legislative, programme, political and community-level action. Effective in preventing sexual violence is a country's ability to address the issues of the disease burden, the expansion of economic participation, poverty, human capital and capacity, and one that ensures the gender inequalities perpetuated by gender-based sexual violence is diminished.⁸ From time immemorial, duty bearers and actors have devised many ways of responding to what is known to be the longest lasting

THE PAS MODEL



pandemic in the world – SGBV. The government at national and sub-national levels have enacted laws, regulations and guidelines, some public and private institutions have GBV-related policies, and Civil Society Organizations (CSOs) – local and international – have conceptualized and implemented projects and programs. This phase of a global pandemic has also been a time for increased numbers of actions and activities to correspond with the escalation of SGBV incidence.

With all that has been done so far, and still need to be done in ending GBV, response actions can be assessed through three key thematic pillars – prevention, accountability, and support. Prevention focuses on all actions that must be taken to prevent the occurrence of any form of GBV, including awareness creation, education and (re)orientation, as well as challenging and ending unfavourable cultural and religious norms and practices. Accountability focuses on responsibilities of duty bearers including, but not limited to, legal and policy frameworks, national guidelines, protocols and standards needed to punish offenders, and effective coordination among all relevant public and civil society institutions. Support covers all formal and informal structures necessary to assist survivors of SGBV, including medical, mental/psychosocial, economic, legal, and many others.

Learning from Others

INDIA



A few key changes in India's legal system, including the passing of stricter sexual assault laws, and the creation of fast-track courts for prosecution of rapes have reaped better results.

Stricter laws in the aftermath of the 2012 Nirbhaya case have led to higher levels of reporting but not necessarily higher conviction rates or quicker investigations.

While the under-reporting of GBV has been a major obstacle in the path of eradication of this social evil and achieving equality, legislation exists in India to support women and girls. A few key changes in India's legal system, including the passing of stricter sexual assault laws, and the creation of fast-track courts for prosecution of rapes have reaped better results. Recent cases of violence against women like the Kathua Rape case and Unnao rape case have also led to legislative changes. At least four states – Rajasthan, Jammu and Kashmir, Haryana and Arunachal Pradesh – have introduced the death penalty for rapes of minors, defined as below 12 years of age. Stricter laws in the aftermath of the 2012 Nirbhaya case have led to higher levels of reporting but not necessarily higher conviction rates or quicker investigations. While stricter laws were a welcome step in dealing with the problem, they are clearly not enough.



The United States' National Sexual Violence Resource Centre (NSVRC) refers to 'primary prevention' as stopping sexual violence before it even has a chance to happen. Primary prevention challenges out-of-date and victim-blaming attitudes that place the onus on potential victims to protect themselves, while framing sexual violence as a public health issue.

UNITED STATES

Effective prevention efforts utilize prevention theories to change communities, shift social norms, end oppression, and promote norms of equity, consent, and safety for all.

The United States (US) categorizes sexual violence as a significant public health problem, while positing that preventing sexual violence requires addressing factors at all levels of the social ecology – the individual, relational, community, and societal levels. Each year in the US, millions of women, men, and children report completed or attempted sexual acts against their will. These reports are likely underestimated because victims fear being blamed, attacked again, or not being believed.⁹ The United States' National Sexual Violence Resource Centre (NSVRC)¹⁰ refers to 'primary prevention' as stopping sexual violence before it even has a chance to happen. Primary prevention challenges out-of-date and victim-blaming attitudes that place the onus on potential victims to protect themselves, while framing sexual violence as a public health issue. For the Centre, effective prevention efforts utilize prevention theories to change communities, shift social norms, end oppression, and promote norms of equity, consent, and safety for all. As part of efforts to curb sexual violence during public health emergencies, such as COVID-19, the US Center for Disease Control

US Center for Disease Control and Prevention (CDC)

	Strategy	Approach
S	Promote Social Norms that Protect Against Violence	<ul style="list-style-type: none"> Bystander approaches Mobilizing men and boys as allies
T	Teach Skills to Prevent Sexual Violence	<ul style="list-style-type: none"> Social-emotional learning Teaching healthy, safe dating and intimate relationship skills to adolescents Promoting healthy sexuality Empowerment-based training
O	Provide Opportunities to Empower and Support Girls and Women	<ul style="list-style-type: none"> Strengthening economic supports for women and families Strengthening leadership and opportunities for girls
P	Create Protective Environments	<ul style="list-style-type: none"> Improving safety and monitoring in schools Establishing and consistently applying workplace policies Addressing community-level risks through environmental approaches
SV	Support Victims/Survivors to Lessen Harms	<ul style="list-style-type: none"> Victim-centered services Treatment for victims of SV Treatment for at-risk children and families to prevent problem behavior including sex offending

and Prevention (CDC), published a 'STOP SV' technical package,¹¹ which highlights strategies based on the best available evidence to help communities and states prevent and reduce sexual violence. As seen below, the strategies are mainly focused on reducing the likelihood that a person will engage in sexual violence.



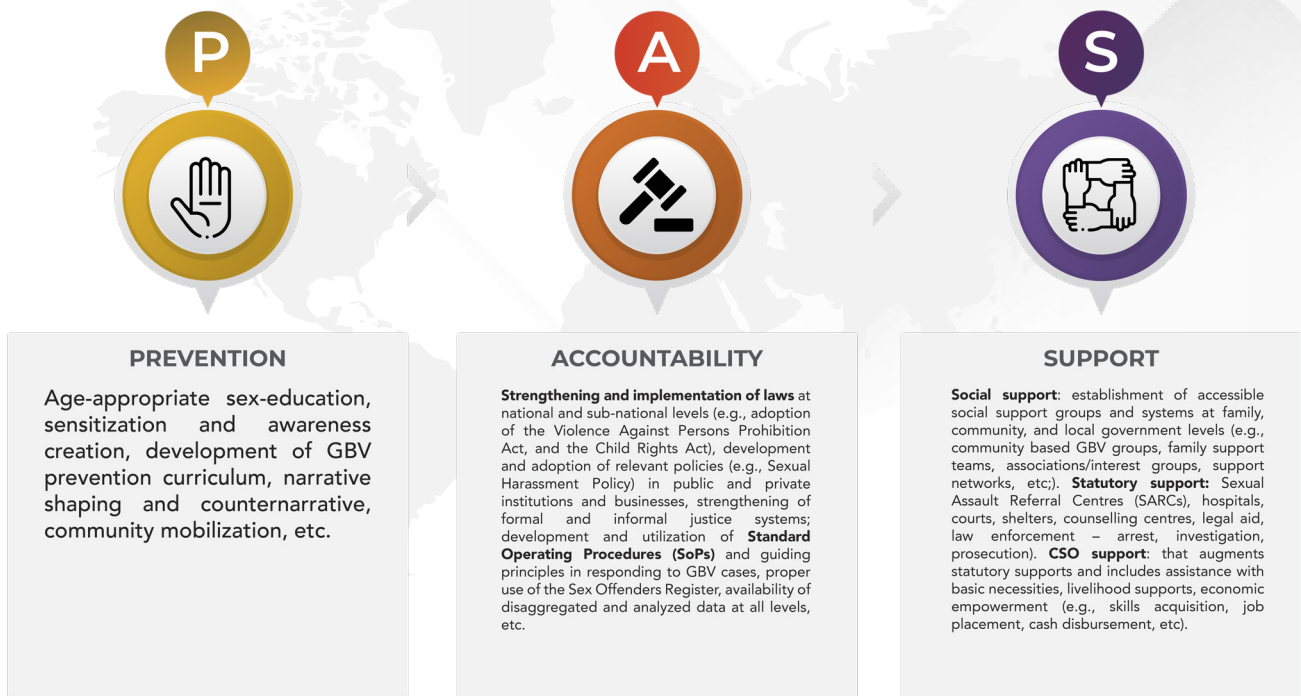
Microfinance services for SGBV is one increasingly popular strategy for empowering individuals, and women in particular, through economic opportunities.

SOUTH AFRICA

Prevention activities by the South African government's Department of Education are driven by the support of gender focal persons located at provincial and district offices, who, wherever possible, provide ongoing training sessions for school-based educators and school governing body members and all other persons covered by their existing guidelines. Training sessions include the scope and meaning of sexual violence and harassment, the means of preventing inappropriate behaviour, and appropriate action to be taken when sexual violence and harassment has occurred, as well as the different roles and responsibilities of all those involved in addressing this issue. In addition, South Africa's education department published, in 2008, *Guidelines for the Prevention and Management of Sexual Violence and Harassment in Public Schools*.¹² Microfinance services for SGBV is one increasingly popular strategy for empowering individuals, and women in particular, through economic opportunities. Microfinance programs have been seen to provide credit and savings services for income-generating projects, and have proven helpful to victims of sexual violence and others who lack other economic support in South Africa.¹³

The PAS Model

Three thematic pillars encapsulate response actions being taken by duty bearers, stakeholders, and actors. These are prevention, accountability, and support. A conceptual framing of the three pillars points to the imperativeness of a robust GBV response model, with component parts that are inextricably linked and should be simultaneously resourced and operationalized.



the best way to end violence against women and girls is to prevent it from happening in the first place by addressing its root and structural causes.



United Nations Entity for Gender Equality and the Empowerment of Women

P – Prevention

The concept of prevention, in line with GBV, is concerned with measures taken to stall (physical, sexual, psychological, economic) violence against persons of concern, especially women and girls. GBV prevention strategies are intricately connected to efforts to increase gender equality more generally. This pillar, therefore, focuses on all strategies and actions aimed at preventing the occurrence of GBV. UN women, in a report,¹⁴ states that the best way to end violence against women and girls is to prevent it from happening in the first place by addressing its root and structural causes.

Prevention entails ensuring that from early stages boys and girls are taught how to engage, tolerate, and relate with each other in respectful ways, while teaching them the meaning and importance of gender equality. The formative stage of children's lives is critical in shaping their values, norms,

beliefs, and overall mindset. Such orientation starts from places children learn from – homes, schools, places of worship, social gatherings, etc. With knowledge comes their ability to not only promote healthy relationships, but to also challenge deeply-rooted inequalities and unfavourable social norms.

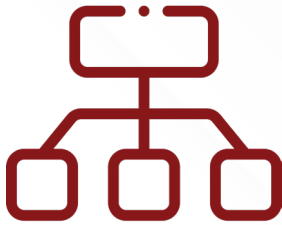
It should be noted, however, that while focusing on children is important in shaping a future where the next generations are conscious of gender equality, adults are not left out in prevention efforts. This is more so as many adults, especially men, were raised in societies where GBV is not considered an aberration but one that positions real men as those who have mastered the art of exerting power, control, and authority. This pervasive culture is one that normalizes GBV, as backed by skewed religious norms that are used to justify these bad behaviours. Without coordinated counter narratives and counteractions, this will go unchallenged and passed down to generations, thus breeding a society where GBV continues to be accepted, tolerated, normalized, and passed on.

An effective prevention strategy will focus on a robust analysis of current GBV trends with a view to understanding drivers and enablers of GBV, such as customs, culture, religion, socialization, education, ignorance, etc, while ensuring adequate measures are in place to directly counter them. Hence, the prevention plan will also entail assessing the preventive values of existing laws and policies to ascertain their sufficiency and how well they address current GBV realities and trends. We also need to pay attention to informal approaches at the grassroots level, which in a bid to achieve harmony in their communities or promote their culture perpetrate acts in the form of traditional practices that amount to GBV. The prevention strategy, therefore, should highlight ways that duty bearers, actors, and stakeholders can provide and enforce counternarratives to these drivers. The GBV prevention plan should also include elements like community mobilization, awareness-raising and sensitization through traditional and social media, schools campaigns, gender relations and gender equality education especially for boys and men, among others. Overall, in ensuring that expertise is matched with prevention goals, it is important that relevant, influential, trustworthy, and well-resourced individuals and institutions (such as schools, media, worship centres, religious leaders, parents, community influencers, traditional leaders, age grade, political associations, etc) are in the forefront of consistently driving the messaging, programming, and implementation of actions. Suffice to state that it is well established that childhood trauma affects adult behavior; hence asides the need for increased spending on child care for working moms, considering that most mothers in Nigeria work amidst sharp regional differences – for instance, Imo state has one of the highest rates of female-led

It should be noted, however, that while focusing on children is important in shaping a future where the next generations are conscious of gender equality, adults are not left out in prevention efforts.

households in the country – there is also need for parenting classes in order to groom people who are or serves as parents, guardians, caregivers, relatives, and those generally responsible for raising children, including single mothers, working mothers, and widows/widowers.

A – Accountability



GBV

ACCOUNTABILITY FRAMEWORK

There is therefore a need for a **GBV Accountability Framework** that captures the roles and responsibilities of all actors and responders in the lifecycle of GBV prevention and response.

Accountability in GBV prevention and overall response is in consideration of the fact that duty bearers, stakeholders, and actors are bound to take positive steps in ensuring GBV prevention, prosecuting perpetrators, and providing support to survivors, while addressing the spate of SGBV as a whole. Every stakeholder has different duties to play in preventing and responding to GBV through broad-based, prompt, and mutually-responsible actions as guided by laws, policies, protocols, and best practices. There is therefore a need for a **GBV Accountability Framework** that captures the roles and responsibilities of all actors and responders in the lifecycle of GBV prevention and response.

An accountability structure in GBV strategic response focuses on legal and policy frameworks such as national legislations and international convention and protocols on human rights, broadly; and GBV, more specifically. There is therefore a need to identify, specify, and map the state and non-state actors who bear the duties of preventing and responding to GBV, while clarifying their specific, complementary, and intersecting roles. This way, knowing who to hold accountable for certain GBV prevention and response actions is unambiguous.

The criticality of data collection, disaggregation, analysis, publication, and dissemination cannot be overemphasized being a component of the accountability structure, as this is important in ensuring evidence-based advocacy, programming, and actions while achieving gender-sensitive budgeting and investments. By extension, accountability entails ensuring relevant institutions comply with necessary laws, principles, and protocols that guide how they conduct and carry out their roles and responsibilities in GBV prevention and response.

Furthermore, accountability actions include ensuring institutions – public, private, and civil society – have GBV and sexual harassment policies in place. It also covers the need to develop and publish Standard Operating Procedures (SoPs), protocols, and guiding principles specific to the different actors. In addition, accountability entails continuous monitoring and tracking response actions and processes in ascertaining their effectiveness, efficiency, and sustainability; and for the purposes of reviews and improvements. Accountability presupposes a collective societal indignation and intolerance for SGBV. Hence, a society that shames perpetrators should be created or shaped, while encouraging a mindset of zero tolerance that holds perpetrators as pariahs and the survivors as

the society's collective responsibility. Some general examples of other accountability measures is the social accountability practice by the public on social media through naming and shaming, public demands for accountability by duty bearers, public condemnation of GBV offenders, and publicizing of the Sex Offenders Register. It is imperative to note that there are rural communities that still use masquerades, dance, songs, and theatre to name and shame perpetrators of GBV in their localities; and this approach has been effective and may still be an alternative in such communities, especially in areas where internet use is low especially among women.

S – Support

Evidentially, emplacing GBV preventive and accountability measures are not guarantee that GBV will not occur. Support programmes target individuals, whilst prevention programmes target populations. Thus, in the inevitable situations of GBV, effective support mechanisms – formal and informal – must exist in ensuring adequate assistance is provided to survivors of GBV. Support entails a system for survivors to get assistance, justice, and healing that is rights-based and survivor-centred. The support framework is aided by the availability of effective and evidence-based services to respond and prevent the recurrence of violence. Supports entails three systems:

- (i) **Social support system** emanates from the social structures around a victim or survivor, such as family, friends, community groups (e.g., village associations, community-based organizations, interest groups, trade unions), worship centres and faith-based organizations, social gatherings – physical and virtual (e.g. social media), etc.
- (ii) **Statutory support system** entails mandated duties of state actors (government), as enshrined in international and domestic laws, policies, and regulations, to provide infrastructure and services to aid recovery process of survivors of GBV. This includes: economic recovery (financial support like cash transfers, stimulus funds, skills acquisition and empowerment); medical facilities (hospitals, pharmacies, medical forensic centres, rehabilitation centres, shelters, sexual assault referral centres, mental health services, psychosocial and counselling services); legal services (legal advisory, legal aid); judicial services (courts, restraining orders); and enforcement systems (security/protection, investigation, arrest, and prosecution as carried out by the police or designated law enforcement agencies).
- (iii) **CSOs support system** covers multi-faceted and coordinated efforts of civil society organizations to augment and complement the work of state actors. CSOs include non-profit/non-governmental organizations, as well as international funders and partners. CSOs support system include relevant supports under the above statutory support system as well as provision of general assistance to survivors of GBV, including basic necessities (food, clothing, and shelter), and livelihood support such as financial aids, skills acquisition, job placements, etc.

Support structure extends to CSO-led first-line/frontline responders and service providers who also need mental health counselling services, security/protection, technical support, and general assistance in carrying out their activities. On the whole, prevention and support services should also reach perpetrators of violence, as a secondary prevention approach, in order to decrease future perpetration.



GBV RESPONSE ACTIONS

State and Non-State Actors

Response actions on GBV are carried out by state and non-state actors. While state actors are governments or their agencies, non-state actors are non-government actors who, through their social, political, and economic power, influence laws and policies, as well as carry out direct interventions.

Response Actions: Prevention

In some climes, prevention models have been developed and piloted to structure the process and actions necessary for ensuring GBV does not occur. For example, in Kampala Uganda, there is the ‘SASA Model’,¹⁵ which is a groundbreaking community mobilization approach developed by *Raising Voices* for preventing violence against women and HIV. There are more examples from the UKAID-funded evidence brief on “What Works”, which gives the core elements of what works in preventing GBV.¹⁶ While these prevention models have proven to be effective, none have been developed or implemented in Nigeria such that actors and responders can buy into, so it serves as a guide and framework for preventing GBV. There is therefore need for research and development into Nigeria’s version of ‘what works’ in preventing GBV in Nigeria.



GBV prevention actions by state actors have been carried out mainly through awareness creation and public enlightenment. This has been inconsistent and only gets escalated following a spike in GBV that results in public outcries and demands for actions.

*In addition, considering the importance of education in GBV prevention, sex education in some schools exist in form of ‘Family Life an HIV Education,’ but this has not been adopted in some states based on reasons bothering on religion or culture. Beyond this, the sex education curriculum needs to be reviewed as it is not comprehensive enough. Also, the monitoring of implementation by Federal and State Ministries of Education has not been robust or adequate. The **NHRC, NAPTIP, NOA, and State Ministries of information** can do better in enlightening the public through mainstream and new media.*

These efforts that are primary obligations of the government are also been carried out by CSOs as they continue to mobilize specific groups physically in communities, as well as virtually using social media platforms – a trend that became popular due to recent restrictions of movement.

CSOs in Nigeria have been engaged in different GBV prevention activities. For instance, *Women Radio (@wfm917)* and its partners have been holding webinar series to facilitate conversations with key stakeholders – such as young men, religious leaders, regional ethnic groups – with a view to sensitizing them on GBV and their specific roles in curbing the menace, using English and local

languages, while encouraging robust exchange of perspectives and ideas with a view to shaping narratives and correcting wrong ideologies.



Prior to the lockdown, community mobilization had been carried out mainly by NGOs such as Youth Hub Africa (YHA), through its 'Young Men's Network Against Sexual and Gender-Based Violence' – a platform for young men from universities and different organizations across Nigeria to educate them on SGBV in order to enable them challenge cultural perceptions and stereotypes that fuel SGBV and oppressions against women and girls, while influencing attitudes and behaviors in their various communities as change agents. Another example of an NGO-led preventive action is how the Stand To End Rape (STER) Initiative have carried out community engagement and awareness events, such as STER's male sexual violence community engagement event (Ketu, Lagos State), consent and sexuality education in

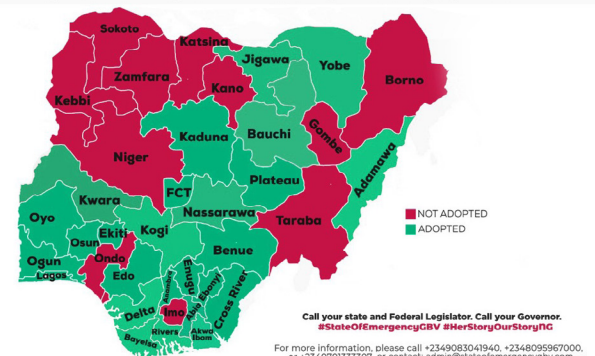
communities (Shomolu, Lagos State) and in schools, as well as development and publication of social media contents (infographics, tweets, and videos), all geared towards defining the scope, nature, and consequences of the SGBV.

Response Actions: Accountability

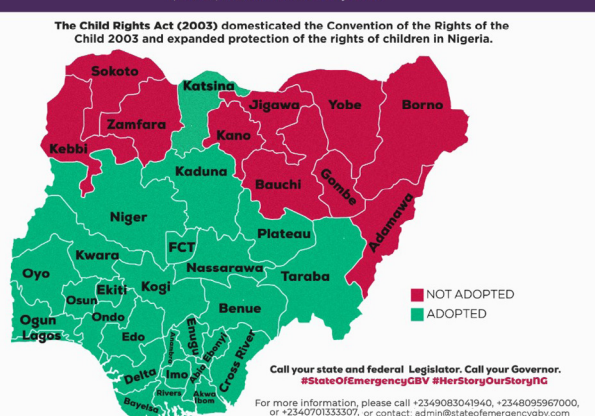
Accountability actions by state actors are carried out mainly through policy and legislative frameworks. Owing to Nigeria's federal governance structure, there exist a pluralized legal system and multiple sources of law at the federal and state levels, including the Islamic (Sharia) law as well as customary laws (which are largely unwritten). For instance, at the Federal level, the government enacted the Violence Against Persons (Prohibition) Act (VAPP), 2015 and the Child Rights Act (CRA), 2003, which, as at 1st June, 2020, have been domesticated in 26 and 27 States respectively. It is noteworthy that in a bid to ensure other States pass the VAPP and CRA, TechHer Nigeria have led the monitoring, design, and publication of maps that highlight the status of States in this regard, including *Hall of Shame* maps that show States that are yet to pass these laws. This has been effective in provoking necessary conversations as well as pushing States to prioritize passing the laws.

States also have their laws, such as the Lagos State Protection Against Domestic Violence Law (2007), Lagos State Child's Rights Law (2017), Ebonyi State Protection Against Domestic Violence Law (2005), among many others. Besides these domestic laws, Nigeria is signatory to many international conventions, including those aimed at protecting human rights generally, and more

STATES THAT HAVE ADOPTED THE VIOLENCE AGAINST PERSONS PROHIBITION (VAPP) ACT (2015) AS AT 1ST JUNE, 2021
The VAPP Act was signed into law 2015, and is the robust piece of legislation that responds to sexual and gender-based violence of girls and women; boys and men.

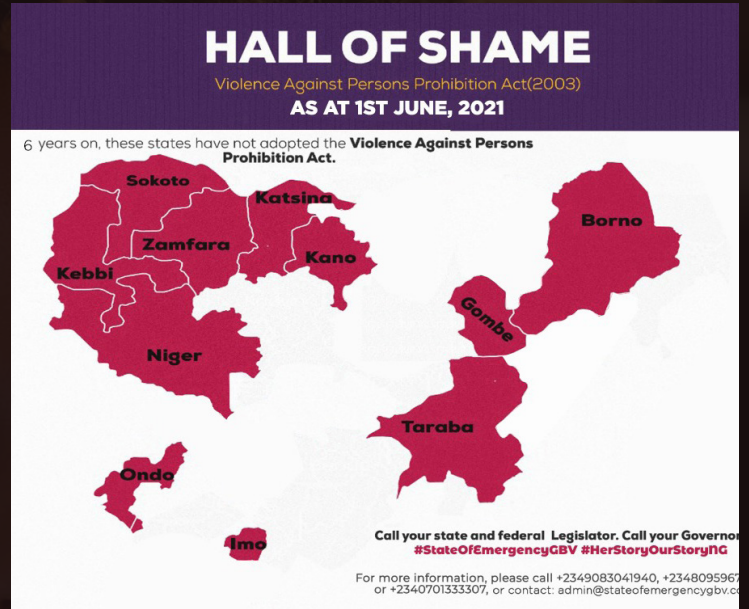


STATES THAT HAVE PASSED THE CHILD RIGHTS ACT (2003) AS AT 1ST JUNE, 2021
The Child Rights Act (2003) domesticated the Convention of the Rights of the Child 2003 and expanded protection of the rights of children in Nigeria.

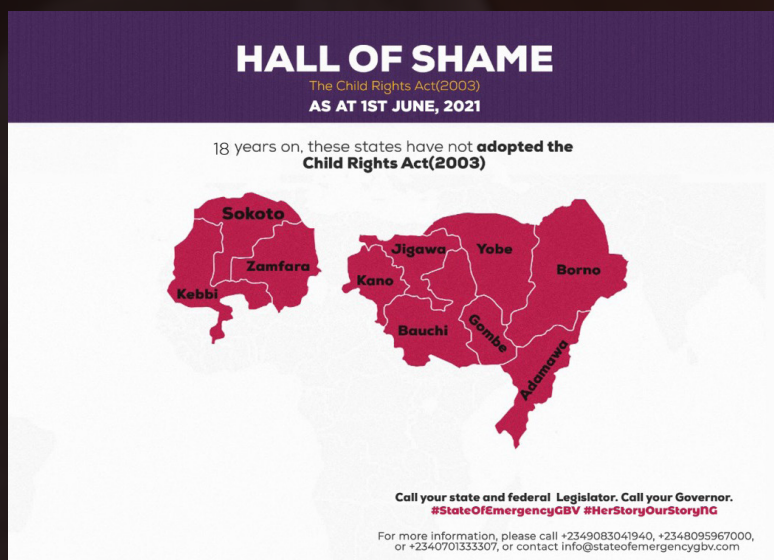


Violence Against Persons (Prohibition) Act (VAPP) 2015

11
STATES
HAVE NOT
ADOPTED THE
VAPP ACT (2015)



Child Rights Act (2003)



10
STATES
HAVE NOT
ADOPTED THE
CHILD RIGHTS
ACT (2003)

specifically, the rights of women and girls. In November 2019, Nigeria launched its online *Sexual Offender and Service Provider Register*, to serve as a public name-and-shame mechanism as well as to deter and, most importantly, guide institutions (especially those interfacing with children and vulnerable populations) and members of the general public against sexual predators. Prior to the launch of the register, Ekiti and Lagos States had started keeping registers of sex offenders opened in 2013 and 2014, respectively.



Sensitization and awareness have been carried out by the National Human Rights Commission (NHRC) and the National Agency for the Prohibition of Trafficking in Persons (NAPTIP). Both agencies of government have also been receiving incident reports through their hotlines, while NAPTIP have been sheltering survivors they are able to accommodate at their undisclosed shelter in the FCT. In line with this, the *#AbujaRaids* group was formed by a coalition of CSOs, led by OSIWA and Amnesty International, to advocate against the harassments of perceived or alleged Female Sex Workers (FSWs) perpetrated by some government officials, while providing support to survivors.

The *#AbujaRaids* advocacy, though still ongoing, led to the Presidency directing the NHRC to constitute special panels to investigate alleged harassments and assaults of women across Nigeria. Hence, the NHRC, supported by OSIWA, held public hearings on SGBV in Abuja, Lagos, and Owerri – covering North Central, South West, and South East; and with support of the European Union’s Rule of Law and Anti-Corruption (RoLAC) Programme, implemented by the British Council, the NHRC received support to conduct similar hearings in Kano, Benin City, and Yola – covering North West, South South, and North East. In the North Central, the investigative panel, among other cases, focused on investigating alleged assault of women perpetrated in the FCT by some officials of the Abuja Environmental Protection Board (AEPB). Beyond investigating SGBV cases, the panel also had the responsibility of reviewing extant laws and regulations applicable to joint task forces in the FCT and the country at large, especially those that regulate activities of the AEPB. It is noteworthy that legal representations, advisory, and other support services are still being offered by OSIWA to some survivors of the alleged abuse by some AEPB officials.¹⁷

In the wake of the heightened spate of GBV in Nigeria, especially during the COVID-19 pandemic, a coalition of CSOs, under the auspices of *#StateOfEmergencyGBV*, demanded, among others, government action and accountability by calling for declaration of a State of Emergency on GBV in Nigeria.¹⁸ In response, on June 11, State Governors under the

umbrella of the Nigeria Governors' Forum (NGF), declared a state of emergency on SGBV. The NGF also condemned all forms of violence against women and children in the country, and committed to ensuring that offenders face the maximum weight of the law with the NGF Chairman encouraging Governors that are yet to domesticate relevant laws to do so. In addition, Nigeria's President, during his June 12, 2020 'Democracy Day' national address, reiterated government's determination to fight GBV using the instrumentality of the law and awareness creation. In the same national address, the President highlighted the need to look beyond just legislation in fixing the problem of GBV, but rather, interrogate the deeply dysfunctional cultures, systemic flaws in institutions, and the perverse social norms which enable sexual and gender-based violence.

*Still on challenges relating to accountability, Nigeria cannot boast of adequate funds, investments, and budgetary allocations to GBV response actions by the government at different levels – federal, state, and local. For countries that prioritized promoting human rights and protecting the rights of women and girls, they show their **political will** and **commitment** by **providing sufficient resources and funds to preventing rights violations** through budgetary allocations, dedicated funding, and other funding strategies.*

Informal justice systems

In a bid to ensure social harmony in communities, informal judicial systems exist in certain grassroots settings, attending to offences committed by dwellers. Although these customary/traditional justice systems lack formalized, cohesive, or comprehensive framework for handling community-level infractions or crimes, including SGBV, they are, however, guided by their relative and subjective ideas or concepts of justice, which when practiced over a long period of time translates to sets of approaches or processes of handling such situations. These approaches often become traditions passed from one generation to another and, in some cases, form the basis for customary laws, which are largely not codified or written. It is, however, recognized that these informal traditional justice systems play crucial roles, in some cases, in helping GBV survivors seek and find remedies and some form of justice, especially considering the countless barriers that GBV victims sometimes have to endure in trying to access formal judicial systems, which, where they exist, are often distrusted, feared, or disregarded for lack of legitimacy owing to their publicly-known impunity, corruption, and ineptitude.



GBV-related policy and legal frameworks

The table below highlights some of the laws, domestic and international, that codifies rights of women and girls in Nigeria, and guides judicial prosecution of GBV cases:

Law/ Policy	Year Enacted or Adopted	Purpose	Remarks
DOMESTIC LAWS			
Constitution of the Federal Republic of Nigeria (As Amended)	1999	Chapter II of the 1999 Constitution contains the duty and obligations of the government to direct its policies towards ensuring equality among all citizens; while chapter IV enshrines fundamental rights of all persons in Nigeria. Some specific provisions of the Constitution relates to GBV, such as Section 33 on right to life; section 34 on respect for the dignity of the human person; Sections 15(2) and 42(1) on prohibition of discrimination on the basis of sex; and Section 17(1) where freedom, equality, and justice are recognized as the ideals upon which Nigeria's social order is founded.	Nigeria's Constitution is her supreme law; thus by Section 1(3) of the Constitution, all other Laws with inconsistent provisions are null and void to the extent of their inconsistencies. However, due to Nigeria's plural system, which permits States to enact their laws on specific issues, some states have laws that contradicts provisions of the Constitution. For instance, in Section 55(1)(d) of the Penal Code (applicable in the northern region), wife beating for the purpose of correction is legal. Similarly, in the Sharia Law (applicable in some northern states) that two women equal one man is a form of discrimination and inequality.
Child Rights Act (CRA)	2003	The CRA domesticates the UN Convention on the Rights of the Child, which was adopted in 1989 and ratified by Nigeria in 1991. It is aimed at providing and protecting the rights of Nigerian children and all children in Nigeria. The National Child Rights Implementation Committee was created to enforce the CRA. Among others, the CRA sets a unified age of consent at 18, makes ample provisions for the rights of children and adolescents under 18, and sets appropriate punishments when such rights are violated.	The CRA was passed at the federal level, making it applicable only in the FCT, while states are required to domesticate it. So far, at the time of publishing (May 2021), 27 States have adopted the CRA, except Adamawa, Bauchi, Borno, Gombe, Jigawa, Kano, Kebbi, Sokoto, Yobe, and Zamfara.

Violence Against Persons (Prohibition) (VAPP) Act	2015	<p>The VAPP Act makes copious provisions on eliminating violence in private and public life; prohibits all forms of violence (physical, sexual, psychological, domestic, harmful traditional practices, discrimination against persons, etc); and provides maximum protection and remedies for victims, and punishment of offenders. The VAPP Act provides for a wider definition of rape. It is a more comprehensive legal framework on GBV compared to the limited coverage of GBV in the Criminal Code Act, Penal Code, and other criminal laws within Nigeria's plural legal system.</p>	<p>The VAPP Act was passed at the Federal level, thus applicable only in the FCT, while requiring adoption by States. So far, as at March 2021, it has been domesticated in 22 States except Adamawa, Bayelsa, Borno, Gombe, Imo, Kano, Katsina, Kebbi, Kogi, Niger, Ondo, Rivers, Sokoto, Taraba, and Zamfara.</p> <p>Section 45 makes consequential amendments to existing criminal laws to the effect that relevant provisions of the Act supersedes provisions on similar offences in the Criminal Code, Penal Code, and Criminal Procedure Code.</p>
National Human Rights Commission (NHRC) Act	1995	<p>The NHRC Act established the NHRC, which is saddled with the responsibility of dealing with all matters relating to the promotion and protection of human rights as guaranteed by the Constitution, while ensuring Nigeria complies with relevant international human rights-related legal obligations it commits to such as the UN Charter and the International Bill of Human Rights (Universal Declaration on Human Rights (1948), International Covenant on Civil and Political Rights (1976), and the International Covenant on Economic, Social and Cultural Rights (1976).</p>	<p>The NHRC (Amendment) Act, 2010 conferred on the NHRC additional independence and power to investigate alleged violation of human rights (which includes GBV) and enforce decisions. It also widened the scope of NHRC's mandate to include vetting of legislations at all levels to ensure their compliance with human rights norms.</p>
Trafficking in Persons (Prohibition) Enforcement and Administration Act	2003	<p>The Act creates the National Agency for the Prohibition of Trafficking in Persons (NAPTIP). The Act is a fulfillment of Nigeria's international obligation under the Trafficking in Persons Protocol to prevent, suppress, and punish trafficking in persons, especially women and children, supplementing the United Nations Transnational Organized Crime Convention (UNTOC), which Nigeria signed in 2000. NAPTIP has the mandate to, among others, adopt effective measures, including coordinated preventive, regulatory, and investigatory machinery, for the prevention and eradication of trafficking in persons and related offences.</p>	<p>NAPTIP is responsible for the administration of the VAPP Act in the FCT, according to Section 44 of the VAPP Act.</p>

Cybercrimes (Prohibition, Prevention, Etc) Act	2015	The Act provides an effective, unified, and comprehensive legal, regulatory, and institutional framework for the prohibition, prevention, detection, prosecution, and punishment of cybercrimes in Nigeria. The Act also ensures the protection of critical national information infrastructure and promotes cybersecurity and the protection of computer systems and networks, electronic communications, data and computer programs, intellectual property and privacy rights.	Some crimes covered by the Act intersects with the perpetration of GBV, such as Section 11 on 'Willful misdirection of electronic messages, Section 23 on 'Child Pornography and Related Offences', and Section 24 on 'Cyberstalking'.
Corrupt Practices and Other Related Offences Act	2000	The Act seeks to prohibit and prescribe punishment for corrupt practices and other related offences. It establishes an Independent Corrupt Practices and Other Related Offences Commission vesting it with the responsibility for investigation and prosecution of offenders thereof. Provision has also been made for the protection of anybody who gives information to the commission in respect of an offence committed or likely to be committed by any other person.	Among others, the ICPC Act links with Section 9 of the Cybercrimes Act which covers electronic money transfers, especially in cases of manipulation and extortion of victims and survivors of GBV.
National Gender Policy (NGP)	Periodic	The NGP seeks to combat all forms of violence against women and girls in Nigeria, by promoting gender-sensitive and gender-responsive culture in policy planning and national development, while mainstreaming women issues in the formulation and implementation of all policies and programmes.	The second thematic area of the NGP focuses on GBV.
National Action Plans (NAPs) to implement UNSCR 1325 on Women, Peace & Security	2013 and 2017	The NAPs detail Nigeria's implementation strategies, monitoring and evaluation plans, and reporting pathways towards meeting its obligation to the UNSCR 1325. The Resolution 1325 is an international legal instrument that acknowledges the heavier and disproportionate toll that conflicts have on women and girls, such as the sexual violence women and girls face during conflicts.	Nigeria launched its first NAP in 2013 for the period 2013 – 2017; and the second in 2017 to cover 2017 – 2020. To cascade the NAPs at state and local government levels, some States and Local Government Areas domesticated it as State Action Plans (SAP) and Local Action Plans (LAP), respectively.

INTERNATIONAL LAWS

Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)	1979	Widely described as the ‘international bill of rights for women,’ CEDAW defines what constitutes discrimination against women and establishes legal obligations on States to achieve their global, regional, and domestic commitments to gender equality based on the obligation to respect, protect, and fulfill women’s rights to non-discrimination and equality in all aspects of their lives.	It’s been contended that domestic rape, pegging marriageable age at 17, religion and socio-cultural practices, and the widely spread abortion right interpretation given to the provisions of reproductive right under Article 16(e) of CEDAW are some of the major impediments to the full implementation of CEDAW in Nigeria.
Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa (Maputo Protocol)	Adopted in 2003 Ratified in 2004	The Maputo Protocol is a women’s rights treaty adopted to complement the African Charter on Human and Peoples Rights. It covers a wide spectrum of women’s rights and incorporate provisions that relate to the specific threats women encounter, including violence in the family, at work, and in their communities. It calls for the elimination of all forms of GBV within the rights to life, integrity, and security of the person, with other provisions reinforcing state obligation to end GBV and discrimination.	The Maputo Protocol was tested in Nigeria at the ECOWAS Court, Abuja in Dorothy Njemanze & 3 Ors. v Federal Republic of Nigeria. The case is about the violent, cruel, inhuman, degrading, and discriminatory treatments the four Plaintiffs suffered at the hands of law enforcement agents – the Abuja Environmental Protection Board (AEPB), the police, and the military. Delivered on 12 th October, 2017, the landmark judgment is the first pronouncement of a regional court on women’s rights based on the provisions of Maputo Protocol.

PROTECTION ORDER

VAPP ACT (2015)

Section 23 of the VAPP Act mandates the High Court to issue a 'Protection Order' to a person who complains of violence.

Response Actions: Support

For support services, section 23 of the VAPP Act mandates the High Court to issue a 'Protection Order' to a person who complains of violence. Such order is effective throughout Nigeria, and there is no time limit or prescription for seeking to apply for the protection order. Issuance of this order is only one of the services offered by the judicial arm of government through investigation, arrest, and prosecution of GBV offences. Section 38 of the VAPP Act safeguards the rights guaranteed in Chapter IV of the 1999 Constitution and any other international human rights instrument to which Nigeria is a party. The same Section 38 provides that every victim of violence is entitled to receive information and services relating to necessary materials, comprehensive medical, psychological, social, and legal assistance through governmental agencies or non-governmental agencies providing such assistance; and to rehabilitation and reintegration programmes of the State to enable the victim to acquire pre-requisite skills in any vocation of the victim's choice, in all necessary formal education, and access to micro credit facilities.

Example of a state actor-led support action is the creation of 'public friendly' Gender Units by the Nigeria Police Force across the Police State Commands and Divisions aimed at prosecuting anyone culpable of SGBV. An example is the Ebonyi State police command gender desk, called the 'Juvenile and Women Cases (JWC),' headed by a female officer. Victims are also able to access medical services in state-owned hospitals and Sexual Assault Referral Centres (SARCs), for the purpose of collecting medical evidence to prove GBV and receive medical treatments, albeit at costs that are often borne by the victim. Free legal services can also be accessed by victims through the Legal Aid Council of Nigeria. However, there has been the challenge of capacity, proximity to courts, availability of lawyers, and services that are not completely free. Some examples at the state level include the FCT Sexual and Gender Based Violence Response Team; as well as the Domestic and Sexual Violence Response Team (DSVRT) of Lagos State – a unit under the Lagos State Ministry of Justice through which the Lagos State government fulfils its commitment to ensuring total eradication of SGBV in the State by providing legal, medical, emergency assistance, counselling, psychological and psycho-social support.

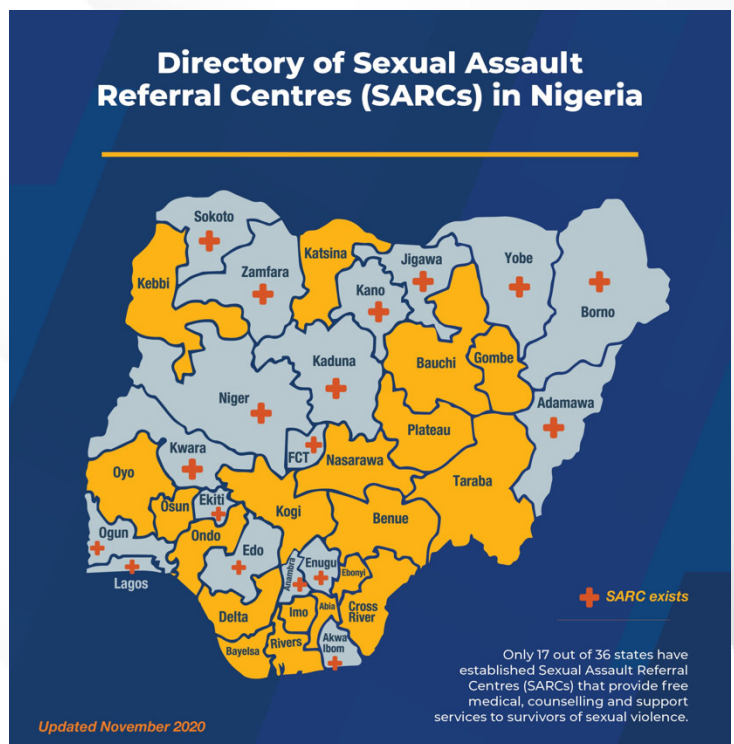
For the judicial system, response actions have been through court proceedings instituted by the state on behalf of victims; however, in many cases, this has been riddled with corruption, bureaucracy, elongated court period, and the general problems with Nigeria's criminal justice procedure (e.g. obtaining and presenting evidence). In Lagos State, for

instance, Family Courts have been established, operating at two different levels – as a division of the High Court of Lagos State and at the Magistrate Court level. The Family Court is backed by the Family Court Rules to regulate enforcement and guide the hearing and determination of cases arising from the Child Rights Act. In the determination of issues before the Family Courts, the Federal Ministry of Women Affairs appoints assessors to sit alongside judicial officers to provide reviews and advice in the best interests of the child.

Non-state actors have provided supports through, for instance, counselling units in many religious centres, faith-based groups, and on social media – such as the advice, encouragement, professional, and financial support some victims have received on social media platforms; including monetary contributions to support legal services.

NGOs, such as the Dorothy Njemanze Foundation (DNF), BraveHeart Initiative (BHI), Education as a Vaccine (EVA), Stand To End Rape (STER) Initiative, Action Aid Nigeria, International Federation of Women Lawyers (FIDA) Nigeria, Women's Advocates Research and Documentation Centre (WARDC), Women's Rights Advancement and Protection Alternative (WRAPA), Women's Crisis Centre, and the Women's International League for Peace and Justice (WILPF) have been engaged in frontline interventions and support of victims of GBV by removing victims from scenes and premises of violence, relocating and paying for victims' accommodation, providing counselling and advisory, providing support for medical, legal, financial, livelihood, and basic necessities, skills acquisition, economic empowerment, job placements, and other needed assistance.

Organizations like WARDC, WRAPA, and WILPF Nigeria have, in addition to their frontline interventions, organized and facilitated several virtual and offline engagements that brought together key actors in the GBV space, both within and outside Nigeria, to exchange ideas, strategies, and best practices. Another example is EVA's work in Kaduna State, where they provide safe spaces in order to improve access to information and services for girls. Furthermore, through the NSRP, EVA had an observatory committee that ensured cases reported were addressed and documented. The organization uses infographics to engage the state Ministry of Women Affairs to show the need for a stronger state-level response which contributed to the GBV response system that now exists in Kaduna State. EVA has also carried out an assessment and capacity building of the Salama Sexual Assault Referral Centre (SARC) in Kaduna State to be more survivor-centered and youth-friendly. In Nasarawa State, EVA ensured the inclusion of women in community peace committees and trained them to be able to respond to reports of SGBV. They have helped the community build linkages to the service providers, police, and the justice system such that more cases are now being reported to and handled through Community Peace Committees (CPCs). For STER, they support victims and survivors



Family Support Units (FSUs)

Another example of state and non-state joint action is the establishment of Family Support Units (FSUs) within the Nigeria Police Force (NPF) across Nigeria. The FSUs are specialised units within the Police Force, as set up to manage child offenders and cases of child abuse in line with Section 207 of the Child Rights Act (2003), which makes provision for children in conflict with the law and also children in contact with the law.

of SGBV through the provision of legal aid, individual and group mental health counseling, and referrals for shelter and medical support services. The organization have also carried out training of healthcare workers on the proper medical management of GBV cases; and law enforcement officials on utilizing survivor-centered interviewing and investigation techniques when handling GBV cases.

Joint support actions have been carried out by state and non-state actors, such as the setting up of Sexual Assault Referral Centres (SARCs) in some States in Nigeria. As at August 2020, there are currently 24 SARCs across 17 states in Nigeria – four in Kaduna, three in Lagos, two each in Adamawa and Enugu, while the other 13 are spread across Ekiti, Kano, Yobe, Jigawa, Niger, Ogun, Borno, Sokoto, Adamawa, Akwa Ibom, Kwara, Zamfara, and the FCT. Although establishment of SARCs is the collaboration between State Ministries of Justice, Health, Education, and Women Affairs; and the Nigeria Police Force, as supported by the British Council; the communications strategy and implementation is being managed by *TechHer Nigeria* – a technology and strategic communications organization. Another example of state and non-state joint action is the establishment of Family Support Units (FSUs) within the Nigeria Police Force (NPF) across Nigeria. The FSUs are specialised units within the Police Force, as set up to manage child offenders and cases of child abuse in line with Section 207 of the Child Rights Act (2003), which makes provision for children in conflict with the law and also children in contact with the law. The FSUs are supported by the EU-funded Rule of Law and Anti-Corruption (RoLAC) Programme, in enhancing access to justice for children and vulnerable youths.

Response Actions by Government MDAs

Other state actors-led actions include government's activities through relevant MDAs: Federal and State Ministries of Women Affairs and Social Development, Ministry of Justice, National Human Rights Commission, and the National Agency for the Prohibition of Trafficking in Persons.

Ministry of Women Affairs

Following the increased incidence of SGBV in Nigeria as a result of the COVID-19 pandemic, the Minister of Women Affairs and Social Development presented a memorandum on SGBV to the Federal Executive Council (FEC) resulting in the designation of SGBV as a matter of urgent national importance, while informing high-level conversations, consciousness, and actions at the federal and state levels on SGBV issues. The Ministry has also held meetings with different civil society partners, who, together, have worked with the Ministry to develop a roadmap to curtail the rising

cases of SGBV in Nigeria. There have been meetings between the Federal Ministry and State Commissioners of Women Affairs, and Governors' wives to map strategies aimed at tackling GBV cases, especially rape, by collectively and individually clamouring for the domestication of the VAPP Act and the CRA, passage of the Gender and Equal Opportunities Bill, as well as the designation of special courts for purposes of quick prosecution of GBV cases. In addition, the Ministry is collaborating with the Population Council and the UNDP to develop a National Data Collection tool for gathering data on GBV in Nigeria. The Ministry engages in sensitization of specific groups on GBV, such as workers living with disabilities, market women, passengers, drivers and other road transport workers, school boys and girls, among others. Current actions of the Ministry include supporting the management of a shelter for survivors of GBV in Abuja.



Federal Ministry of Justice

In June 2020, the Attorney General of the Federation and Minister of Justice announced the immediate inauguration of an 'Inter-Ministerial Gender-Based Violence Management Committee.' The Committee includes skilled officers drawn from the Federal Ministry of Justice, Federal Ministry of Women Affairs, Federal Ministry of Health, National Agency for the Prohibition of Trafficking in Persons, National Human Rights Commission, Nigerian Legal Aid Council, Nigeria Police Force, and Civil Society Organisations, among others. The committee is mandated with proffering a synchronized approach to addressing all forms of violence against women and children in Nigeria; as well as review all existing relevant laws so as to propose to the National Assembly necessary legislative changes to ensure that the offences of rape and child defilement are dealt with in consonance with international best practices. The Ministry promised to provide comprehensive and appropriate support services to ensure that victims and survivors of sexual offences are not subjected to further stigmatization and trauma by maintaining a SARC which will be domiciled in the headquarters of the Federal Ministry of Justice. The Ministry of Justice committed to ensuring speedy processing of stalled and pending cases of rape and child defilement that got delayed due to closure of courts and government institutions during the COVID-19 lockdown period. The Ministry also reaffirmed the policy of opposing bail and rejecting plea bargain proposals from perpetrators of rape and child defilement. The new policy will boost the Federal Government's conviction of sex offenders and ensure they do not benefit from the power of prerogative of mercy. The Federal Ministry of Justice will, in driving these processes, bring together the 36 State's Attorneys General to consider effective collaborative support to stem the growing tide of rape and sexual assault.¹⁹



Federal Ministry Of Justice

National Human Rights Commission

The National Human Rights Commission (NHRC), in realizing its core mandate of promoting, protecting, and enforcing the human rights of Nigerians and all living within the country, has the powers to investigate all alleged cases of human rights violations, which includes GBV, with a view to assisting victims through appropriate awards and compensation, while bringing its findings to the attention of government to ensure government compliance with its international and regional human rights obligations. The NHRC has, among its focus areas, two themes



that relate to GBV: ‘Rights of Women and Gender-Related Matters’ and ‘Child Rights.’ These issues are domiciled in the ‘Women, Children and Vulnerable Groups Department’ of the NHRC.

As part of its activities, the NHRC set up public hearing and investigative panel to investigate all cases of SGBV in Nigeria, while increasing access of Nigerians to the services of the NHRC to seek accountability where there is evidence that proves such violations. In addition, the NHRC is adopting an approach of emphasizing prevention through a behavioral change of social norms model for a mindset shift considering the consequences of SGBV not only for survivors but also for families and communities as a whole, while also aiming to prevent future acts of violence. Hence, the NHRC has created dedicated social media handles across all social media platforms (@NHRCGender) through which it uses educative and illustrative content to enlighten and shape social norms, while propagating and elevating the rights and voices of women and girls. In shifting focus towards perpetrators, as well as strengthening response mechanisms and other collaborative measures towards ending SGBV, the NHRC engages in advocacy through the media using influential personalities, while putting out key messages and contents that are instructive against victim shaming. The NHRC is also in the process of using education as a preventive approach by creating clubs in schools and influencing the curricular of primary and secondary schools.

The NHRC established Gender Units in the Nigerian Police Force in ensuring a professional and gender-sensitive policing while promoting an approach that is focused and responsive to victims’ needs. This is backed with ongoing training and re-training of police officers on SGBV response, and holding monthly meetings with Police Liaison officers. The NHRC has also been engaged in reviewing extant laws to ensure quick access to justice. For an evidence-based approach, the NHRC intends to improve on data collection analysis and management by adopting and maintaining appropriate SGBV data collection in partnership with zonal offices, and relevant institutions as partners on documenting SGBV. To support GBV victims, the NHRC is in the process of establishing a shelter; while working towards establishing an SGBV Situation Room that is linked to its three digits call centre numbers, which is available round the clock, for a coordinated and collaborative response in handling SGBV cases with critical emphasis on the first 48 hours.

National Agency for the Prohibition of Trafficking in Persons

NAPTIP carries out preventive measures through enlightenment on radio and TV, as well as through workshops, seminars, and formation of NAPTIP Vanguard in primary, secondary, and tertiary institutions. Part of NAPTIP’s support services include provision of shelters and medical assistance, legal advisory and support, as well as strengthening activities of relevant CSOs as the foundations of promoting access to justice for children in distress.



Response Actions: International Actors

To eliminate all forms of violence against women and girls, the Spotlight Initiative was formed as a global, multi-year partnership between the European Union and the United Nations – UN Women, UNDP, UNESCO, UNFPA, and UNICEF. The Spotlight Initiative deploys comprehensive, targeted, large-scale investments to eliminate all forms of violence against women and girls in Africa, Asia, the Caribbean, Latin America and the Pacific. In Nigeria, the Spotlight Initiative is being implemented through government and civil society partners; and with the increase in GBV during the pandemic, they are ‘delivering an appropriate and gender-responsive effort to stem the spread of the virus, while working to eliminate all forms of violence against women and girls.’ Other UN bodies also

carry out GBV response actions, though not under the Spotlight Initiative, such as the UNHCR in partnership with national and international organization, implementing its global SGBV strategy based on three pillars: Identification, Response and Prevention,²⁰ while also executing the Zero Tolerance Village Alliance (ZTVA) – a community-based model in the prevention of SGBV among Internally Displaced Persons (IDPs). Additional actions by international actors include the commemoration of the International Day for the Elimination of Violence Against Women and the ensuing 16 Days of Activism against gender-based violence, starting every November 25 and culminating in the Human Rights Day on December 10, as characterized by activities, campaigns, and demands to end VAWG.

Gaps Analysis in GBV Response Actions

Using the **PAS Model**, the following are the gaps analysis in current GBV response actions in Nigeria:

Gaps Analysis: Prevention



In addition, most media creations and contents do not take into consideration special communications needs of persons living with disabilities as there are often no sign language interpretations or other of such services, save for a recent NAPTIP's jingle that includes a sign language interpreter.

1 Ineffective awareness creation: Public enlightenment and sensitization have only been carried out by few state actors, which have not been consistent. However, NAPTIP and NHRC have used media – especially social media platforms – to disseminate educative contents on GBV. While non-state actors, particularly those with GBV focus areas, have been relatively regular, there has been more focus on the social media as means of broadcasting. This leaves a large population out of the messaging, particularly those without internet access or social media presence, whereas such information should spread across all levels. In addition, most media creations and contents do not take into consideration special communications needs of persons living with disabilities as there are often no sign language interpretations or other of such services, save for a recent NAPTIP's jingle that includes a sign language interpreter.

2 Absence of comprehensive GBV curriculum: While there exists a standardized curriculum on sexuality education (called 'Family Life an HIV Education'), there is absence of a federal-level comprehensive curriculum on GBV such that can be adopted in different settings – homes, institutions, schools, hospitals, worship centres, companies, organizations, etc.; and at state and local levels. There is also the challenge of uneven implementation of the existing sexuality education curriculum due to its unacceptability by some states in view of religious and cultural considerations.



When certain members of the society can get away with criminal acts, it not only emboldens others, it also furthers a culture of impunity and corruption in GBV prevention.

3 Naming and shaming: A key reason for the naming and shaming approach is not only to embarrass perpetrators of GBV while serving as deterrent to others, but to also make the public and relevant institutions aware of sexual predators. More so, naming and shaming does not seem to be effective when dealing with some rich, influential, and powerful members of the society who can use money to coerce law enforcement agents and wiggle their way out of crimes they have committed. The circle of naming and shaming have, so far, being inconclusive due to several other factors, particularly the short lifespan that news survive on social media. This is one of the reasons for the Sexual Offenders' Register; but less have been seen as to publication of the register or evidence of how it serves the purposes for which it was instituted. Challenges include the fact that while few details of sex offenders are on the register, the number of SGBV-related convictions being recorded nationwide are not reflected or updated on the register; not all photos of perpetrators can be seen on the register; and there is less publicity as to where or how to access the register.

4 Weak coordination and collaboration: GBV responders and actors have been working to curb the spate of GBV in Nigeria; however, these efforts have been done mainly in silos with few cases of collaboration. Hence, coordination, communication, and collaboration among critical GBV actors and responders have been weak, thus hampering the possibility of an effectively structured and scalable overall approach, which, also affects sustainability of impact.

5 Lack of evidence of "what works" in Nigeria: There is a complete absence of a well-researched, evidence-based holistic document that shows "what works" in the prevention of GBV in Nigeria such that can be applied in different contexts and settings. This leaves the task of preventing GBV at the subjective whims of different actors and responders with no clear-cut model that can utilized, reviewed, and improved on as GBV trends change.

6 Unequal power relations: Power dynamics that relates to abuse of trust, position, or fiduciary relationships and a system that largely protects the powerful and influential members of the society, including those who perpetrate or are alleged to have perpetrated acts of GBV, have been a major stumbling block in the efforts to prevent GBV. When certain members of the society can get away with criminal acts, it not only emboldens others, it also furthers a culture of impunity and corruption in GBV prevention.

7 Unfavorable norms and practices: With Nigeria's many ethnic groups, religious affiliations, and multi-faceted culture comes several norms and practices, some of which are not favorable in preventing GBV at different levels – federal, state, and local.

Gaps Analysis: Accountability



There is absence of resources – financial, technical expertise and structural framework to ensure the knowledge, understanding and effective implementation of the VAPP and CRA.

1 Absence of GBV/Sexual Assault Policies: Many institutions – government, private, civil society – do not have policies that detail their intolerance for any form of sexual assault or any form of GBV. For those who have, it is either not comprehensive enough, not constantly reviewed, or not properly and consistently communicated for it to serve its purpose in an ever-changing society. However, there are few that have robust sexual harassment policies that are applicable in the workplace, and the Nigeria Industrial Court (NIC) has provisions in its enabling Act on sexual harassment in the workplace. The NIC has also been giving groundbreaking judgements in relation to sexual harassment in the workplace such that not only serve as deterrent, but also as judicial precedents.

2 Inconsistent and problematic legal provisions: While there are legal provisions on GBV, some have been found to be problematic in their wordings and context. For instance, the provisions of the law that places the onus of proof on the victim is considered too burdensome for a victim who may not have sufficient evidence to discharge that burden. In addition, the inadmissibility of some evidence due to high admissibility standards laws, makes it even more difficult for a GBV offence to be justly prosecuted. With Nigeria's multiple sources of laws, there are legal provisions in some criminal laws that conflict with each other, with some having inconsistent provisions with the Constitution. This creates a problem with clarity of legal framework for GBV cases. This is added to the fact that not all States have adopted the CRA and VAPP Act; and where these two laws have been passed at the state level, there are discrepancies in the contents, hence there is no uniform CRA or VAPP law across all states. An example is the VAPP Law of Kaduna State. This, therefore, restricts prosecution of GBV cases to extant laws that are known to have limited or unfavourable provisions.

3 Minimal implementation of laws: Although the VAPP and CRA have been domesticated in some States, and there exist other criminal laws, such as the Criminal Code Act and the Penal Code, that may be used in prosecuting GBV cases, there is a problem of diligent implementation of these laws. There is absence of resources – financial, technical expertise and structural framework to ensure the knowledge, understanding and effective implementation of the VAPP and CRA.

4 Lack of confidence in State Actors: The generally eroded confidence in state actors and lack of trust of government officials have led to victims not approaching or seeking support from state service providers, such as the Police. With evidence of corrupt practices and favouritism of influential members of the society, some victims have either been forced to take laws into their hands

or live with the pains and burden of their ordeal.

5 Absence of standards: There is absence of protocols and standards at the levels of government and non-governmental for responding to SGBV or managing cases as first responders. This has led to loss of evidence or difficulty in preserving forensics. This, for instance, includes Standard Operating Procedures (SoPs) for collecting incidence reports, establishing shelters/SARCs, guiding principles, and such other standards and principles that are necessary for effective, efficient, and unharmed service delivery on GBV responses.

6 Data Paucity: There is dearth of data in relation to GBV in Nigeria. While national estimates and few statistics exist in some broad instances – such as 1 in 3 women have experienced GBV – there are very scarce granulated and disaggregated data to establish, justify, and buttress the depth of the problem at community and state levels, prevalence of issues, new tactics, and emerging trends in the different forms of GBV. This paucity of data impedes on achieving an evidence-based approach to GBV-focused advocacy, strategic programming, and effective and efficient service delivery, which is why the UN Women,²¹ as well as Women Deliver,²² have continued to clamour that national statistics systems must improve collection of gender statistics in order to ensure evidence-based SGBV-related decisions, policies, programming, and actions by all actors and stakeholders, while serving as proofs for monitoring impact and holding duty bearers accountable.

7 Limited political will: There is minimal political will on the part of governments across all levels. This is exemplified in the inadequate strategies being implemented on an ongoing basis, and insufficient financial provisions for the prevention of GBV.



There is absence of a clearly mapped out GBV Reporting and Referral Protocol and Pathway at the national level such that can be adopted and tweaked by states who do not have one or wish to build on what they already have.

Gaps Analysis: Support

1 Lack of clearly-defined national reporting and referral pathway: While some States, through their SGBV response teams, SARCs, and GBV implementation committees, have their individual reporting and referral pathways that are peculiar to what is obtainable in their respective states, there is absence of a clearly mapped out GBV Reporting and Referral Protocol and Pathway at the national level such that can be adopted and tweaked by states who do not have one or wish to build on what they already have. The implication of this is that there is no centralized federal-level reporting and referral mechanism that shows the responsibilities, inter-connections, and collaboration of relevant government MDAs while serving as a framework for states and LGAs. At the community/grassroots level, lack of a referral and response pathway prevents victims from knowing

relevant points of recognized contacts to report to or where to receive effective, efficient, non-discriminatory, professional, and safe services. This gap is why a ‘Referral Guide for Gender Based Violence – Nigeria’²³ was developed and launched in 2019. This also entails the need for short codes and toll-free lines that are available round the clock and staffed by trained professional, such that can be used by survivors and those at risk of being abused.



Some law enforcement agents have been accused and confirmed to engage in corrupt practices such that undermines the process of justice for victims of GBV.

2 Corruption and impunity: One of the reasons why victims of sexual abuse refuse to report to law enforcement agents or leaderships of institutions where SGBV occurred is the absence of trust in such structures. Some law enforcement agents have been accused and confirmed to engage in corrupt practices such that undermines the process of justice for victims of GBV. For example, there have been reports of collusion between perpetrators and those placed in positions of power resulting in a sabotage of justice process. At the institution level such as tertiary institutions, the practice of esprit de corps means that GBV cases are covered up or not properly handled as members of particular groups for instance, lecturers feel bound by a sense of mutual loyalty, which is the reasoning behind why the Academic Staff Union of Universities (ASUU) kicked against the passage of the Sexual Harassment Bill, citing that it is ‘biased’ and will be used as a tool to ‘stigmatize’ lecturers.²⁴ However, in tertiary institutions, SERVICOM exists for reporting and collecting complaints, while aiding the process of responding to and curbing corrupt practices in schools. Although this service has been weak, needing tracking and improvements.

3 Ignorance and limited capacity: While there have been many training programmes organized for GBV responders and service providers, especially at the level of government, there have been instances where the limited knowledge on how to handle such incidents have jeopardized support processes and worsened the situation for the victim. For instance, there is evidence of unprofessional and poor investigations of cases, and in some cases, no investigations at all. This, sometimes, leads to further stigmatization and re-victimization of victims and survivors.

4 Limited resources and incapacitated facilities: Lack of resources – financial, technical, human – have been proven to affect effective GBV response. For instance, there is limited or lack of basic forensic facilities such that can be used for proper evidence analysis, without which the burden of proving a GBV crime beyond reasonable doubt becomes herculean. Yet, victims who decide to seek medical assistance often experience long delays in procuring medical reports from certified hospitals, which must be government-owned hospitals for such medical reports to be admissible as evidence before the court of law. The sometimes incapacitated, bureaucratic, and ineffective service delivery in some government-owned hospitals cannot be overstated.



Nigeria currently has
only

30 SARCs
spread across

17 States.

The SARCs are
for purposes of
counselling, support,
and rehabilitation of
SGBV victims. **THIS
MEANS 20 STATES
DO NOT HAVE A
SARC.**

5 Limited number of Sexual Assault Referral Centres (SARCs): Nigeria currently has only 30 SARCs spread across 17 states. The SARCs are for purposes of counselling, support, and rehabilitation of SGBV victims. This means 20 states do not have a SARC, and for those that have, there is usually only one per state except for Adamawa, Lagos, and Kaduna States that have two, four, and four respectively. The existing SARCs are currently being supported by donors, and very few being directly supported by government resources, with challenges bothering on staff-related issues.

6 Ineffective judicial system: Besides the challenge of the extended period of time it usually takes to prosecute matters in Nigerian courts, there are general problems with Nigeria's administration of criminal justice. For instance, GBV-related cases are also to be determined by the overburdened justice system. There are concerns with witness protection in GBV cases such that witnesses who may be able to corroborate a GBV offence are, for instance, family members, church members, members of the same association or interest groups, colleagues, etc. These witnesses are sometimes reasonably concerned about reprisals especially if testifying against a powerful or influential offender. This is also one of the reasons for the reluctance and unwillingness of parents/guardians and relatives of child victims to report cases of rape of their children, wards, or family members. There has also been issue of judges not been aware of the new laws, especially the VAPP Act.

7 Unchecked informal justice systems: Less is being done to monitor, check, and regulate the activities of custodians of some non-state justice systems that exist in grassroots communities. Yet, it has been found that some subjective activities, approaches, and outcomes of these informal justice groups, perpetrate GBV and flagrantly disregard the unique preferences of victims; thus, further exacerbating the problems associated with gender inequality, while making it difficult to achieve accountability for GBV at the grassroots. Where, in some situations, victims of GBV in the communities are coerced, pressured, or forced to accept the outcomes of such informal processes, or he/she turns down the decision of the informal justice group, such a person is stigmatized, punished, rejected, or labelled as being against community camaraderie, community values and culture, peaceful coexistence, and overall harmony in the community.

Directory of Sexual Assault Referral Centres (SARCs) in Nigeria

Updated November 2020

1

No	State	Name of SARC	Location and Address	Centre Manager Name, Email, Phone Number	SARC Hotline(s) / Handles
1	Adamawa	Hope Centre 1	ADSACA building State Specialist Hospital Jimeta, Yola	Dr Usha Saxena 08069710461 ushasaxena@gmail.com hopecenteryola@gmail.com	07068339913 hopecenteryola@gmail.com
2	Adamawa	Hope Centre 2	General Hospital, Numan	Paula G. Tumbwem 07035082504 paulagtumbwem@gmail.com	
3	Akwa-Ibom	Agape Centre	Immanuel General Hospital, Eket	Anietie Ikpe 08023009220 anie_ntem@yahoo.com agapesarc@yahoo.com	09077777433, 09090000648 09050797650, 09067773008 agapesarc@yahoo.com Twitter: @AgapeSarc
4	Anambra	Ntasi Centre	General Hospital Enugu-Ukwu Njikoka Local Government Area, Anambra	Bernadette Uchendu 08066306402 uchebern@yahoo.com	09066916915, 09049224086
5	Borno	Nelewa Centre	Umar Shehu Ultra-modern Hospital, Maiduguri	Fati Mustapha 08161838555 mustaphafati209@gmail.com N3lewacentre@gmail.com	08028982947 N3lewacentre@gmail.com Twitter: @N3lewaCentre Facebook: @N3lewa center
6	Edo	Vivian Centre	Ogbe Nursing home, reservation road, GRA Benin City	Dr. Egbe Enobakkhare 08034687502 egberella@gmail.com viviancentre@gmail.com	07046055026, 08054461139 Toll free line: 0800 200 2020
6	Ekiti	Moremi Clinic	Moremi Clinic, ART building, Ekiti State University Teaching Hospital (EKSUTH), Ado-Ekiti	Barrister Rita Ilevbare 08033581144 ritailevbare@gmail.com ekitisarc@gmail.com	07050752287, 07039786904 ekitisarc@gmail.com
7	Enugu	Enugu State Government Tamar SARC	Family Support Programme Building, Opposite College of Education Technical, Abakaliki Road, Enugu	Evelyn Ngozi Onah 08068528819 ngozievelyn96@yahoo.com ensgtamarsarc@yahoo.com	08060084441, 07032567458 ensgtamarsarc@yahoo.com Twitter: @enstamarsarc Facebook: @TamarSarc

Directory of Sexual Assault Referral Centres (SARCs) in Nigeria

Updated November 2020

2

No	State	Name of SARC	Location and Address	Centre Manager Name, Email, Phone Number	SARC Hotline(s) / Handles
8.	Enugu	WACOL Tamar SARC Ulo Umunwanyi (The Women House)	Women Aid Collective (WACOL) Nigeria Office 9 Dr. Mathias Iloh Avenue New Haven Extension by Flyover & Behind New Haven Secondary School, Emene Express, Enugu	Egodi Blessing Igwe 08136836588 09060002128 bijeamaka@yahoo.com	09091333000, 09060002128 09092777000, 08155850000 wacolnig@gmail.com Live chat with counsellors at www.wacolnigeria.org Twitter: WACOL Tamar SARC Facebook: WACOL Tamar SARC Facebook: Women Aid Collective Instagram: wacol_nigeria
9	FCT, Abuja	The Cece Yara Child Advocacy Centre Abuja	1st Avenue - D2, Salatu Royal Estate, Wuse 2, Abuja	Dayo Ogunbiyi oogunbiyi@ceceyara.org 07032353516	Helplines · Help for children and young people. Call Child helpline on 08008008001 · Help for adults concerned about a child. Call us on 07007007001 help@ceceyara.org Twitter: @cece_yara Instagram: @cece_yara Facebook: @The Cece Yara Foundation
10	FCT Abuja	Bwari SARC	Bwari General Hospital Abuja	Dr Akogun Ogwuche 08036292527; 08120806260 aujoshuakogwu@yahoo.com	
11	Jigawa	Jigawa SARC	Dutse General Hospital 10 Kiyawa Road, Dutse, Jigawa	Dr Abbas Yau Garba 09033035588 yauichd2013@gmail.com	09033035588, 08069444225 Facebook: @Jigawa Sexual Assault Referral Center Twitter: @JigawaCenter
12	Kaduna	Salama Centre 1	Gwamna Awan General Hospital, Kakuri, Kaduna	Julianna Joseph 08033837025 julienneemalachy@gmail.com salamasarc2017@gmail.com	08092049888, 09029991140 07018160776, 09032063303 salamasarc2017@gmail.com Twitter: @SalamaSarc Facebook: @Salama Sarc
13	Kaduna	Salama Centre 2	Yusuf Dantsoho Memorial Hospital, Tundun Wada, Kaduna	Sidikat Adegboye Bello 08092899741 08092877682 cdqah2@yahoo.com Salamacenter19@gmail.com	09011578622, 08063968541 08024440733, 07030896901 Salamacenter19@gmail.com Twitter: @SalamaSarc Facebook: @Salama Sarc



European Union

   @HerStoryOSNG
#HerStoryOurStoryNG



Directory of Sexual Assault Referral Centres (SARCs) in Nigeria

Updated November 2020

3

No	State	Name of SARC	Location and Address	Centre Manager Name, Email, Phone Number	SARC Hotline(s) / Handles
14	Kaduna	Salama Centre 3	Gambo Sawaba General Hospital, Zaria, Kaduna	Amina Ladan 08065826024	0809331481, 08093314800 08093314855, 08093314844 salamacentrezaria@gmail.com Twitter: @SalamaSarc Facebook: @Salama Sarc
15	Kaduna	Salama Centre 4	Ibrahim Patrick Yakowa General Hospital, Kafanchan, Kaduna	Grace Abbin Yohanna 08035869981 08148026802	09061503384, 09067528082 09032488802 salamasarcKaf@gmail.com Twitter: @SalamaSarc Facebook: @Salama Sarc
16	Kano	Waraka SARC	Murtala Muhammad Specialist Hospital, Kano	Dr Nasir Garko 08065340578 nasgak@gmail.com	09028944933, 09030424123 warakasarcKano@gmail.com
17	Kwara	Sexual Assault Referral Centre, Ilorin	Inside Juvenile Correctional Home, Oko-Erin, Ilorin, Kwara	Adesola Bolanle Ogungbemi 08034997673 ogungbemibolanle63@gmail.com	08033580150 08060697833 kwsgwomenaffairs@gmail.com
18	Lagos	Mirabel Centre	Lagos State University Teaching Hospital (LASUTH), Ikeja, Lagos	Juliet Olumuyiwa-Rufai 07013491769 julietmyjewel@yahoo.com	07013491769, 08187243468 08155770000 sarc@pjnigeria.org Twitter: @MirabelCentreNG Instagram: @mirabelcentreng Facebook: @Mirabel Centre-Sexual Assault Referral Centre, Lagos
19	Lagos	Women at Risk Foundation (WARIF) Centre	6 Turton Street, Off Thorburn Avenue, Yaba, Lagos	Dr Aniekan Makanjuola 07060568196 bridget.makanjuola@warifng.org	08092100009 info@warifng.org Twitter: @WARIF_NG Instagram: @warif_ng Facebook: @WARIFNG
20	Lagos	The CeCe Yara Child Advocacy Centre	2A Akin Ogunmade Davies Close, Gbagada Phase 2, Lagos	Grace Ketefe 09085692623 gketefe@ceceyara.org Bisi Ajayi-Kayode 09085692612 08034083896 oajayi-kayode@ceceyara.org help@ceceyara.org	Helplines: · Help for children and young people. Call Child helpline on 08008008001 · Help for adults concerned about a child. Call us on 07007007001 help@ceceyara.org Twitter: @cece_yara Instagram: @cece_yara Facebook: @The Cece Yara Foundation

Directory of Sexual Assault Referral Centres (SARCs) in Nigeria

Updated November 2020

4

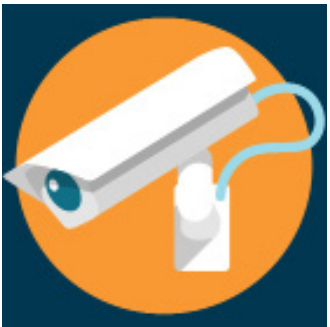
No	State	Name of SARC	Location and Address	Centre Manager Name, Email, Phone Number	SARC Hotline(s) / Handles
21	Niger	Rayuwa Centre	Police Clinic Stadium Road, Unguwa Daji, Minna	Dr Yinka Umeh 08188107782 yinkaumeh@yahoo.com	07030735333, 07038991160 rayuwasarc@yahoo.com Twitter: @SARC Rayuwa Instagram: @sarc rayuwa Facebook: @SARC Rayuwa
22	Ogun	The Spring Centre	Babalola Ti'lase Owu close, Ikereku-Ayedun, behind Laderin Workers Estate, Oke-Mosan, Abeokuta, Ogun State	Damola Lapite 08034268616 Jnmhi81@hotmail.com	08113931752 thespringcentre@yahoo.com Twitter: @centre_spring Instagram: @thespringcentre
23	Sokoto	Nana Khadija Centre	Sokoto Specialist Hospital, Sultan Abubakar Road, Sokoto	Adamu Florence Danladi 07061907725 08093959527 flowiedee@gmail.com	07042274748, 07042001983 09041625256 nanakhadijacentre@gmail.com Twitter: @NanaKcentre Instagram: @nanakhadijacentre Facebook: @Nana Khadija Centre
24	Yobe	Shifa Centre	Family Support Unit, Women and Children Hospital, Gashua Road, Damaturu	Dr Babagana Kolo 07030103847 babaganaak@gmail.com	07035140037
25	Yobe	Potiskum SARC	General Hospital Potiskum, Hausawa Asibiti Road, PMB 1010	Hauwa Idris 08067273197 Hauwaidriss2@gmail.com	08025887545
26	Yobe	Nguru SARC	Federal Medical Centre, Nguru,	Dr. Badirudeen Giwa 08130048911 successfulbadirudeen@gmail.com	
27	Yobe	Gashau SARC	General Hospital Gashua	Jawi Garba Gashua 08024371185	
28	Yobe	Geidam SARC	General Hospital Geidam.	Dr. Ahmad Ligali 07039662660 ahmedligali80@gmail.com	
29	Zamfara	Sexual Assault Referral Center, Gusau	King Fahad Women and Children Hospital, Samuru, Gusau, Zamfara State	Muazu Anaruwa 08037355396 muazu anaruwa@yahoo.com	08035577891, 08067816263

Way forward in GBV Response – PAS Model

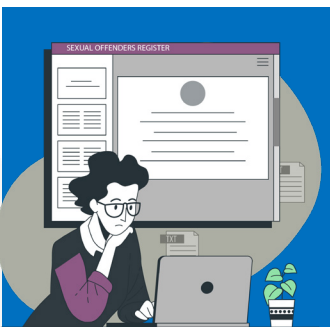
Way forward – Prevention



1 Effective and consistent sensitization: Steps must be taken to raise awareness among the general public on preventing SGBV and promoting gender equality. Sensitization must be robust, inclusive, and sustained while targeting all segments of the society – men, women, boys, and girls – at all levels, using means (traditional and modern) that are accessible and easy to understand to each segment. Key non-state duty bearers, such as traditional, religious, and community leaders (including those who are seen as moral authorities in communities) – must be carried along, not just to sensitize them, but for them to also serve as ambassadors and champions of anti-GBV messages. These messages should also include information about formal and informal structures and services that are available to survivors to access all necessary supports and assistance. This will help in also countering GBV-related myths, narratives, norms, and practices.



2 Establishment of security measures: Measures must be put in place to ensure the security, safety, and protection of the victim or survivor, his/her parents and relatives, and all persons that may be targeted or coerced against their will. These security and protection measures should be put in place in institutions, worship centres, schools, workplace, communities, IDP camps, etc. This can be done through state apparatus, community-based networks, and other effective mediums. These measures, when in place, should be constantly publicized and reviewed. Infrastructural facilities like CCTV and lighting (e.g., street lights, lights in dark areas, cleared bush paths/areas, etc) are also measures that can be put in place for security purposes.



3 Regular update of Sex Offenders Register: In regularly updating the sex offenders register so as to ensure the purpose for its establishment is kept alive, prosecutors and relevant officials in correctional facilities should be mandated to notify NAPTIP of convictions of sex offences within two weeks. Updating the register should also align with specific requirements, including the full identity of the perpetrator such as names and head shot photos. The public – especially employers, school administrators, and recruiters – should be constantly made aware of where and how to access and use the sex offenders register, as well as notification when updated.



4 Development of a comprehensive GBV Curriculum: Age-appropriate GBV curriculum, which covers relevant topics and contents, should be designed and cascaded to relevant settings. To do so, a needs assessment should be conducted to determine what should be covered in the curriculum. Upon development, the curriculum should be tested and implemented across different settings that is, homes, schools, worship centres, communities, public institutions,

workplaces, IDP camps, etc; while ensuring continuous monitoring and evaluation of its impact to determine the extent of effectiveness and usability and form the basis for review and improvements. Such GBV curriculum, once approved, can be introduced into the educational system through an integrative model, whereby it is concurrently integrated into existing curriculum, parallel with other subjects; a free-standing model by introducing it as a compulsory subject; or a delegated model where specific topics on GBV are shared and embedded into other related subjects. By so doing, students can be made aware of GBV issues and trends, their vulnerability to GBV, and how to handle it should it occur. It is important to cascade the GBV curriculum in schools at all levels as it provides students with objective and clear information about what GBV entails, which may have been incompletely covered, treated with bias, or considered a taboo or no-go-area by their families or communities.



4 Strengthened coordination and collaboration: Mechanisms should be put in place to support the process of establishing and/or strengthening multi-sectoral coordination, collaboration, and communication among GBV stakeholders and actors, whether governmental or non-governmental, and across all levels – from top (federal) to locals (grassroots).

5 Development of ‘What Works’ for Nigeria: As has been developed in other countries, an holistic ‘What Works’ document should be developed for Nigeria, such that puts together strategies, actions, policies, and laws that aids in preventing all forms of violence against women and girls in Nigeria, and that can be implemented across all levels and in different settings.



6 Prompt and unbiased prosecution of offenders: Regardless of their social status or economic class – whether rich or poor, powerful or downtrodden – all perpetrators of GBV must be made to face the full wrath of the law without any means of escaping. Where manipulation, coercion, corruption, or impunity is identified in the conduct of a GBV case, such perpetrator and all involved – including law enforcement agents – should be punished. When done, this should be widely publicized so as to serve as deterrent, especially to influential and powerful members of the society.

Way forward – Accountability

1 Improved justice system: While it may be a daunting process to fix the many problems associated with Nigeria’s justice system, some quick wins should be considered as immediate steps in having an effective judicial structure to curb GBV. This can include a law on witness protection, accelerated procedure for the prosecution of SGBV cases as a short-term measure, and designation of Special Courts to



As part of the overall plan to prevent and respond to GBV, state and non-state actors should prioritize investments in data collection and disaggregation.

hear domestic and SGBV cases, in the long term. The mandate of the special court should be to determine rape and other designated SGBV cases within a specified period of time, 90 days.

2 **Periodic publication of Sex Offenders Register:**

There is need for a well-structured information sharing and collaboration among all state and non-state actors (as provided for in section 44 of the VAPP Act) in populating the Sex Offenders Register. However, it is not enough to populate the register, it is more important to regularly publicize it to the general public by periodically raising awareness about its existence and where it can be accessed. This will help relevant stakeholders especially schools, make decisions about, for instance, recruitment of people who may be interfacing with GBV at-risk populations such as children, adolescents, and the elderly.

3 **Investment in Data Collection and Disaggregation:**

As part of the overall plan to prevent and respond to GBV, state and non-state actors should prioritize investments in data collection and disaggregation. This should be done periodically and focused on state and community levels so as to serve as evidence for community-level GBV budgeting and funding, aid effective and efficient GBV response actions, among other merits.

4 **Review of extant GBV-related laws:**

Specific substantive laws relating to GBV must be reviewed and amended to align with widely acceptable GBV response standards, such as the age of a child and a special budget line for SGBV by relevant state actors. In like manner, conflicting and problematic provisions should be reviewed and/or expunged. In addition, procedural laws such as requirements for discharging the burden of proof should be lowered to accommodate wider circumstantial evidence. States' obligation to preserve SGBV-related evidence by making provision for available and easily accessible hospitals for free SGBV support services should be considered.

5 **Publication of Sexual Harassment Policies:**

All institutions – private, public, and civil society organizations – including faith-based groups, must be mandated to have sexual harassment policies that captures their zero tolerance for GBV, especially sexual harassment and assaults. This should be placed in conspicuous locations in the premises, and regularly communicated; for instance, this can be included as part of onboarding information in workplaces, included in handbooks, or pasted on notice boards in other visible areas.

6 **Strengthen informal justice mechanisms:**

As part of the process to recognize grassroots-based informal groups as capable of delivering justice for GBV victims or survivors, they should be engaged, their capacity built, and their processes



Victims and survivors of GBV should have access to a holistic support package, depending on their realities and needs. A robust support package will, among others, include provision of basic necessities, legal aid, medical assistance, psychosocial support, and economic sustainability.

reviewed in order to update it with effective GBV responses. In addition, custodians of such informal justice groups should be engaged in a process that questions and rids them of activities, actions, and decisions that perpetuates or furthers GBV. It is also important to link these informal groups to formal justice processes, either as initial points of contacts in communities where they exist or as points of connection to the formal justice system.

Way forward – Support

1 Continuous specialized trainings: To build the skills of relevant GBV actors, responders, and service providers, such as law enforcement officers, healthcare providers, legal aid providers, counsellors, frontline responders, lawyers, judges, etc, they should regularly undergo specialized trainings; not as a one-off event, but on a continuous and consistent basis. For instance, there should be a curriculum review for law enforcement agencies, while ensuring training on SGBV response is an integral part of their early training and continuous retraining. This is for the purposes of deepening their knowledge on GBV, while educating them on new trends, modalities, tactics, and other advancements.

2 Robust support package: Victims and survivors of GBV should have access to a holistic support package, depending on their realities and needs. This should particularly target victims/survivors who find themselves in situations where they have to fend for themselves financially making them increasingly vulnerable to further abuse, violence, victimization, health problems, exploitation, and marginalization. A robust support package will, among others, include provision of basic necessities, legal aid, medical assistance, psychosocial support, and economic sustainability. Each of the components of this support package should have respective frameworks. For instance, ‘economic sustainability’ will include vocational training, formal education, financial support, etc; ‘legal support’ will include legal advisory, legal documentations, evidence gathering, court representations, etc; and ‘medical assistance’ will cover Sexual and Reproductive Health and Rights (SRHR) information and services like emergency contraception, treatment and prophylaxis for sexually transmitted infections (STIs), prophylaxis for HIV as appropriate, information on safe abortion, forensic examination, etc. The infrastructure and facilities established to provide each of the components of the robust support package should be well equipped and resourced to meet modern standards and effectively deliver expected services; and consideration should be given to the inclusion and prioritization of victims of SGBV in the social cash transfer register; and, where possible, set aside a percentage or number of slots for SGBV victims.



There is need for interagency collaboration among state actors, coordinated front by CSOs, as well as a hybrid convergence and coordination of state and non-state GBV response actors, while having a centralized bottom-up approach on GBV response.

3 Establishment of support groups: Special, tailored support groups (such as men's groups or women's groups) should be established across different settings – communities, offices, public institutions, workplaces, schools, IDP camps, etc. These groups may serve as the first point of call for victims or those at risk of GBV; while also supporting the process of counselling, psychosocial support, and resocialization.

4 Strengthen collaboration and coordination: While some form of partnerships exists between responders and other stakeholders – state and non-state – there has been absence of coordination at national and sub-national levels. Hence, there is need for interagency collaboration among state actors, coordinated front by CSOs, as well as a hybrid convergence and coordination of state and non-state GBV response actors, while having a centralized bottom-up approach on GBV response.

5 Establishment of more SARCs: There is need for states to establish and fund at least a SARC in each senatorial district in the state, with population being considered to ensure proportionality. Many states in Nigeria that do not currently have one. The number of SARCs to be established should be informed by a calculation of the reasonable ratio of SARCs to specific populations. These SARCs should be situated in local communities so as to be closer and accessible to the people. CSOs can also augment government's efforts in this regard, however, the government should have mechanisms in place for assisting and recognizing these informal SARCs for purposes of evidence gathering, prosecution, and victims' support.

6 Development of Standard Operating Procedures (SOPs): For standardized processes, protocols, and procedures, SoPs should be developed for relevant response actions. For instance, there is need for an SoP on the setting up and operationalization of SARCs, which should contain standards for location of a SARC, facilities in each SARC, ratio of occupants to square metres of space, procedure for specific operations and services, among others. There is also need for SoPs on key response actions, that states the procedure of specific response and the guiding principles (e.g. confidentiality, non-discrimination, 'Do No Harm', etc) that users (e.g. state actors, responders, service providers, etc) must follow in conducting their activities, which if flaunted will be met with serious repercussions.

7 Development of GBV reporting and referral pathways: Reporting and referral pathways should be developed across different settings, and at different levels. This should detail the step-by-step process that victims of GBV should follow in reporting GBV cases and getting support and referrals for specialized services. The pathway should also be conspicuously publicized and periodically reviewed for effectiveness and efficiency.

CONCLUSION

From the foregoing, it is clear that to achieve a holistic, effective, and efficient response to GBV, all three thematic pillars of the PAS Model must be linked and operationalized simultaneously. For instance, there is the intersection between sensitizing the public on GBV measures (prevention), and passing the CRA and VAPP Act (accountability), and providing shelters for GBV victims or survivors (support). However, as gleaned from the gaps analysis, there has been uneven distribution of efforts and resources across the three pillars of the PAS Model. While there seem to be more activities and resource allocation to support, the same cannot be said of prevention and accountability. What this translates to is that state and non-state actors in Nigeria have been more reactionary to GBV cases as evident in the many support programmes and activities; while less is seen for ensuring GBV does not occur in the first place (prevention) or that duty bearers are subjected to checks (accountability).

While this document highlights only a few response actions by state and non-state actors, it is still imperative to provide a national strategy that piece these response components into a single, robust plan. This should be done by emplacing a ***National Action Plan on GBV Response***, thus providing the needed framework for an holistic and effective framework on ending all forms of GBV in Nigeria, and such that can be adopted by states in coming up with their ***State Action Plan on GBV Response***. This action plans should be built on a comprehensive baseline study, mapping, and audit of Nigeria's existing GBV response infrastructures – laws, policies, conventions, programmes, projects, institutions, and relevant actions being carried out by state and non-state actors. This process is with a view to situating these existing frameworks and actions on the thematic pillars of ***The PAS Model*** (prevention, accountability, and support), not only for knowledge building – as it is a cross-cutting theme – but for proper historical contextualization, ongoing review, overall improvements, and re-prioritization of Nigeria's response system to SGBV. However, in demonstrating seriousness, will, and commitment to its obligation of curbing SGBV as a way of promoting and protecting people's rights, this process should be owned, resourced, and led by the Nigerian government, with necessary support from Nigerian CSOs.

To provide the needed financial resources for executing the recommendations herein and in operationalizing the proposed SGBV

National Response Plan, it is important to establish a federal-level ***Special SGBV Response Fund (SSRF)***. This SSRF should be created and largely resourced by the Nigerian government, and may receive contributions or donations from partners across different spectrums, including the private sector, international funders, religious organizations, charitable trusts or foundations, and philanthropists, among others. The fund should be accessible to States, CSOs, responders, service providers, and survivors, based on predetermined disbursement categories. Suffice to mention that Section 9 of the Legal Aid Act provides for a Legal Aid General Fund, and it is proposed that this fund be activated and should include being used to support indigent SGBV survivors needing legal aid services. The National Human Rights Commission (Amendment) Act of 2010 also provides for the establishment of the Human Rights Funds.

On the whole, besides providing an empirical understanding of what currently obtains in Nigeria's SGBV response landscape, this document proposes ***The PAS Model*** as an holistic model that can be adopted by different actors and stakeholders – governments at national or subnational levels in performing their obligation to respect, protect, and fulfill human rights; private corporations and institutions in establishing a corporate culture that abhors SGBV; religious and community leaders in their quest to stamp out SGBV among their congregation and constituents; civil society actors, responders, and service providers in providing holistic supports to SGBV survivors; SGBV survivors and the general public in providing the necessary knowledge and information on Nigeria's SGBV response mechanism.

ENDNOTES

1. <https://www.unwomen.org/en/news/stories/2020/4/statement-ed-phumzile-violence-against-women-during-pandemic>
2. Nigeria Demographic and Health Survey, 2018
3. Nigeria Violence Against Children Survey, 2014
4. Nigeria Demographic and Health Survey, 2018
5. UN Women Gender: and the COVID-19 National Response in Nigeria, 2020
6. Premium Times, 'Nigeria records 717 rape cases in five months – Official', June 15, 2020: <https://www.premiumtimesng.com/news/headlines/397748-nigeria-records-717-rape-cases-in-five-months-official.html>
7. <https://thenigerialawyer.com/3600-rpe-cases-recorded-nationwide-during-covid-19-lockdown-minister-of-women-affairs/>
8. <https://www.herald.ng/africa-must-invest-in-access-to-information-data-evidence-on-all-sexual-violence/>
9. <https://vetoviolence.cdc.gov/sexual-violence>
10. The NSVRC is not for profit organization based in the United States of America to provide resources to support victims, survivors, and their families through surviving SGBV.
11. <https://www.cdc.gov/violenceprevention/pdf/SV-Prevention-Technical-Package.pdf>
12. <http://www.kzneducation.gov.za/Portals/0/snes/NationalDoESH%20Guidelines%5b1%5d.pdf>
13. Watts et al., "Understanding the Impact of a Microfinance-Based Intervention on Women's Empowerment and the Reduction of Intimate Partner Violence in South Africa," *American Journal of Public Health* 97/10 (2007): 1802
14. UN Women, 'Focusing on prevention to stop violence', <https://www.unwomen.org/en/what-we-do/ending-violence-against-women/prevention>
15. <https://raisingvoices.org/sasa/>
16. https://prevention-collaborative.org/wp-content/uploads/2020/08/What-Works_2020_Effective-Design-Implementation-Brief.pdf
17. <https://newswirengr.com/2019/11/14/nigerian-government-begins-probe-of-abuja-women-allegedly-assaulted-by-aepb-personnel-abujaraid/>
18. <http://saharareporters.com/2020/06/04/coalition-calls-state-emergency-sexual-and-gender-based-violence-nigeria>
19. <https://www.courtroommail.com/president-buhari-inaugurates-gender-based-violence-management-committee/>
20. <https://data2.unhcr.org/fr/documents/download/66177>
21. <https://www.unwomen.org/en/digital-library/publications/2018/12/issue-brief-making-women-and-girls-visible>
22. https://womendeliver.org/wp-content/uploads/2017/09/D4G_Infographic_11.pdf
23. <https://reliefweb.int/sites/reliefweb.int/files/resources/Referral-Guide-for-GBV.pdf>
24. <https://www.premiumtimesng.com/news/headlines/377800-the-bias-is-too-much-asuu-chairman-condemns-anti-sexual-harassment-bill.html>
25. Images used in document are attributed to Freepik.com (Artists: *Pickisuperstar*, *Upklyak*, *Macrovector*, *pch. vector*, *Rawpixel.com*)



Invictus Africa



@invictus.africa



@InvictusAfrica

www.invictus.ng