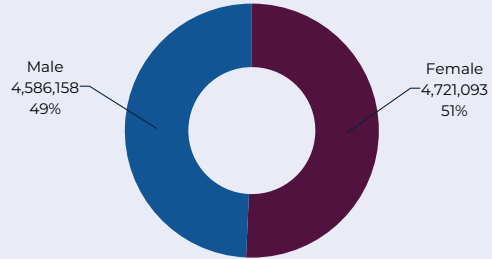


Kaduna State

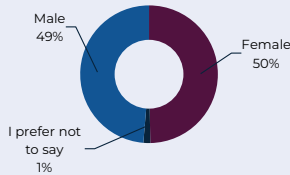




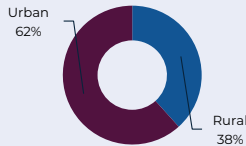
Total Population
9,307,251



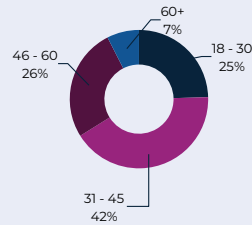
Respondents: 493



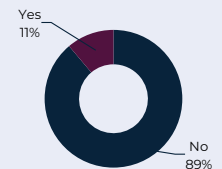
Location



Age Group



Disability Status



GBV Context



No. of GBV cases **1976**



No. of active Sexual Assault Referral Centres (SARC)s **4**



No. of active shelters **4**



No. of Family Support Units (FSUs) **59**

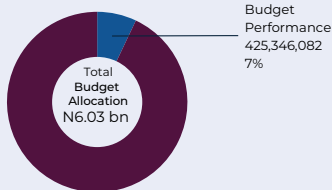


Index Grades

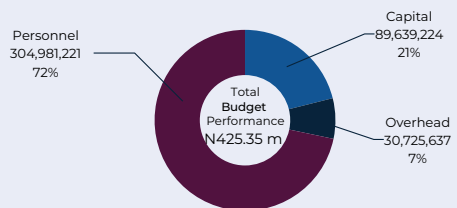
- Laws and Policies ●
- Access to Legal Justice ●
- Support Services ●
- Information and Awareness ●
- Budget and Spending ●

Ministry of Women Affairs and Social Development

Budget Performance (2023)

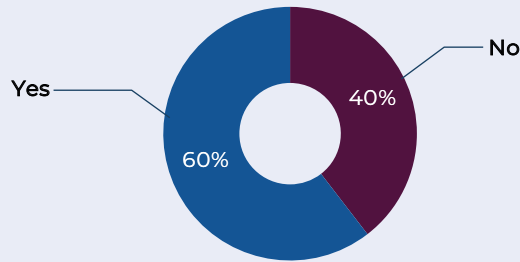


Budget Expenditure (2023)



Per Capita Spending **N45.7**

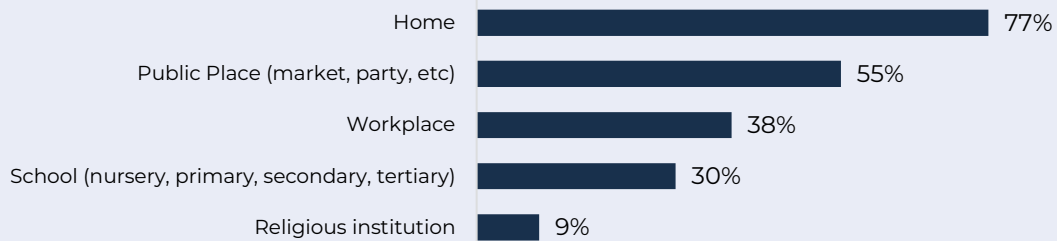
Have you or anyone you know experienced any form of gender-based violence (GBV) in the last five years?



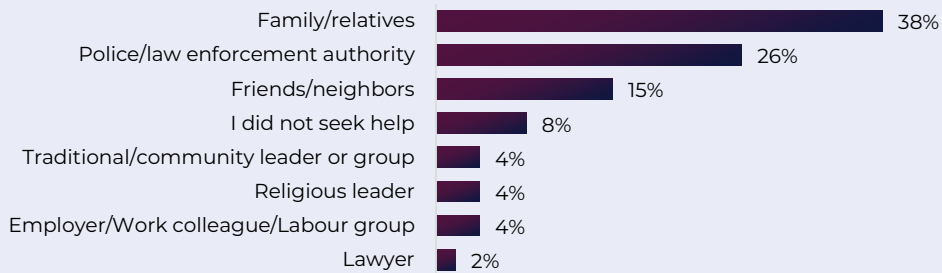
What form of GBV did you or the person experience?



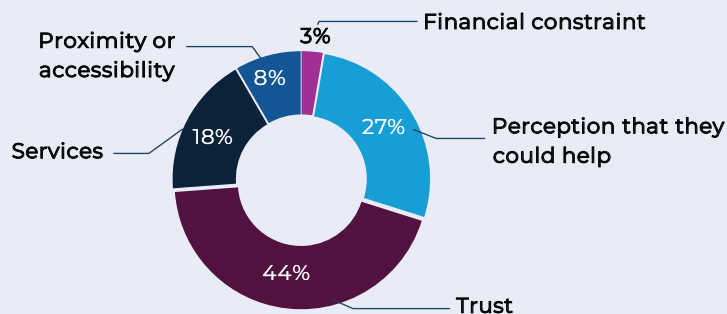
Where did you or the person experience the GBV?



Where did you or the person first seek help?

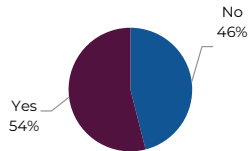


Why did you or the person choose where to seek help?

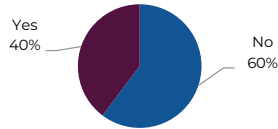


Laws and Policies

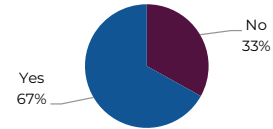
Are you aware of existing laws and/or policies that address gender-based violence (GBV) in the state?



Do you think customary or religious laws and/or practices are sufficient in preventing and responding to GBV in the state?

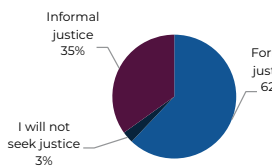


Do you know of anyone who has been convicted for GBV-related offenses?

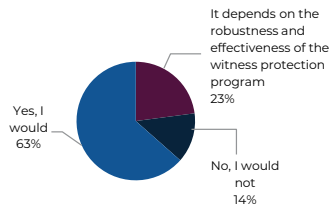


Access to Legal Justice

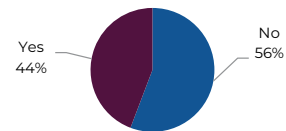
Where would you seek justice if you, or anyone you know, experience GBV?



If you witness GBV, would you feel safe serving as a witness during the investigation and trial?

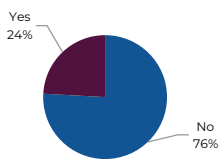


Are you aware of legal assistance and services provided by the State to GBV victims/survivors?

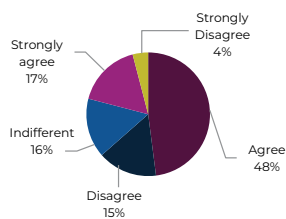


Support Services

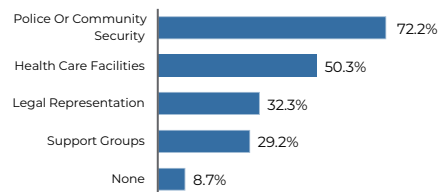
Do you know of, or have you visited, any active shelters and/or Sexual Assault Referral Centres (SARCs) for GBV victims/survivors in the state?



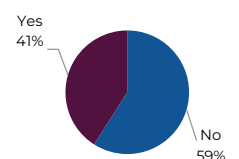
Do you believe that these shelters and/or SARCs are effectively functional, adequately equipped, properly maintained, and sustainable over time?



Which of these processes and procedures for reporting GBV-related incidents are you aware of? (Referral Pathways)

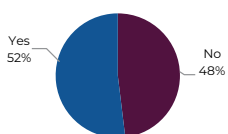


Do you think informal support systems such as family, friends, religious centres, community groups, etc., are helpful to GBV victims/survivors?

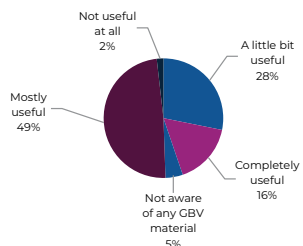


Information and Awareness

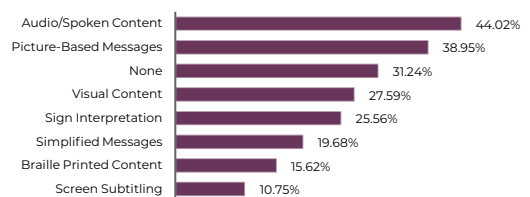
Do you know of any GBV information and/or education programs or materials in the state?



How useful is/was the content of the GBV awareness material in educating you on GBV?



Which GBV information and education materials are you aware of for persons with disabilities?



Key Insights

Laws and Policies

Kaduna has several GBV-related laws, including the VAPP Law, 2018 and the amended Kaduna State Penal Code Law, 2017. The predominant law employed in addressing GBV cases is the Penal Code Law of 2017, followed by the VAPP Law of 2018. Survey results show a balanced awareness of GBV-related laws, with 48.2% of respondents unaware of their existence, highlighting a need for greater public education. While 65.6% believe these laws effectively address GBV, respondents identified gaps such as insufficient penalties, lack of provisions for rape and maternal health rights, and unclear stakeholder roles. The Law Review Committee has the mandate to review state laws. Between September 2023 and September 2024, the Ministry of Human Services and Social Development recorded 1,766 GBV cases, with an additional 210 cases reported by the police, of which 165 are under prosecution. As a northern state, Kaduna also applies the Shari'a Penal Code Law, which is less adaptable to revision. Although some customary practices perpetuating GBV have been outlawed, their prevalence varies. Notably, 66.2% of respondents agree that customary and religious laws and practices positively contribute to GBV prevention and response.

Access to Legal Justice

The GBV reporting system in Kaduna State is supported by a wide network of actors, including the Ministry of Human Services and Social Development, law enforcement agencies, CSOs, NGOs, the Ministry of Justice, and Sexual Assault Referral Centres (SARCs). The police lead investigations with support from NAPTIP, NSCDC, and SARCs. The Ministry of Justice provides prosecutorial advice for capital offences, while magistrate courts handle non-capital cases. Many victims prefer alternative dispute resolution over court convictions for practical outcomes like stopping abuse or securing financial support. Legal aid is primarily delivered by CSOs, NGOs, and the Citizens' Rights Department of the Ministry of Justice, which offers free mediation services. However, these resources are more accessible in urban areas, leaving rural communities underserved. Witness protection is nearly nonexistent, and delays in prosecution weaken the formal justice system's effectiveness. Traditional and religious leaders are criticized for inadequate responses to capital GBV cases but are seen as more effective in addressing physical violence. Functional Gender and Family Support Units are established in all police stations, yet the state lacks dedicated GBV judges. While 60.4% of respondents preferred formal justice systems, 58.9% also acknowledged the effectiveness of informal mechanisms, reflecting cultural reliance on non-formal justice systems.

Support Services

Kaduna State operates four Sexual Assault Referral Centres (SARCs) across its three senatorial districts, with two in Kaduna Central and one each in Kaduna North and South. These centres offer free, multi-sectoral services, including clinical management of rape, medical care, psychosocial counselling, case management, and optional legal aid. Public hotlines ensure accessibility. The state also has two transit shelters providing temporary safe accommodation for sexually assaulted women and children, alongside two NGO-operated shelters. The referral process prioritizes the safety and security of survivors, followed by urgent medical support. As survivors stabilize, they receive psychosocial counselling and, where applicable, legal aid. Throughout this process, shelters and safe spaces remain accessible. The services provided are tailored to the individual needs of survivors. Despite these efforts, 59.6% of respondents believe informal support systems are more effective for survivors, likely due to limited awareness of formal services. A sodomy case confirmed by one of the SARCs highlights the role of medical units in prosecutions. When police misclassified the offence, re-tendering the medical evidence and testimony prompted reconsideration. The need to sometimes send forensic samples out of state for analysis, however, hampers the efficiency of handling cases and exacerbates the strain on existing support systems.

Information and Awareness

The government, CSOs, and NGOs produce and distribute GBV-related Information, Education, and Communication materials in stickers, flyers, and social media posts, often in English and sometimes, Hausa. Simplified versions of the VAPP Law and Gender Equity and Social Inclusion policy are distributed

occasionally. Although GBV prevention is not part of primary and secondary school curriculums, awareness programs include school clubs and educational campaigns for GBV safeguarding. Tertiary institutions like Ahmadu Bello University and Kaduna State University offer gender-focused courses which sometimes address GBV. Other awareness programs include community outreaches and advocacy initiatives. Efforts to include people with disabilities are inconsistent, with limited use of Braille or sign language interpreters. The Ministry of Human Services and Social Development collaborates with the Disability Affairs Board to improve accessibility. Responses indicate a fairly even split in awareness of GBV information- especially those presented in audio form, suggesting that nearly half of respondents (48%) could benefit from greater visibility of GBV-related resources.

Budget and Spending

The 2023 budgetary performance for Kaduna State's Ministry of Human Services and Social Development reveals substantial gaps in resource utilization. Out of a ₦6.03 billion budget, only 7% (₦425.35 million) was utilized, leaving 93% of funds unspent. Personnel costs constituted the majority at 71.7% (₦304.98 million), while overheads accounted for 7.2% (₦30.73 million). Capital expenditure, critical for development projects, represented just 21.1% (₦89.64 million) of the actual spending. With a population of over 9.31 million, per capita spending was a mere ₦45.70, highlighting the limited reach of services in addressing social and human development needs. The low budget execution rate calls for strengthened implementation frameworks and targeted investment in impactful programs to maximize the ministry's potential to drive meaningful social change.


Human Angle Story



A father sexually abused his children, aged four and six, living in his home while their mother remained unaware. The abuse was uncovered by the mother's visiting sister, who observed suspicious signs during the girls' baths. She informed the mother and urged her to report the abuse. Still, the mother, persuaded by her husband and his friends, dismissed it as an "evil spirit" influence and sought traditional remedies. The sister eventually reported the matter to the authorities, prompting the mother to reveal that the husband often isolated the girls at night. The father, a customs officer, leveraged his position and supporters to intimidate the mother during court hearings. Isolated and fearing the loss of her marriage, the mother struggles with limited support.

Kaduna State



Index	Key Findings	Recommendations
Laws and Policies 	There is a significant lack of training among judicial and law enforcement personnel on GBV-related laws.	Create a specific budget line with the Ministry of Human Services and Social Development (MHSSD) for the regular training of the judiciary and law enforcement personnel on GBV laws, such as the VAPP Law, to equip them to handle cases effectively.
	Limited public awareness of GBV-related Laws and Policies.	Allocate resources in the MHSSD budget for translating, printing, and distributing simplified handbooks on GBV laws and policies; and for carrying out publicity and awareness activities on the GBV laws and policies in the state.
	CSOs/NGOs advocate for amendments to the VAPP Law, but government support appears weak.	Establish synergy between the Law Review Committee and advocacy groups to enable timely revisions of the laws.
	The existence of multiple GBV-related laws with varying penalties for similar offences creates exploitable loopholes.	Establish a unified legal framework through a comprehensive review of GBV-related laws, especially the VAPP Law, to address the exploitable loopholes.
Access to Legal Justice 	The legal system is bogged down with Judicial delays and case backlogs.	The government should allocate funds to the Ministry of Justice (MoJ) to establish family courts with dedicated GBV judges.
	Heavy reliance on CSOs/NGOs for legal aid with limited government support and geographic imbalance of existing legal aid service providers.	Create a government-CSO/NGO partnership to formalize and expand legal aid services for GBV survivors across all regions in the state.
	Poor witness protection and management.	The Ministry of Justice, in partnership with other stakeholders, should work to advance the passage and operationalization of the Kaduna State Witness Protection Bill.
	Lack of formal enforcement mechanisms for Alternative Dispute Resolution (ADR).	Designate the MHSSD as the enforcement body for monitoring and enforcing ADR agreements.
	Inadequate resources for the effective operationalization of GBV-related laws and policies.	Improve access to legal justice by budgeting funds in the MHSSD and MoJ to support logistics for GBV cases for NPF Gender Desks and FSUs and the Department of Public Prosecutions, respectively.
Support Services 	Lack of a centralized GBV case management database accessible to all stakeholders.	Allocate resources to the MHSSD as the coordinating body to develop a centralized GBV case database management system to improve case monitoring and inter-stakeholder coordination.
	The lack of a forensic lab creates a logistical strain on investigating teams.	Create a budget line in the Ministry of Health (MoH) to establish a functional forensic lab in the state.
	Insufficient and unevenly distributed support facilities.	Allocate funds to the MHSSD to establish mobile SARCs and satellite support centers across all LGAs and leverage community spaces. Foster government-NGO partnerships to provide essential GBV support services, such as collaborating with the Ministry of Education (MoE) to revitalize vocational centres for training rehabilitated survivors.
Information and Awareness 	Lack of integration of GBV Education in primary and secondary school curricula.	Develop and pilot teaching guides in selected primary and secondary schools with tailored content on GBV awareness and prevention for possible curriculum adoption.
	Absence of formal monitoring mechanisms of GBV sensitization coverage and impact	Create a formal Monitoring and Evaluation (M&E) framework to assess GBV program reach, effectiveness, and community impact.
	Over-dependence on development partners for GBV-focused Information, Education, and Communication (IEC) materials and sensitization programs in the state.	
	Need for more inclusive sensitization programs for persons with disabilities.	Allocate Funds for government-led, inclusive IEC materials and sensitization.

Index	Key Findings	Recommendations
<p data-bbox="124 185 256 237">Budget and Spending</p> 	<p data-bbox="368 181 783 208">The 2023 budget performance, at 7%, is abysmal.</p>	<p data-bbox="898 208 1453 259">Prioritize budgetary disbursements to the MHSSD to improve the performance of its budget</p>
	<p data-bbox="368 244 855 295">The spending per capita, at N45.7, is not adequate to cater to the mandate of MHSSD.</p>	
	<p data-bbox="368 315 866 367">Capital expenditure was less than a quarter of the total spending by the MHSSD.</p>	<p data-bbox="898 315 1461 367">Increase the allocation and spending on capital expenditure to address the GBV infrastructure gaps</p>

WOMANITY INDEX IMPLEMENTATION TRACKER
2023 Policy Recommendations
Kaduna State

S/No.	Recommendations	Implementation Status	Remarks
Laws and Policies			
1	The government should collaborate with organizations like FIDA and other relevant NGOs to translate and distribute simplified versions of the GBV laws in indigenous languages to raise awareness across urban and rural areas and among diverse age groups.	Partially Implemented	The state partnered with the NGO, LANW to simplify the 2018 VAPP Law and the Gender Equity and Social Inclusion policy but has not translated them into indigenous languages. Meanwhile, although Hadis Foundation, another NGO, simplified and translated the VAPP Law into Hausa in 2021, there is no indication that these simplified materials are being widely distributed by the state.
2	Increased budgetary allocation for infrastructure and systems that facilitate the enforcement of GBV-related laws and policies	Partially Implemented	The 2024 budget has increased funding for existing SARCs compared to 2023. However, it lacks provisions for other infrastructure, such as forensic labs, or resources for the state's Gender and Family Support Units (mobility and IT) or witness protection to support GBV law enforcement.
3	Empower stakeholders, particularly law enforcement, through ongoing capacity building on the VAPP Law to ensure its adoption in prosecuting GBV cases.	Partially Implemented	Capacity-building efforts for stakeholders seem to have increased, however, they are primarily led by NGOs, INGOs, and CSOs rather than the state
Access to Legal Justice			
4	Regularly train grassroots leaders and key stakeholders on GBV laws and reporting pathways while widely promoting hotlines for easy reporting.	Partially Implemented	Efforts to disseminate GBV reporting hotlines, and train and mobilize grassroots leaders on GBV laws, and reporting pathways, are ongoing and showing some results. However, these efforts need to be intensified and led more actively by the state.
5	Media and government agencies should collaborate to raise awareness about GBV laws, policies, and convictions secured.	Partially Implemented	Media houses and the Ministry of Human Services and Social Development collaborate on GBV awareness, but free airtime is mostly limited to International Days of Activism. Awareness of convictions remains low, with the sex offenders' register, domiciled by the Ministry of Justice, and not widely published to the public.
6	Government to make provision for dedicated GBV judges to promote speedy dispensation of justice and establish GBV knowledge management systems within law enforcement agencies.	Partially Implemented	The state has only a few conventional courts designated as family courts with judges presiding. Fully dedicated family courts, though approved years prior, have yet to be established.
Support Services			
7	Government to establish and equip SARCs in each Local Government Area, and mobile service clinics in rural areas, promoting accessibility for GBV victims/survivors.	Partially Implemented	The five existing SARCs are distributed across the 3 senatorial districts and not in each LGA. There are no mobile clinics to address GBV cases in rural areas.

WOMANITY INDEX IMPLEMENTATION TRACKER
2023 Policy Recommendations
Kaduna State

8		The Ministry of Human Services and Social Development should enhance a service provider mapping tool to avoid unnecessary duplication of services and better allocate scarce resources.	Partially Implemented	The Ministry's current service provider directory needs updating.
9		The Ministry should create a service directory; and translate the directory into indigenous languages.	Partially Implemented	The existing directory has not been translated into indigenous languages.
Information and Awareness				
10		Government should make annual budgetary allocations for implementing comprehensive GBV awareness campaigns and programs in the state.	Not Implemented	No specific budget line for GBV awareness campaigns in the 2024 budget.
11		The proposed GBV intervention database should track program coverage and its impact on public awareness, among other impacts.	Not Implemented	A coordinated system for a database to enable real-time tracking of GBV cases and interventions is still lacking, and no monitoring mechanism exists to assess the impact of public awareness campaigns
12		Educating key stakeholders on the significance of sex education and conducting consultative sessions with them to gather input on an acceptable sex education curriculum.	Not Implemented	There are on-going collaborations between stakeholders in government and from NGOs and CSOs that aim to strengthen schools on GBV - safeguarding but not necessarily on sex education. Although this is yet to be integrated into the curriculum at primary and secondary levels.



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