

Niger State



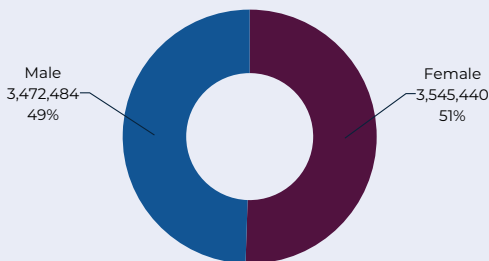
Womaniy
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2024 Edition

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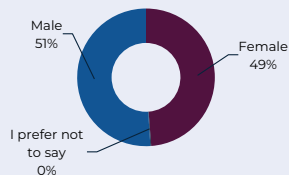




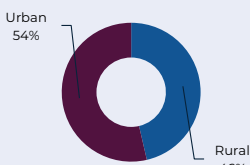
Total Population
7,017,924



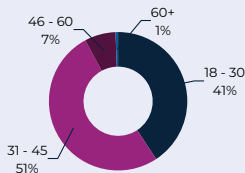
Respondents: 496



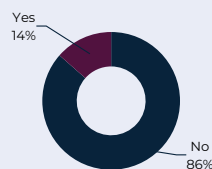
Location



Age Group



Disability Status



GBV Context



No. of GBV cases **1741**



No. of active Sexual Assault Referral Centres (SARC)s **1**



No. of active shelters **1**



No. of Family Support Units (FSUs) **1**

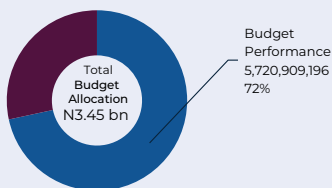


Index Grades

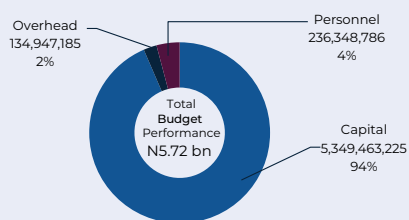
- Laws and Policies ●
- Access to Legal Justice ●
- Support Services ●
- Information and Awareness ●
- Budget and Spending ●

Ministry of Women Affairs and Social Development

Budget Performance (2023)

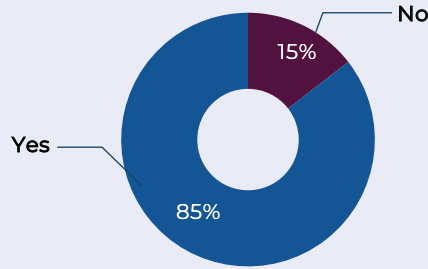


Budget Expenditure (2023)



Per Capita Spending **N815.2**

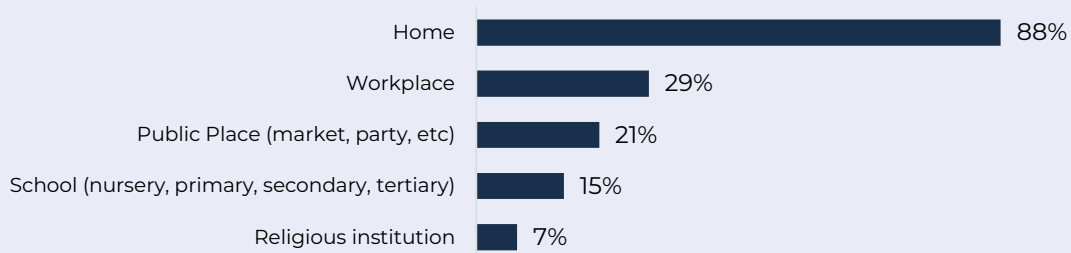
Have you or anyone you know experienced any form of gender-based violence (GBV) in the last five years?



What form of GBV did you or the person experience?



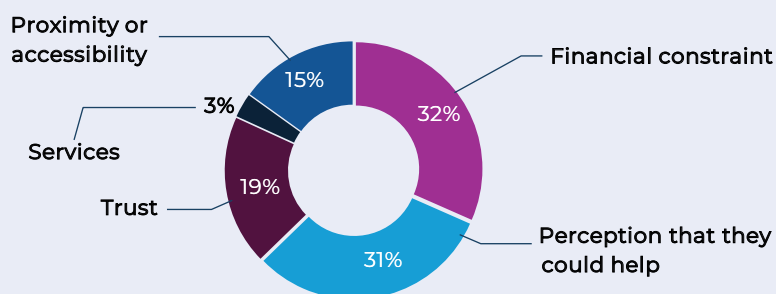
Where did you or the person experience the GBV?



Where did you or the person first seek help?

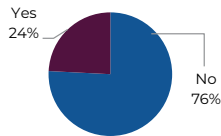


Why did you or the person choose where to seek help?

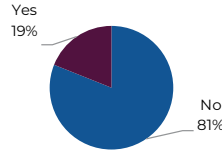


Laws and Policies

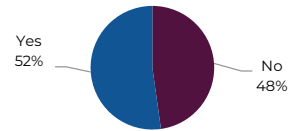
Are you aware of existing laws and/or policies that address gender-based violence (GBV) in the state?



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

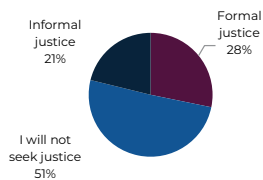


Do you know of anyone who has been convicted for GBV-related offenses?

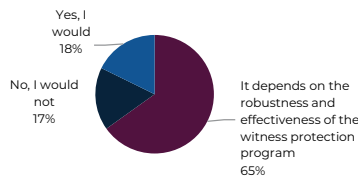


Access to Legal Justice

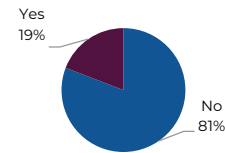
Where would you seek justice if you, or anyone you know, experience GBV?



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

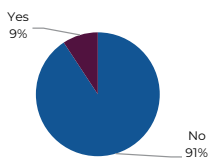


Are you aware of legal assistance and services provided by the State to GBV victims/survivors?

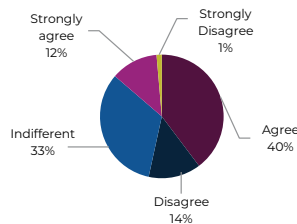


Support Services

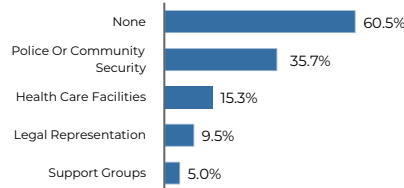
Do you know of, or have you visited, any active shelters and/or Sexual Assault Referral Centres (SARCs) for GBV victims/survivors in the state?



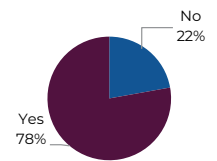
Do you believe that these shelters and/or SARCs are effectively functional, adequately equipped, properly maintained, and sustainable over time?



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

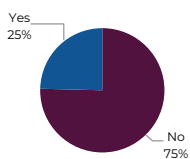


Do you think informal support systems such as family, friends, religious centres, community groups, etc., are helpful to GBV victims/survivors?

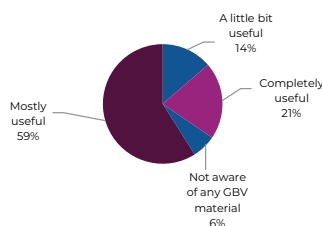


Information and Awareness

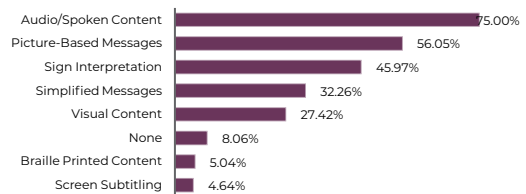
Do you know of any GBV information and/or education programs or materials in the state?



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

Niger State has enacted several laws to address gender-based violence, including the Violence Against Persons (Prohibition) Act, the Child Rights and Enforcement Law, the Administration of Criminal Justice Act, the Penal Code, and the Sharia Law. While formal laws exist, 82.3% of respondents are unaware of them, and 74.7% believe they are ineffective. Conversely, 50.1% recognize customary and religious laws addressing GBV, with 50.6% deeming them effective in community contexts. The VAPP Law requires amendments to strengthen its provisions. Specifically, the VAPP Law should codify offences such as political violence, violence by non-state actors, and trafficking rather than merely defining them. Additionally, the state should reconsider the severity of the punishment prescribed in Section 4(2)(d) of the VAPP Law, which mandates the severing of a man's genital organ for raping a minor. This provision warrants review to ensure it aligns with international human rights standards and best practices in addressing sexual violence.

Several factors that hinder the effective implementation of GBV-related laws in Niger State include insufficient public awareness, a shortage of specialized GBV courts, conflicts between cultural and religious practices (such as Sharia's stance on underage marriage and VAPP's prohibition), and inadequate funding for law enforcement. Despite the alarming number of reported GBV cases, with over 1,741 incidents in the past year, only a small fraction (32) is currently under prosecution, resulting in a mere five convictions. While customary laws often reflect local cultural practices, they remain largely informal and resistant to reform. Abolishing these laws could potentially align with federal and state laws, but it requires careful consideration to avoid exacerbating local resistance or creating unintended consequences. Resultantly, there is a high prevalence of GBV in the state, with domestic violence being the most common form, followed by economic, physical, sexual, and mental violence. The home is the primary location for GBV, followed by the workplace, public places, and schools. Survivors often turn to community leaders or family members for help, with only small percentage seeking assistance from the police.

Access to Legal Justice

Niger State has established reporting systems through GBV desk officers in police stations, NSCDC divisions, community social workers, and organizations such as FIDA and the Legal Aid Council. The prosecution process involves collaboration between law enforcement and stakeholders like the Ministry of Justice (MOJ). However, poor investigations and familial pressures on victims to withdraw cases often hinder it. Survey results indicate that 56% of respondents would not seek justice, with 22.1% opting for formal channels and 21.9% relying on informal systems. Legal support is provided by MOJ, FIDA, and the Legal Aid Council at no cost. While a witness protection program exists, awareness remains low, with 87.6% of respondents unaware of these services. Financial support for victims is occasionally provided by the Ministry of Gender Affairs. The courts frequently fail to adhere to VAPP Act timelines, with delays from case mention to judgment and the issuance of certified copies. Emirate councils and community leaders handle GBV cases, often through alternative dispute resolution. While 62.1% of respondents view these systems as effective, cultural norms perpetuating GBV remain a concern. The state lacks dedicated GBV courts or specialized judges but operates six SARCs and GBV desks within MDAs. Collaborative efforts by stakeholders compensate for structural gaps, though funding and logistical challenges persist.

Support Services

The state has one SARC and one shelter. These SARC is located in Minna. The SARC in Niger State provide essential medical support, including evaluations and treatments by healthcare professionals. It also offer psychosocial counselling to address victims' post-traumatic stress. Legal advocacy is extended in collaboration with law enforcement and legal aid organizations. However, the empowerment services are informal and primarily rely on financial aid from private individuals and stakeholders. The survey shows low awareness of referral pathways, with only 10.5% of respondents aware of hospitals and healthcare centres as referral points. Informal systems, like reliance on family, friends, and religious leaders, dominate, with 80.8% favoring these over formal systems. The Emirate Councils across the state provide a responsive but non-medical or legal referral structure. Their interventions often prioritize quick settlements, which can undermine justice for survivors. Medical units conduct essential evaluations, supporting prosecutions through evidence collection and documentation, although there are no forensic labs to aid the

investigations. Annual budgetary allocations and partner support are critical for sustainability. Current funding is insufficient, particularly for equipping shelters and ensuring comprehensive care.

Information and Awareness

The state has deployed IEC materials like radio jingles, educative pamphlets, seminars, TV shows, and social media platforms to raise GBV awareness. Partnerships between the government, NGOs, and implementing partners have amplified awareness. However, the frequency of these programs, especially in rural areas, is limited due to funding gaps. The state's education system incorporates some GBV prevention and response initiatives, such as anti-GBV school clubs and teacher training. However, funding challenges have made these programs inactive for the past year. 91% of the surveyed population supports teaching child sexual abuse prevention in schools. Sensitization materials for persons with disabilities are scarce. Available formats include audio/spoken content (29.9%), picture-based messages (22.7%), and sign interpretation (18.8%). Materials like Braille and simplified messages are almost nonexistent. About 80% of respondents were unaware of GBV programs or materials, while 20% were familiar with them, primarily through radio programs. Awareness of persons with special needs still needs to be significantly improved.

Budget and Spending

Niger State allocated N3.45 billion to the Ministry of Gender Affairs in 2023, with a budget performance of 166% (5.72 billion), indicating actual spending exceeded the initial budget by 66%. The Ministry's expenditure breakdown shows that N236.34 million and N134.95 million went to personnel and overhead costs, respectively, while N5.35bn went to capital expenditure and N150,000 to other recurrent expenses. Niger State spent N5 million on the provision of shelter and nutrition for abused children, N4 million on school kits and support equipment for abused children, and N4 million on support to families of abused children. The state's per capita spending of N815.2 suggests a need for more funding deployment relative to the state's population of 7,017,924. This underscores the need for greater financial investment and prioritization to enhance the reach and effectiveness of GBV programs, particularly in underserved areas. Increased budget allocation and strategic planning are crucial for maximizing the impact of GBV interventions across the state.



Human Angle Story



Aisha Ahmed (not real name), an orphan residing in Mokwa town, Niger State, faced a harrowing ordeal. Living with her uncle, Suleiman, who worked night shifts, Aisha was often left alone and vulnerable. At the tender age of nine, she was first raped by a community member. This marked the beginning of a traumatic four-year period during which multiple men repeatedly abused her. As a result, she underwent six abortions and consumed numerous birth control pills. Miraculously, she tested negative for HIV during a health campaign in 2021. With the support of a counsellor, Aisha gained the courage to confront two of her abusers. The police were alerted, leading to both men's arrest and subsequent conviction. One was sentenced to 23 years in prison, while the other received a 14-year sentence. Aisha has since found solace and a better life with her adoptive family.

Niger State

| Index | Key Findings | Recommendations |
|---|--|--|
| Laws and Policies  | Despite the existence of key laws like VAPP, Child's Right Law, Administration of Criminal Justice Act (ACJA), Penal Code, and Sharia Law, their effectiveness is hindered by gaps such as lack of specialized courts, insufficient funding, and cultural and religious conflicts. | Establish specialized courts for GBV cases, with adequate funding and harmonized legal frameworks, to ensure swift justice and resolve conflicts arising from cultural and religious barriers. |
| | Gaps exist in the current GBV laws, particularly regarding witness protection, survivor's support funds, and the absence of a specialized GBV court. | Strengthen GBV laws by incorporating provisions for witness protection, establishing survivor support funds, and creating specialized courts to ensure effective justice delivery and survivor-centered responses. |
| Access to Legal Justice  | There is a significant reluctance to seek formal justice, with many survivors opting for informal channels or not pursuing justice at all. A key issue is the lack of awareness about the legal assistance and services available. | Implement consistent state-wide awareness campaigns on available legal assistance and services for GBV survivors, while strengthening community-based outreach programs to build trust in the formal justice system and encourage its utilization. |
| | The legal system is perceived as slow and unreliable, with police investigations often being poor and delayed court judgments leading to dissatisfaction with formal justice systems. There is a preference for informal justice systems despite their limitations. | Strengthen police investigations and expedite court proceedings to ensure timely and fair justice for GBV victims. Improve efficiency and reduce delays to encourage trust in formal justice systems. |
| | | Establish dedicated GBV courts and family support units to streamline legal processes and enhance service delivery. |
| | | Improve coordination among stakeholders, including law enforcement, NGOs, and the judiciary, to create a more effective and unified approach to GBV cases. |
| | While witness protection programs are in place, they are not fully utilized, and their effectiveness is hindered by limited funding and a lack of awareness. | Strengthen and expand witness protection programs, ensuring they are well-funded and accessible to all survivors and witnesses. |
| Legal assistance, including financial aid for survivors, is provided in some cases, but it is inconsistent and not always accessible. | Provide consistent financial assistance to victims to support their participation in the legal process and ensure their safety. | |
| Support Services  | There is very poor awareness of existing shelters and SARC in the state. Many also lack awareness of referral pathways, including those to police, community security, or healthcare facilities. | Increase public awareness of SARCs and the support services they offer. Establish information campaigns targeting both the public and victims of GBV to improve engagement with these services. |
| | Niger State has established one SARC, one shelter, and resource centres to support victims, but these centres require budgetary support and additional investment to ensure effective service delivery. | Allocate annual budgetary funding for SARCs and shelter services, ensuring their sustainability. |

| Index | Key Findings | Recommendations |
|---|--|--|
| <p>Information and Awareness</p>  | <p>Many respondents are unaware of any GBV programs or materials, with the most common awareness coming from radio programs. Materials for persons with disabilities are scarce, and more inclusive resources, including Braille and simplified messages, are needed for special needs populations.</p> | <p>MoGA, MoJ, and MoI should collaborate to share information through state-owned media outlets (radio, print, and television) to disseminate GBV information at little or no cost, while ensuring disability-friendly content and medium.</p> |
| | <p>The state government, NGOs, and other stakeholders have worked together to disseminate GBV information through various media platforms, including toll-free helplines, radio jingles, and television campaigns. However, there is a need for increased outreach in rural communities and more simplified messaging, especially for the adolescent population.</p> | <p>Increased collaboration with public and private media for broader outreach, especially in rural areas and among adolescents.</p> |
| | <p>Due to a lack of funding, the sustainability of awareness programs is at risk. The Ministry of Gender Affairs faces challenges in maintaining regular GBV sensitization programs outside of the annual 16 days of activism.</p> | <p>Allocate funds to ensure continuous awareness efforts and effective implementation of GBV programs across the state.</p> <p>Prioritize the simplification and production of IEC materials in local languages for reaching underserved populations across communities.</p> |
| <p>Budget and Spending</p>  | <p>Niger State overspent the budget on the Ministry of Gender Affairs by 66%, which may demonstrate a strong interest in preventing and responding to GBV.</p> | <p>Ensure budget allocation and spending of the Ministry is targeted at effectively preventing and responding to GBV.</p> |
| | <p>With a spending per capita of N815.2, the state ranked tops among the 36 states.</p> | <p>While the spending per capita is commendable, the huge gaps that exist require much more investments and efficient spending to bring GBV to the barest minimum.</p> |

WOMANITY INDEX IMPLEMENTATION TRACKER
2023 Policy Recommendations
Niger State

| S/No. | Recommendations | Implementation Status | Remarks |
|----------------------------------|---|-----------------------|---|
| Laws and Policies | | | |
| 1 | Allow time for implementation before reviewing laws | Not Implemented | The non budgetary allocation of fund to support the implementation and enforcement of the GBV law undermines its efficiency |
| 2 | There is need for frequent and wide public sensitization on GBV laws and policies in the state | Partially Implemented | The rural communities are stil left behind in the public sensitizations. This is still concentrated in the urbans and relatively semi urban. |
| Access to Legal Justice | | | |
| 3 | Create a legal framework for witness protection by including it in laws. | Not Implemented | Awaiting the review of the Laws |
| 4 | Develop and disseminate GBV reporting and referral pathways, as well as establish dedicated GBV courtrooms and judges | Partially Implemented | Referral Pathways developed, and disseminated. Dedicated courtroom and judges not yet established. |
| Support Services | | | |
| 5 | Establish standard shelters in each Senatorial District and LGA. | Not Implemented | Only the state capital has a partially functional shelter. |
| 6 | Strengthen knowledge of reporting and referral pathways | Partially Implemented | A number of state and none state actors trained in reprotoring and referral pathways. There is need to conduct similar trainings at cluster LGAs to allow other rural community memebtrs to benefit from the information and concentrate the response in the communities. |
| Information and Awareness | | | |
| 7 | Use official state media platforms and channels to increase awareness on GBV prevention and response | Not Implemented | There are still no regular GBV programs or airings supported by state owned media platform to create regular awareness on GBV prevention and response in the state. |
| 8 | There is a need for community outreaches to increase awareness | Partially Implemented | The outreaches are concentrated in the surbub of the state capital and few major towns in the state. |



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