



BEYOND ENACTMENT

A DATA-DRIVEN SURVEY REPORT ON THE
IMPLEMENTATION OF THE VAPP ACT (2015)
AND RELATED STATE LAWS

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About Invictus Africa

Invictus Africa is a civic-tech organization that develops, amplifies, and catalyzes the use of rights-based and gender-responsive data to drive inclusive policies, equitable resource decisions, transformative programs, and institutional accountability.

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Special appreciation goes to our iData Team—36 individuals and organizations who not only administered the survey (where necessary) while ensuring inclusive representation, but also conducted the KIIs, even as they navigated various bureaucratic bottlenecks.

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Executive Summary

Ten years after the enactment of the Violence Against Persons (Prohibition) (VAPP) Act, Nigeria stands at a critical juncture where a comprehensive assessment of its implementation is essential. The VAPP Act National Implementation Survey, conducted by Invictus Africa in 2025, serves as an extensive, data-driven assessment of the law's enforcement across 35 states (excluding Kano) and the Federal Capital Territory (FCT).

Methodology

This survey utilized a mixed-methods approach, combining key informant interviews with government officials from relevant Ministries, Departments, and Agencies (MDAs) to assess subnational governments' implementation efforts, alongside a nationally representative survey of 11,574 respondents from diverse socioeconomic backgrounds. By directly comparing official responses with citizens lived realities, this assessment provides an evidence-based perspective on the successes, gaps, and systemic improvements needed to strengthen the VAPP Law's ability to protect Nigerians from all forms of violence.

Key Findings

Public Awareness

Although MDAs in all surveyed states report having conducted awareness campaigns on the VAPP Law, public knowledge remains limited. Just about half of Nigerians (49.3%) have ever heard of the VAPP Law, and among those who have, understanding is often shallow—only about one in three (29%) report a good grasp of its provisions. Awareness is lower among respondents with no formal education (23.8%) and primary education (23.9%), compared to those with tertiary education (55.4% among graduates and 60.6% among postgraduates). Similarly, individuals in rural areas (48.1%) exhibit lower awareness levels than their urban counterparts (51.9%).

Awareness levels vary across occupations, with NGO/CSO workers (75.2%) demonstrating the highest awareness, followed by civil servants (59.7%), and religious/traditional leaders (59.3%). In contrast, the lowest awareness levels are observed among self-employed individuals (40.6%), students (46.3%), and the unemployed (36.9%).

Enforcement Systems

Implementation of the VAPP Law shows clear progress but remains uneven across states. For instance, while 23 of the 35 states and the FCT have established sex offenders' registers, only 18 have integrated them into broader GBV tracking systems. Similarly, although 32 states authorize courts to issue Protection Orders, 19 could not provide issuance data—highlighting critical monitoring gaps. Mandatory reporting laws are in place in 30 states, yet 15 offer no penalties for non-compliance, limiting their deterrent value. This weakness is reflected in prosecution patterns: only 21 states recorded more than 20 VAPP-related prosecutions in the past year. Notably, states with penalties for non-reporting had higher prosecution rates (67%) compared to those without (50%)—pointing to the strong link between legal accountability and enforcement outcomes. Respondents' perceptions align with these findings. Among those aware of the VAPP Law, 69.6% report improved GBV response in their states. Yet, lack of awareness (68.1%), inadequate funding (43.7%), and weak law enforcement (39.2%) persist as key obstacles to full implementation and impact.

Support Services

Despite 30 of Nigeria's 35 participating states and the FCT establishing SARCs or shelters, public awareness remains limited. Only 54% of respondents are aware of these services, and six states lack SARCs entirely, leaving critical gaps in survivor support. Awareness is particularly low among rural residents (46.7%) and individuals with only primary education (27.2%), reinforcing a two-tier intersectional

access barrier where the most vulnerable remain underserved. Service provision shows uneven depth. While immediate needs are relatively well addressed—medical care is available in 26 states and psychosocial counselling in 25 states—long-term support remains inadequate. Legal aid is offered in just 18 states, and reintegration services in only 15, undermining survivors' pathways to recovery and justice.

Although 22 states offer free GBV-related medical care, financial barriers persist in 25 states, suggesting that services are often constrained by limited scope, hidden costs, or lack of awareness. Only eight states ensure survivors always access forensic services, while 25 states report irregular access — a major gap that weakens prosecution efforts under the VAPP Law. Financial support systems also remain fragile. Only 15 states have operational victims' support funds, and of those, 13 depend almost exclusively on state budgets. With minimal engagement from the private sector or donor agencies, the sustainability of these funds is precarious, signaling an urgent need to diversify funding sources.

Coordination Mechanisms

Out of 36 states, 27 have designated enforcement bodies for the VAPP Law, yet nine lack formal structures, undermining oversight and implementation. While 22 states have appointed Coordinators, leadership gaps persist in five states. Protection Officers—crucial for survivor support and legal facilitation—are present in only 19 states, leaving 17 without this critical role. Although 34 states have interagency coordination frameworks, Borno and Kebbi lack structured mechanisms. Regulation of service providers also remains uneven: only 21 states have formal accreditation systems, and of these, just 16 regularly update provider registers. Furthermore, operational guidelines for service delivery are absent or incomplete in nine states, revealing significant disparities in institutional capacity and service standardization.

Looking Forward

While the VAPP Act and corresponding state VAPP Laws have laid crucial foundations for addressing all forms of violence against persons in private and public life, implementation remains uneven, leaving a gap between law and reality. Closing this gap requires strong political will that drives decisions, resourcing, and actions in four critical areas: raising public awareness through inclusive, sustained campaigns; strengthening enforcement systems with clear accountability measures; expanding survivor support services to ensure accessibility and continuity of care; and institutionalizing coordination mechanisms that integrate actors, standardize service delivery, and foster interagency effectiveness. Without a deliberate focus on closing these systemic gaps, the transformative potential of the VAPP Act and corresponding state laws will remain unrealized—especially for those most at risk. A coordinated, well-resourced, and rights-based implementation strategy is not only a policy imperative but a moral one, if Nigeria is to truly deliver justice, safety, and dignity for all.



PART 1

INTRODUCTION

Background

Origin, Purpose, and Scope of the VAPP Act

The Violence Against Persons (Prohibition) Act (VAPP Act), enacted in 2015, is Nigeria's most comprehensive legal framework for addressing gender-based and other forms of violence. Its purpose is to eliminate violence in both public and private spaces, ensure justice for survivors, and hold perpetrators accountable.

Originally introduced as the Violence Against Women (Prohibition) Bill, the legislation was eventually enacted as the Violence Against Persons (Prohibition) Act. This shift reflected both the harmonization of nine separate violence-related bills that were before the National Assembly at the time, and the recognition that violence—including forms often assumed to affect only women, though women are disproportionately impacted—can affect all persons, regardless of gender. Resultantly, the VAPP Act introduced several groundbreaking provisions that significantly broaden Nigeria's legal understanding and response to violence.

The Act prohibits 26 offences spread across five types of gender-based violence: sexual, physical, psychological and emotional, political, and economic. Many of the offences had been inadequately addressed under existing criminal laws, particularly the Penal Code and the Criminal Code Act, at the time the VAPP Act was passed. It also provides for protective measures such as compensation, shelter, medical and legal support, and enables survivors to apply for Protection Orders, thus reinforcing its survivor-centred approach.

Notably, while previous criminal laws narrowly defined rape as involving only vaginal penetration by the penis, the VAPP Act adopts a broader and more inclusive definition. It recognizes rape to include oral and anal penetration, as well as the use of objects or other parts of the body, thereby addressing a wider range of sexual violence.

The Act is also the first federal legislation in Nigeria to explicitly prohibit Female Genital Mutilation (FGM)—although some states had done so earlier.

As a federal law, the VAPP Act, by default, applies only within the Federal Capital Territory (FCT). However, it has since served as a model for state-level adoption. As of March 2025, 32 states have signed and gazetted the Act; four states—Borno, Jigawa, Katsina, and Kogi—have passed the Act but are yet to gazette it; and one state (Kano) has not passed it at all. While some states have strengthened their versions of the law, others have weakened it by removing or modifying key provisions in ways that undermine the intent and spirit of the original legislation.

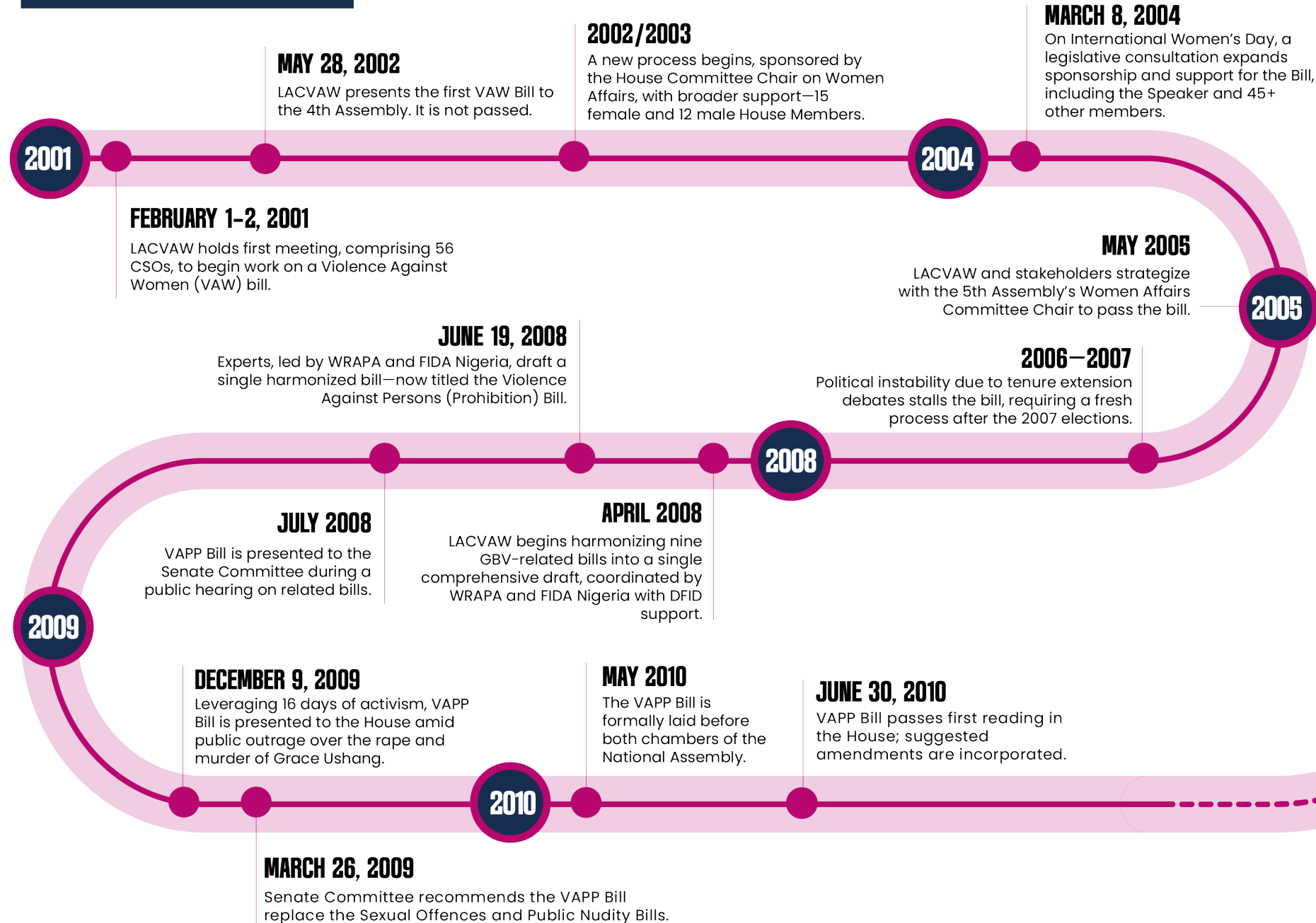
The VAPP Act is significant for its survivor-centred design, its expansive definitions of various forms of violence, and its pivotal role in advancing gender justice and human rights in Nigeria.

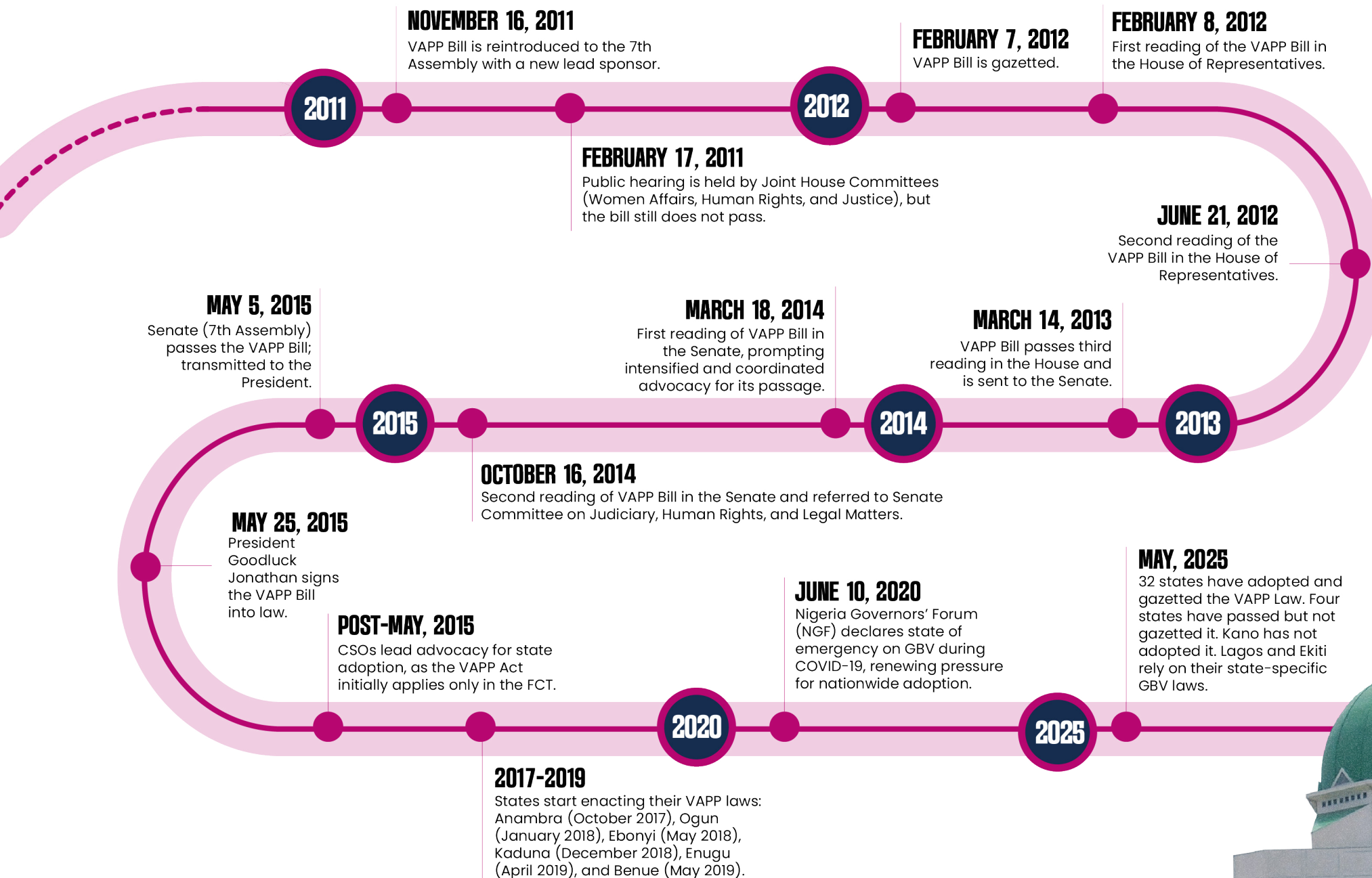
Report Structure

This report is structured into four key sections. Part One provides an introduction, covering the background of the VAPP Act—its origin, purpose, scope, and major milestones before and after its passage in 2015. It also offers a brief overview of the 26 offences covered under the Act and their corresponding penalties, and highlights its current adoption status across states. As Kano State remains the only state yet to adopt the VAPP Act, it was excluded from the assessment. Accordingly, the survey covers 35 states and the Federal Capital Territory (FCT). This section also outlines the study's methodology, including the research design, data analysis approach, and key limitations.

Part Two presents national-level findings across four thematic areas: public awareness, enforcement systems, support services, and coordination mechanisms. Part Three provides a comparative analysis of state performance based on selected implementation indicators. Part Four offers detailed, state-by-state assessments of the VAPP Act's implementation across the 35 states and the FCT.

Timeline of the VAPP Act





Offences and Corresponding Punishments in the VAPP Act, 2015

The 26 offences in the VAPP Act, 2015) are spread across five types of gender-based violence:



Sexual Violence

- 01 **Rape** (Section 1)
Life imprisonment. If offender is less than 14 years old: maximum 14 years imprisonment. Others: at least 12 years imprisonment without an option of fine. Gang/group rape: Jointly, at least 20 years imprisonment without an option of fine. Compensation for victims, paid by perpetrator.
- 02 **Incest** (Section 25)
Imprisonment for 10 years without an option of fine. If parties consent without fraud or threat: five years imprisonment without an option of fine.



Physical Violence

- 03 **Inflicting physical injury** (Section 2)
Imprisonment up to five years, or fine up to N100,000, or both.
- 04 **Female circumcision or genital mutilation** (Section 6)
Imprisonment up to four years, or fine up to N200,000, or both
- 05 **Forceful ejection from home** (Section 9)
Imprisonment up to two years, or fine up to N300,000, or both
- 06 **Depriving a person of his/her liberty** (Section 10)
Imprisonment up to two years, or fine up to N500,000, or both
- 07 **Spousal battery** (Section 19)
Imprisonment up to three years, or fine up to N200,000, or both
- 08 **Attack with harmful substance** (Section 21)
Life imprisonment without an option of fine.
- 09 **Administering a substance with intent** (Section 22)
Imprisonment up to 10 years, or fine of N500,000, or both



Psychological and Emotional Violence

- 10 **Coercion** (Section 3)
Imprisonment for three years.
- 11 **Wilfully placing a person in fear of physical injury** (Section 4)
Imprisonment up to two years, or fine up to N200,000, or both
- 12 **Offensive conduct** (Section 5)
Imprisonment up to two years, or fine up to N500,000, or both
- 13 **Wilfully making false statements** (Section 8)
Imprisonment up to 12 months, or fine of N200,000
- 14 **Forced isolation or separation from family and friends** (Section 13)
Imprisonment up to six months, or fine up to N100,000, or both
- 15 **Emotional, verbal, and psychological abuse** (Section 14)
Imprisonment up to one year, or fine up to N200,000, or both
- 16 **Harmful widowhood practices** (Section 15)
Imprisonment up to two years, or fine up to N500,000, or both
- 17 **Abandonment of spouse, children and other dependants without sustenance** (Section 16)
Imprisonment up to three years, or fine up to N500,000, or both
- 18 **Stalking** (Section 17)
Imprisonment up to two years, or fine up to 500,000, or both
- 19 **Intimidation** (Section 18)
Imprisonment up to one year, or fine up to N200,000, or both
- 20 **Harmful traditional practices** (Section 20)
Imprisonment for four years, or fine up to N500,000, or both
- 21 **Indecent exposure** (Section 26)
Imprisonment for at least one year, or fine up to N500,000, or both



Political Violence

- 22 **Frustrating investigation** (Section 7)
Imprisonment up to three years, or fine up to N500,000, or both
- 23 **Political violence** (Section 23)
Imprisonment up to four years, or fine up to N500,000, or both
- 24 **Violence by State actors** (Section 24)
Imprisonment up to four years, or fine up to N1,000,000, or both

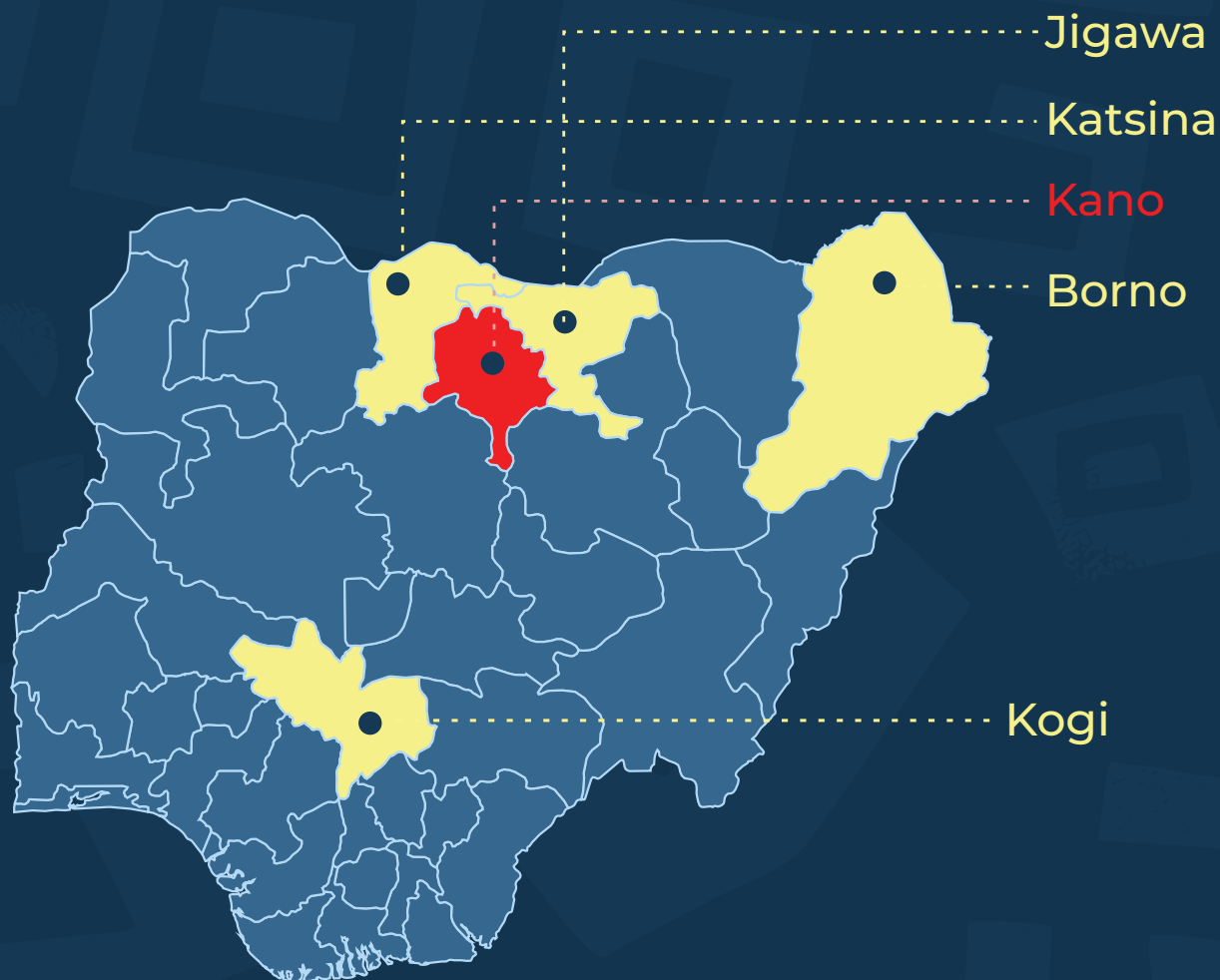


Economic Violence

- 25 **Damage to property with intent to cause distress** (Section 11)
Imprisonment up to two years, or fine up to N300,000, or both
- 26 **Forced financial dependence or economic abuse** (Section 12)
Imprisonment up to two years, or fine up to N500,000, or both

Note: For offences in sections 2, 5, 9–20, and 23–24, any person who attempts to commit the offence; incite, aid, or counsel another person to commit the offence; or receive or assist another in committing the offence will be imprisoned for a period ranging from three months to three years, or pay fine ranging from N100,000 to N700,000, or both. For attempting, supporting, or assisting to attack with harmful substance (s.21), it is up to 25 years imprisonment without an option of fine.





VAPP LAW

- NOT ADOPTED
- ADOPTED NOT GAZETTED
- ADOPTED AND GAZETTED

Kano State has not adopted the Violence Against Persons Prohibition (VAPP) Act 2015. Kogi, Borno, Jigawa, and Katsina have passed the Act into law but have not gazetted it.



Methodology

The VAPP Act National Implementation Survey was conducted in May 2025 using a mixed-methods approach to collect data from both citizens (demand side) and government officials (supply side) of relevant Ministries, Departments, and Agencies (MDAs) across Nigeria's 35 states (excluding Kano) and the FCT. This dual approach enabled triangulation of findings between citizen experiences and government efforts, providing a more holistic evaluation of the VAPP Act's implementation a decade after its enactment.

Quality Assurance

To ensure methodological rigor and data quality, state researchers underwent comprehensive training prior to field deployment. Training focused particularly on standardized administration of supply-side data collection instruments, interview techniques for engaging government officials, and protocols for accurate documentation of qualitative responses. Additionally, regular supervision and guidance from the central research team reinforced adherence to the established methodology throughout the data collection period.

Supply-Side Data Collection

Key Informant Interviews

The supply-side assessment began with key informant interviews (KIs) with officials from government MDAs responsible for VAPP Act implementation, including the Ministry of Women Affairs, Ministry of Justice, Ministry of Health, Ministry of Education, and Ministry of Information and Communication. Other key stakeholders included the Nigerian Police Force, Police GBV Desks, Courts, Legal Aid Council, and Sexual Assault Referral Centres (SARCs).

Quantitative Data Aggregation

Following the KIs, the research team systematically converted qualitative responses into quantitative data using a semi-structured questionnaire. This approach enabled the standardization of qualitative insights into measurable indicators and facilitated the development of a unified assessment framework for each state, allowing for comparative analysis across Nigeria's state.

Demand-Side Data Collection

Study Population

The demand-side assessment targeted adults aged 18 years and above residing in Nigeria. To ensure state representation accuracy, respondents provided information for the state where they had primarily resided over the past ten years.

Sample size determination

The sample size was determined using a 95% confidence level and a $\pm 6\%$ margin of error. Given that each of Nigeria's 35 states and the FCT has a population exceeding one million, the minimum required sample was 267 respondents per state. To account for a 10% non-response rate, this was rounded up to 300 respondents per state, resulting in a minimum national sample size of 10,800 respondents. After data collection and cleaning, the final dataset included 11,574 valid responses.

Sampling Strategy

Survey participants were selected by using a two-stage probability design. First, all three senatorial districts within each participating state were included to ensure geographical representation. Second, Local Government Areas (LGAs) were randomly selected from each senatorial district using a proportional approach:

- Senatorial districts with ≤ 4 LGAs: All LGAs included
- Senatorial districts with 5–9 LGAs: Half of LGAs selected (rounded

up when necessary)

- Senatorial districts with ≥ 10 LGAs: One-third of LGAs selected (rounded up)

Data collection employed a dual-channel approach using an online survey instrument (Microsoft Forms). State researchers managed localized dissemination within selected LGAs primarily through community-specific WhatsApp groups, while the central research team conducted broader dissemination via Invictus Africa social media channels.

Data Analysis

Prior to analysis, rigorous data cleaning was performed to ensure quality and reliability by correcting inconsistencies, and standardizing formats across datasets. The analysis was structured around four key themes: public awareness, enforcement systems, support services, and coordination mechanisms. For each thematic area, univariate statistical methods were applied to examine both supply-side and demand-side data, enabling direct comparisons between government implementation efforts and public experiences. Bivariate relationships were analyzed between implementation mechanisms and outcomes, as well as between public awareness levels and demographic factors. Additionally, comparative assessments across states were conducted to identify regional patterns and state-specific insights, supporting targeted recommendations. All data wrangling and statistical analysis were conducted using R statistical software, while visualization was accomplished through Excel and Adobe Illustrator. Key findings were presented through charts, graphs, and maps.

To distinguish between data collected from government MDAs and citizen survey responses from the 35 states and the FCT, icons were incorporated into charts and graphs, helping readers identify the data source.



Data collected from MDAs



Data collected from the public

Limitations of the Study

The study methodology had several limitations that should be acknowledged. Despite efforts by the States Researchers, the online survey primarily reached participants with access to digital devices and internet connectivity. This may have led to the underrepresentation of populations without such access, particularly in rural or economically disadvantaged areas. Additionally, the assessment provides a snapshot of VAPP Act implementation at the time of the survey and may not reflect ongoing developments or recent changes in implementation strategies. Furthermore, both citizen responses and government agency reports may contain inherent biases influenced by recall limitations, social desirability, or institutional interests.

Respondent Demographics (*n* = 11,574)



The survey captured perspectives from 11,574 Nigerians across a demographically diverse sample. Gender representation was nearly equal, comprising 50.4% female and 49.6% male respondents. Reflecting Nigeria's predominantly youthful population, most participants were young adults under the age of 36—23.4% were aged 18–24 and 38.3% were aged 25–35—while middle-aged adults (36–45 years) accounted for 24.4%. Educational attainment was notably high, with 51.3% of respondents holding graduate degrees and a further 14.4% possessing postgraduate qualifications.

The occupational distribution spanned various sectors, including self-employed individuals (28.1%), students (24.5%), civil servants (17.2%), and private sector employees (10.7%), providing a broad representation of societal experiences. Geographically, the sample achieved a reasonable urban–rural balance, with 42.7% of respondents residing in urban areas and 57.3% in rural communities. This balance enables meaningful comparisons of the VAPP Law's reach and implementation across different settlement types. Additionally, 10.2% of respondents identified as persons with disabilities, ensuring the inclusion of perspectives from historically marginalized populations.



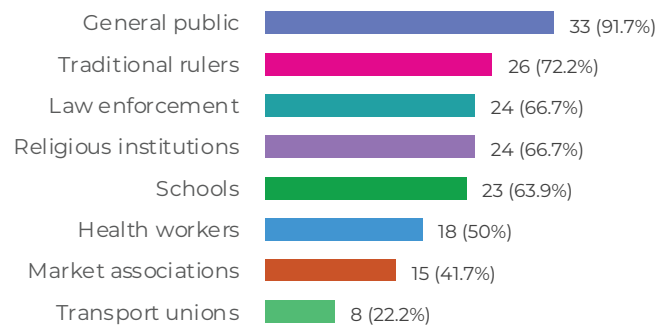
PART 2

NATIONAL ANALYSIS AND FINDINGS

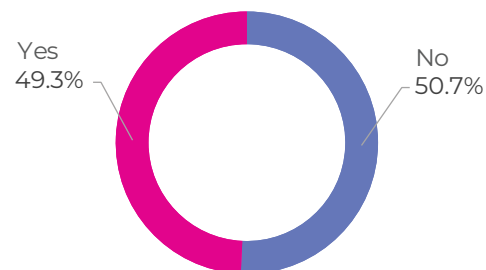
Public Awareness



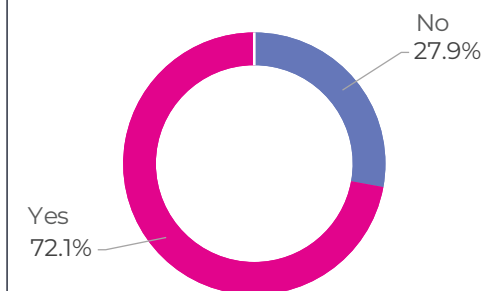
**Target groups in state-led awareness campaigns
On the VAPP Law**



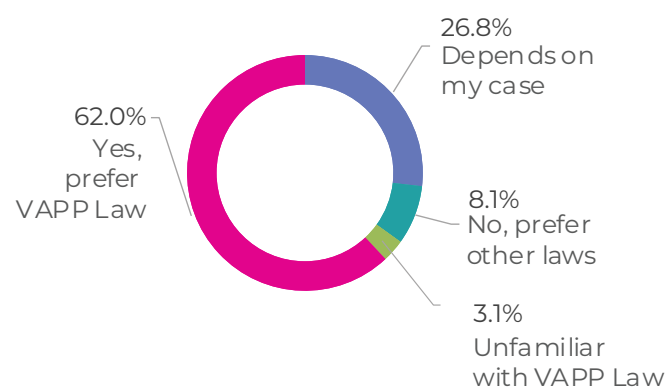
Have you heard of the VAPP Law?



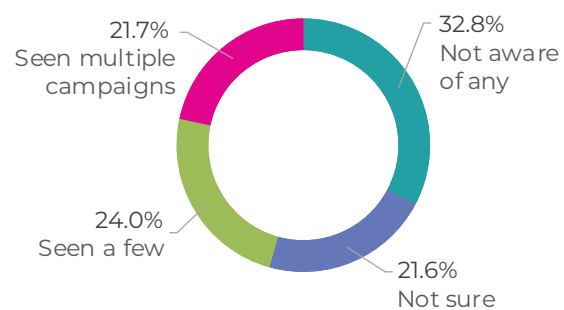
**Do you know if the VAPP Law has been
passed in your state?**



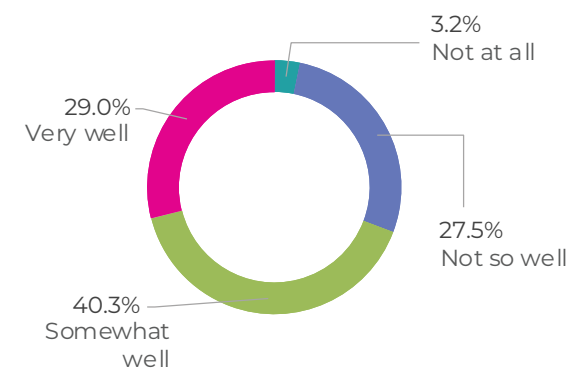
**Would you prefer to pursue cases under the VAPP
Law instead of other laws?**



**Have you seen any state-led awareness
campaigns about the VAPP Law?**



**How well do you understand the
provisions of the VAPP Law?**



The Commitment: Government-Led Awareness Efforts

Data from government officials indicate a nationwide commitment to raising public awareness of the VAPP Law, with a strong emphasis on informing citizens about survivor support services. In the past year, all 35 participating state governments and the Federal Capital Territory (FCT) have undertaken awareness campaigns aimed at diverse segments of society. Public outreach has been most widespread, with 33 states targeting the general population. Recognizing the influential role of community leadership and moral authority, 26 states have actively engaged traditional rulers, while 24 states have involved religious institutions.

Efforts to strengthen the implementation framework have also prioritized law enforcement agencies in 24 states. Education and health sectors have not been overlooked: awareness initiatives have extended to schools in 23 states and to healthcare workers in 18 states. However, economic and occupational networks remain underutilized conduits for dissemination. Only 15 states have reached out to market associations, and just eight have engaged transport unions—suggesting a critical gap in reaching informal sector actors who may be highly vulnerable to gender-based violence but less likely to access formal information channels.

The Gap: Awareness Doesn't Match Action

Although all 36 state governments report conducting public awareness campaigns on the VAPP Law, citizen-level data paints a starkly different picture. Only 49.3% of Nigerians report having heard of the Law, revealing a significant communication gap: while governments may be speaking, the message is not effectively reaching its intended audience. Further, only 24% of citizens recall seeing “a few” campaigns, and 21.6% report exposure to “multiple campaigns.” Alarming, 32.8% state that they have not encountered any awareness campaign, and an additional 21.6% are unsure whether they have. These figures

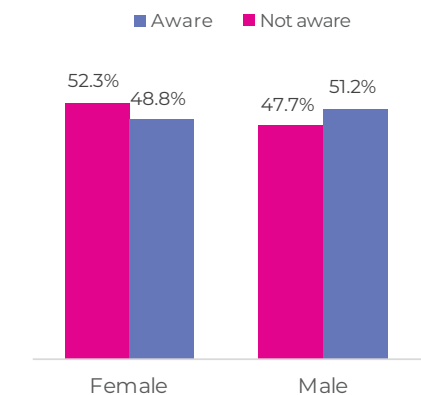
underscore both the limited visibility and potential ineffectiveness of existing campaigns, which appear insufficient to generate widespread public engagement or understanding.

Among those familiar with the VAPP Law, 72.1% are aware that it has been formally enacted, and 62% express a preference for seeking legal redress under its provisions, rather than relying on the older Penal or Criminal Codes. However, a notable 26.8% remain undecided — suggesting either a lack of confidence in the law's unique protections or an incomplete understanding of its practical relevance. This hesitation may reflect missed opportunities in public education efforts to clearly communicate how the VAPP Law can be accessed and what protections it affords.

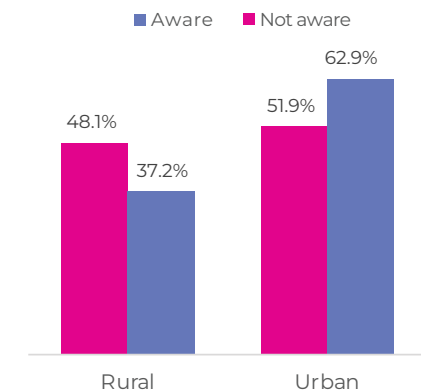
Further disaggregation of awareness data reveals that even among those who have heard of the VAPP Law, knowledge of its contents remains shallow. Only 29% report knowing the Law “very well,” while 40.3% say they know it “somewhat well.” Conversely, a significant portion—27.5%—say they know it “not so well,” and 3.2% “not at all.” This pattern suggests that public knowledge is often surface level, leaving citizens ill-equipped to recognize rights violations, seek redress, or support others in doing so. The persistent gap between awareness and deep understanding could undermine the law's transformative potential and the broader goals of gender justice and protection against violence.

Public Awareness

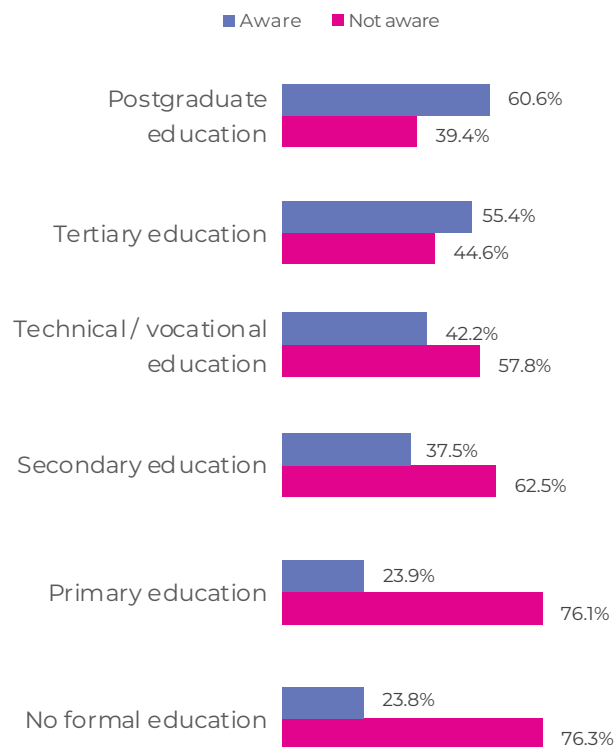
 **Gender differences in public awareness Of the VAPP Law**




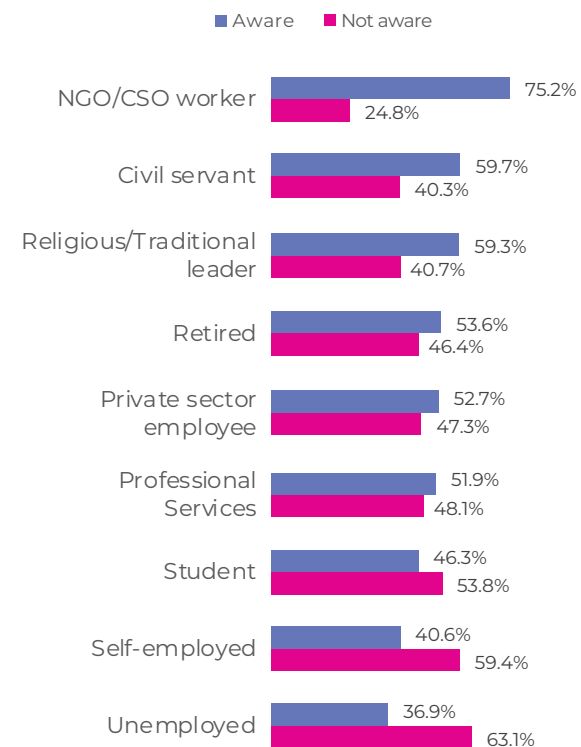
 **Awareness of VAPP Law in urban and Rural area**



 **Educational level and awareness of the VAPP Law**



 **Awareness of VAPP Law across different occupations**



The Disparity: Unequal Awareness Across Populations

Awareness of the VAPP Law shows minimal gender disparity—55.6% of males and 52.1% of females have heard of it. However, educational level is a major differentiator. Awareness is highest among those with postgraduate (60.6%) and tertiary education (55.4%), but critically low among respondents with no formal education (23.8%) or only primary education (23.9%). This gradient indicates that current campaigns are more accessible to highly educated populations.

Occupational data reinforces this trend. NGO/CSO workers (75.2%) show the highest awareness, followed by civil servants (59.7%) and religious/traditional leaders (59.3%). In contrast, awareness is lower among self-employed individuals (40.6%), students (46.3%), and the unemployed (36.9%), pointing to a disconnect between outreach efforts and more vulnerable groups.

Geographically, urban residents (54.0%) are significantly more aware than rural residents (42.9%), suggesting a need for targeted rural engagement. Overall, the data reveal that current awareness strategies insufficiently reach those most at risk of exclusion.

Summary of Key Findings

Although MDAs in all surveyed states claim to have conducted awareness campaigns on the VAPP Law, public knowledge remains limited. Fewer than half of Nigerians (49.3%) have even heard of the VAPP Law, and among those who have, understanding is often shallow—only about one in three (29%) report a good grasp of its provisions. Awareness and comprehension are markedly lower among citizens with less formal education, those working in the informal sector, and the unemployed, compared to their more educated, urban-based, and formally employed counterparts.

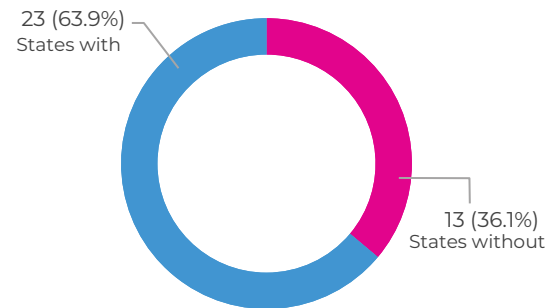
Recommendations

To close the awareness and understanding gap, outreach efforts must be deliberately targeted toward rural populations, individuals with limited formal education, and informal sector workers. This requires moving beyond formal institutions and leveraging community-based strategies, including trusted informal networks and the use of local languages. Developing simplified, visual materials will help bridge literacy barriers and enhance accessibility. In addition, communication must evolve from merely announcing the existence of the VAPP Law to providing practical, actionable knowledge. Citizens need to understand the specific protections the law offers, how to identify violations, and where and how to access support services. Interactive formats—such as dialogue sessions, community forums, and participatory media—should replace passive, one-way information dissemination to foster deeper engagement and long-term impact.

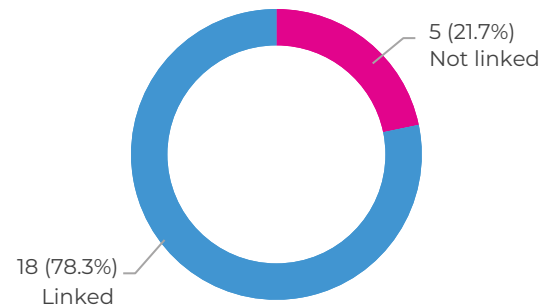
Enforcement Systems



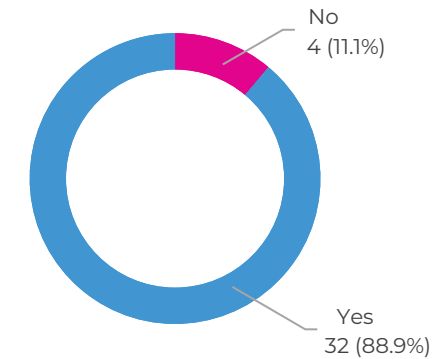
Sex Offenders' Register in states



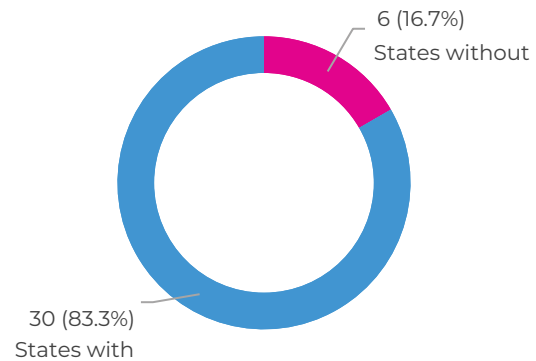
Sex Offenders' Register linked to a GBV database



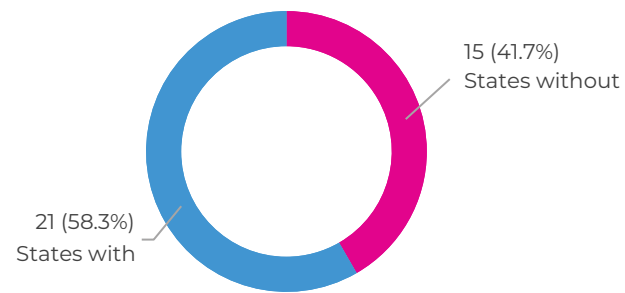
Courts Authorized to Issue Protection Orders



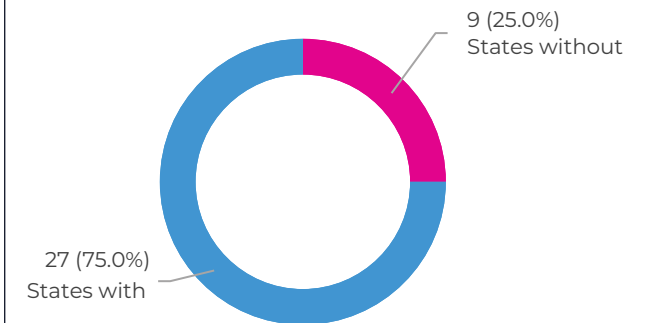
Mandatory GBV reporting by professionals in states



Penalties for failure to report GBV cases under the VAPP Law

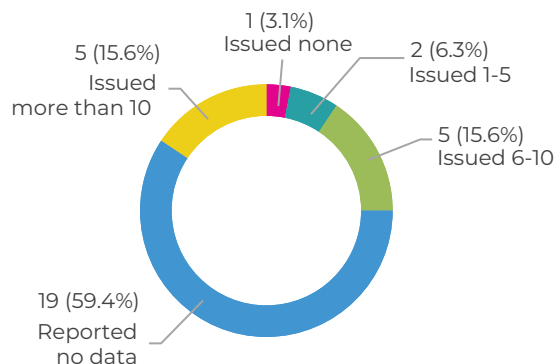


Standardized reporting and referral protocols for GBV cases

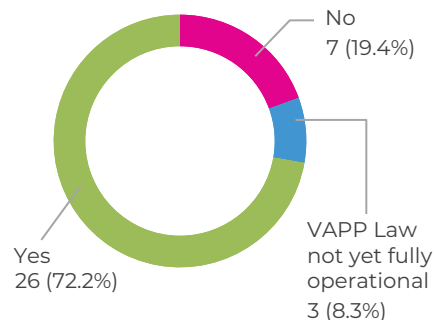


Enforcement Systems

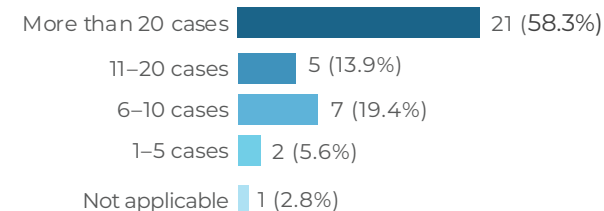
Number of Protection Orders issued in states in the past 12 months



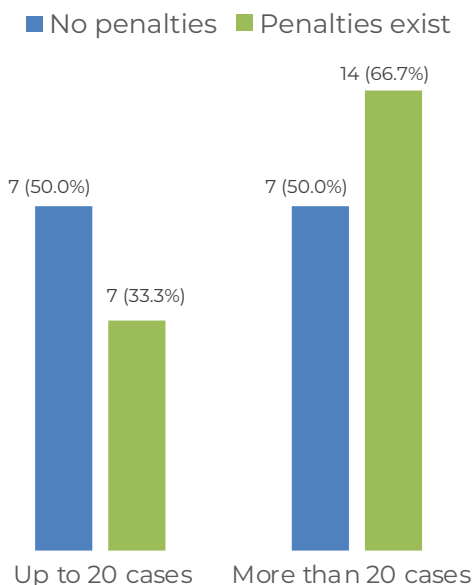
Survivors received compensation or restitution under the VAPP Law in the past year?



Number of GBV prosecutions using the VAPP Law in states in the past year



Correlation between non-reporting penalties and GBV prosecution rates across states



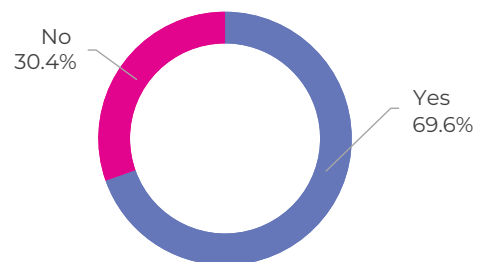
Enforcing VAPP: Institutional Progress and Gaps


Implementation of the VAPP Law reveals progress, yet uneven institutional commitment persists. Twenty-three of the 35 surveyed states and the FCT have established sex offenders' registers, with 18 linked to GBV tracking systems—advancing coordinated enforcement. However, five states (Borno, Nasarawa, Ogun, Osun, Rivers) operate these tools in isolation, weakening their effectiveness. Courts in 32 states are empowered to issue Protection Orders, but Borno, Edo, Sokoto, and Taraba have not adopted this provision. Notably, 19 states could not report how many orders were issued in the past year, indicating tracking deficiencies.

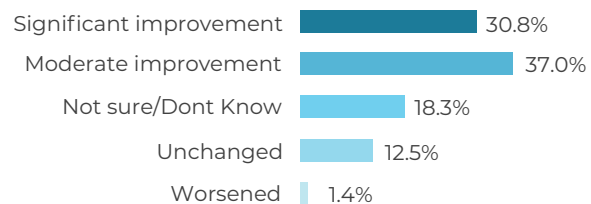
While 27 states have standardized GBV reporting protocols, nine—including Bayelsa, Borno, and Rivers—do not. Legal aid is available in all but Bayelsa. However, only 26 states reported any survivor compensation, and just 21 recorded more than 20 VAPP prosecutions last year. Mandatory GBV reporting by professionals is in place in 30 states and the FCT. In contrast, Bauchi, Bayelsa, Cross River, Enugu, and Kaduna lack such mandates, and 15 states impose no penalties for non-reporting, limiting accountability. More so, states with penalties for non-reporting show stronger enforcement: 67% recorded over 20 prosecutions, compared to 50% where no penalties exist. This pattern affirms the role of enforceable reporting mechanisms in driving effective implementation.

Enforcement Systems

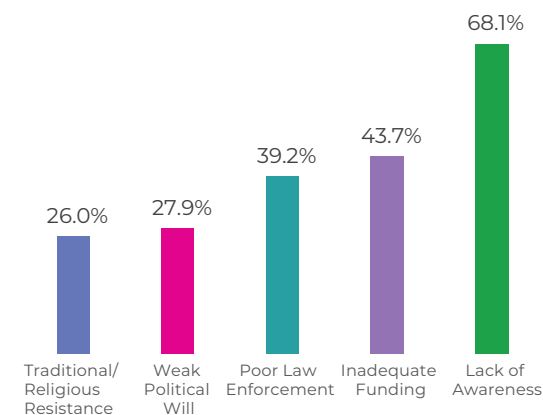
 Has GBV response improved since the VAPP Law was adopted in your state?



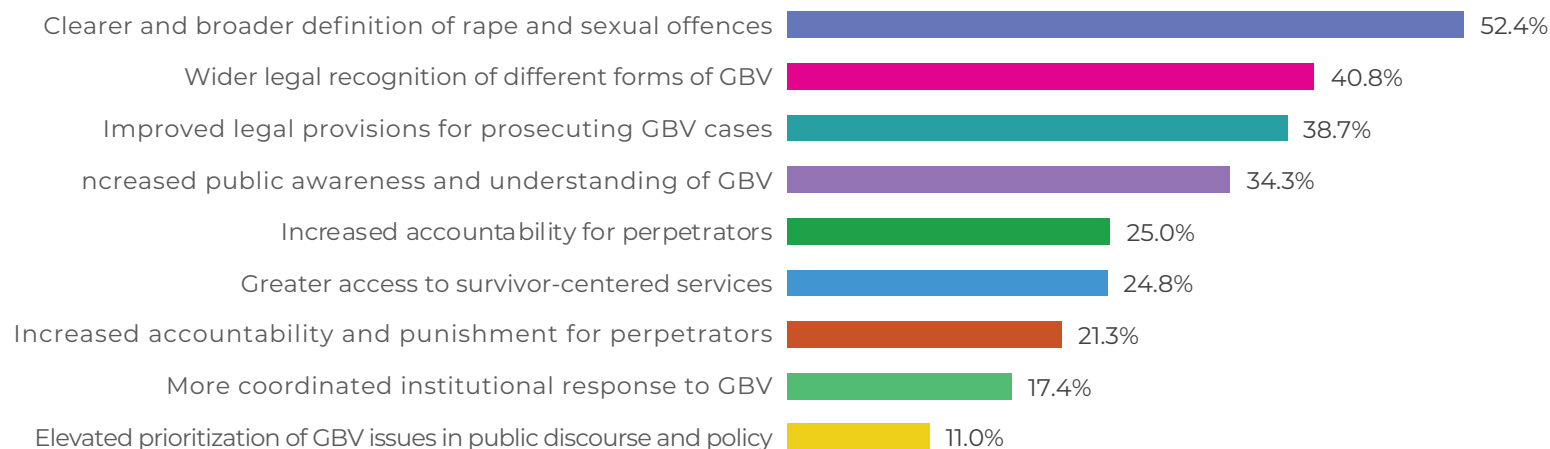
 Has GBV survivors' access to justice improved since the VAPP Law was passed?



 What are the major barriers to implementing the VAPP Law in your state?



 What have been the key impacts of the VAPP Law in your state and nationwide?



Citizen Perception: Measuring the Impact of VAPP Law

Among citizens aware of the VAPP Law, a majority—69.6%—believe their state’s response to gender-based violence has improved since its adoption, suggesting that domestication is beginning to yield tangible benefits. This perception extends to access to justice, with 30.8% reporting significant improvements and another 37.0% noting moderate gains. Yet, the presence of dissenting views—12.5% seeing no change and 1.4% perceiving a decline—signals that implementation remains uneven across contexts.

When asked about the Law’s most significant contributions, citizens pointed first to its expansive and explicit definitions of violence, particularly sexual offences (52.4%), followed by greater legal recognition of varied GBV forms (40.8%) and stronger provisions for prosecution (38.7%). These legal clarifications appear to be strengthening public understanding, with 34.3% reporting increased awareness of GBV issues. Still, 11.0% perceive no significant change, highlighting persistent gaps in outreach and legal literacy.

These gaps are reinforced by perceptions of the barriers to implementation. Lack of awareness emerged as the most pressing obstacle (68.1%), closely followed by inadequate funding (43.7%) and poor enforcement (39.2%). Although less frequently cited, resistance from traditional and religious leaders (26.0%) and limited political will (27.9%) represent enduring structural challenges. Taken together, these insights suggest that while the VAPP Law has made measurable strides in reshaping the GBV response landscape, its potential remains constrained by fragmented implementation and insufficient public engagement.

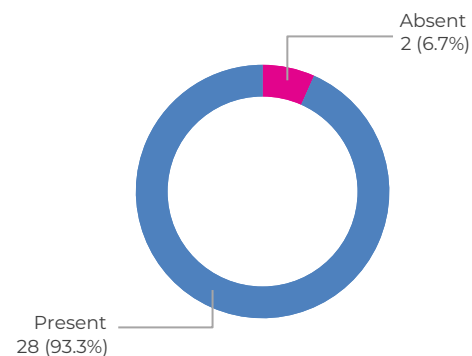
Recommendations:

States should mandate GBV reporting and enforce penalties for non-compliance to strengthen prosecution efforts. The 15 states currently without such enforcement must introduce sanctions for professionals to enhance accountability. Likewise, the nine states

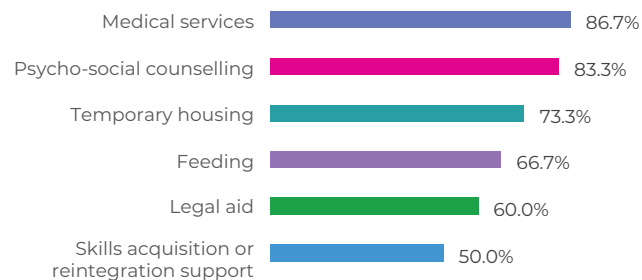
lacking standardized reporting protocols should adopt uniform systems to ensure consistency and improve data quality. To close critical data gaps, governments must establish unified tracking systems. With 19 states unable to provide protection order records and 18 lacking integrated sex offender registries, centralized data management is essential for effective monitoring, evaluation, and policy development.

Support Services

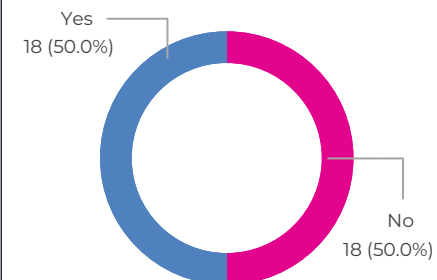
 **Functional SARC and/or shelters in states**



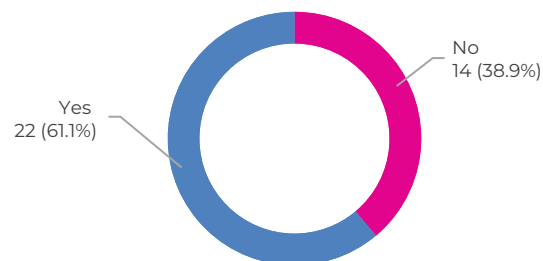
 **Types of Support Provided by SARCs/Shelters Across States**



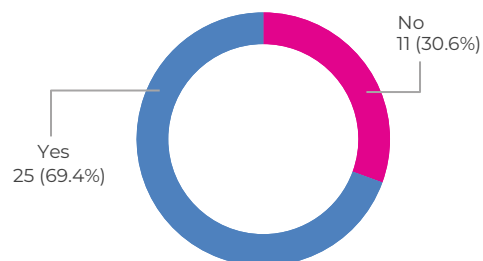
 **Is free medical care for GBV survivors mandated?**




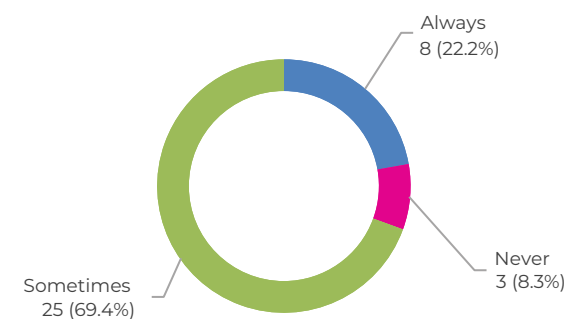
 **Are health facilities actually providing free GBV care?**



 **Do cost-related barriers limit survivors' access to medical or forensic services?**

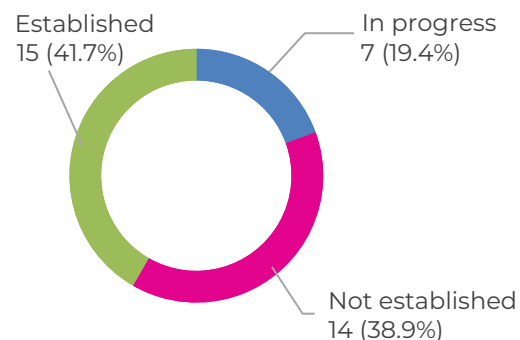


 **Do survivors routinely access medical reports and forensic services for prosecution purposes?**

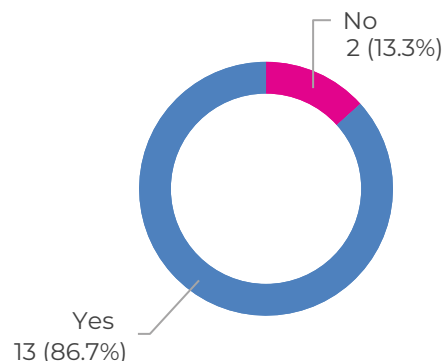


Support Services

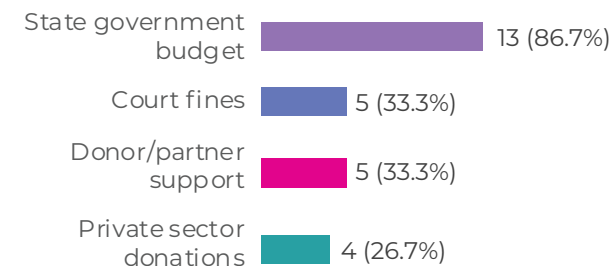
 **Status of Victims Support Fund in States**



 **Victim support fund currently receiving and disbursing resources?**



 **Primary funding sources for the Victims Support Fund**



Institutional Efforts: Government-Led Support for Survivors

Among the 35 surveyed states and the FCT, 30 have established government-funded Sexual Assault Referral Centres (SARCs), shelters, or temporary homes for survivors, with 28 fully operational. Nonetheless, six states—Abia, Borno, Cross River, Kogi, Oyo, and Taraba—lack SARCs entirely, while Gombe and Imo maintain facilities that are non-functional, highlighting persistent regional disparities in survivor support infrastructure.

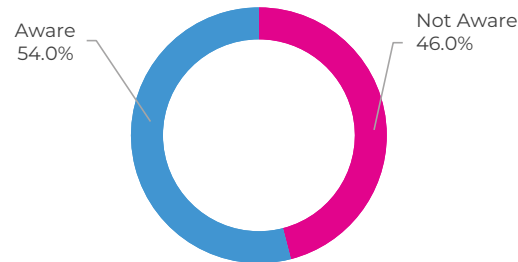
Medical services are the most commonly available form of assistance, offered in 26 states, closely followed by psychosocial counselling in 25 states. This indicates a governmental emphasis on addressing immediate health and mental well-being needs. Provision of basic necessities, such as temporary housing (22 states) and feeding services (20 states), is relatively widespread; however, long-term recovery support remains underdeveloped. Legal aid is accessible in only 18 states, and reintegration programs like skills acquisition exist in just 15 states, underscoring significant gaps in facilitating survivors' economic empowerment and sustainable recovery.

The legal mandate for free medical care is evenly divided, with 17 states and the FCT requiring it by law and 18 states lacking such legislation. Yet, 22 states provide free GBV-related medical services, suggesting some governments extend care beyond formal legal obligations. Despite this, 25 states report financial barriers for survivors, while only 11 states indicate no such obstacles. This disconnect implies that free services may be limited in scope, accessibility, or survivor awareness, perpetuating economic barriers to care.

Support Services



Are you aware of SARCs, shelters, or other GBV support services in your state?

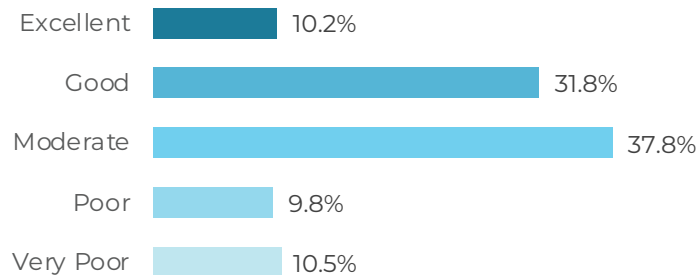


Access to medical reports and forensic services—crucial for successful prosecution—is highly inconsistent. Only eight states report survivors “always” having access, whereas 25 states provide these services sporadically, and three states report no access at all. This significant shortfall undermines the prosecutorial objectives of the VAPP Law, jeopardizing justice outcomes.

Finally, the establishment of victims’ support fund remains uneven: 15 states have operational funds, seven are in the process of establishing them, and 14 have no framework in place. Of those operational, 13 actively disburse resources, but their financial sustainability is precarious, relying predominantly on state budgets with minimal contributions from private or donor sources. This highlights an urgent need for diversified and sustainable funding mechanisms to ensure continuous support for survivors.



How would you rate the availability of survivor-centered services in your state?

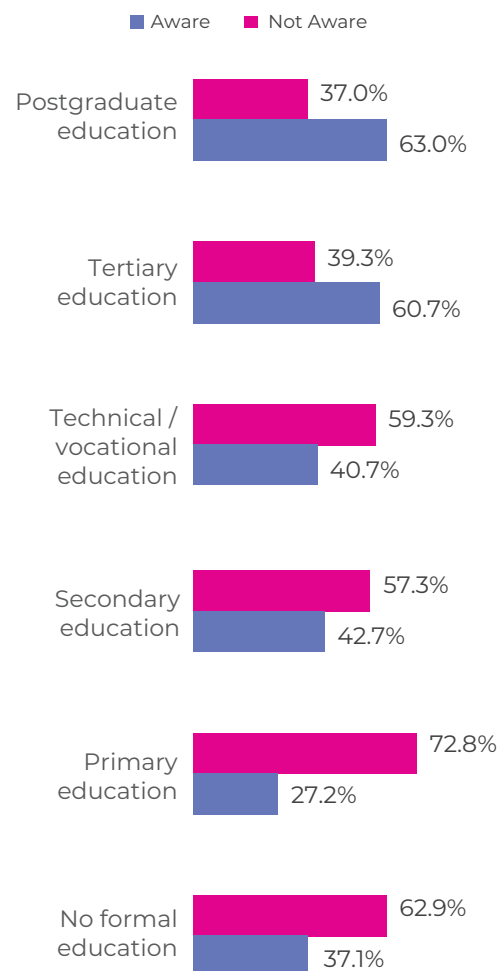


Public Experience: Citizen Awareness and Perception of GBV Support

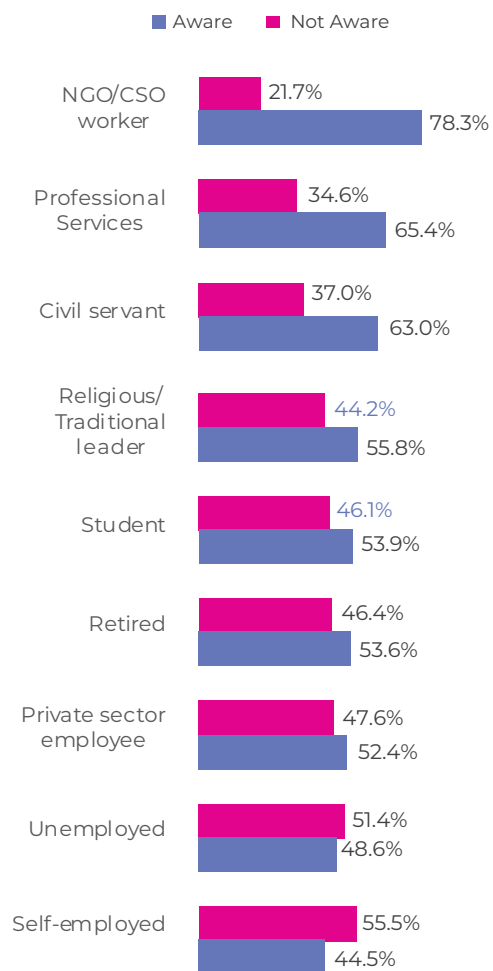
Despite the establishment of SARCs, shelters, or protective services in 30 states and the FCT, public awareness of these resources remains limited. Only 54.0% of respondents report being aware of available support services, while 46.0% indicate no knowledge of their existence. This substantial awareness gap suggests that even in states with operational facilities, outreach and public education efforts are insufficient. Perceptions of service quality also vary. While 37.8% of respondents rated survivor-centered services as moderate and 31.8% as good—implying that a significant number of survivors find services reasonably responsive—concerns persist. A combined 20.3% rated service availability as poor or very poor. These findings point to disparities in service delivery and indicate the need for both improved public communication strategies and a more consistent quality of survivor support across states.

Support Services

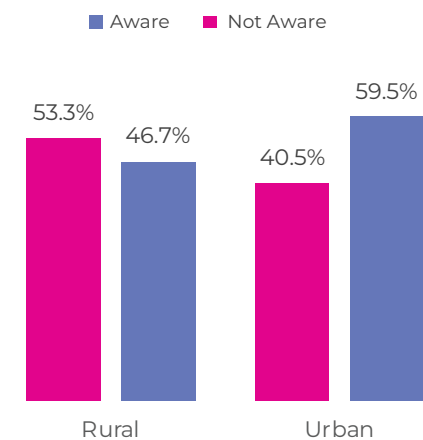
 Educational level and awareness of SARCs



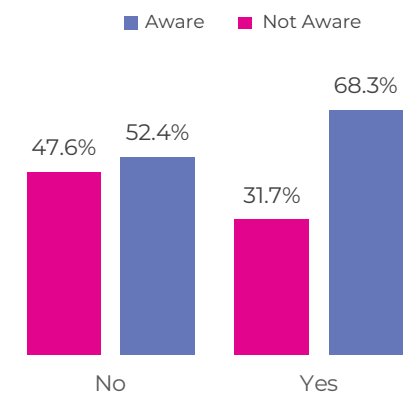
 Awareness of SARCs across different occupations



 Awareness of SARCs in urban vs. rural areas



 Awareness of SARCs across disability status



Unequal Access: Social and Demographic Patterns in Service Awareness

Awareness of SARCs and related support services is unevenly distributed across social and demographic groups, reflecting persistent structural inequalities in access to information and support. Individuals with higher education levels report significantly greater awareness: 63.0% among those with postgraduate degrees and 60.7% among tertiary-educated respondents. In stark contrast, awareness falls to 37.1% among individuals with no formal education and just 27.2% for those with only primary education, exposing a critical knowledge gap among the most educationally disadvantaged.

Professional affiliation also shapes awareness. NGO and civil society workers exhibit the highest awareness (78.3%), followed by professionals (65.4%) and civil servants (63.0%). Conversely, self-employed individuals report the lowest levels (44.5%), suggesting that institutional affiliation plays a key role in information dissemination. Geographic location further compounds these disparities. Urban residents (59.5%) are more likely to be informed about SARCs than rural residents (46.7%), likely due to proximity to services and better access to media and advocacy campaigns. Notably, persons with disabilities demonstrate higher awareness (68.3%) compared to those without disabilities (52.4%), potentially reflecting targeted outreach or more frequent interaction with formal support networks. These patterns highlight the urgent need for inclusive, grassroots-level outreach strategies that address the informational divide across education, occupation, geography, and ability status.

Recommendations

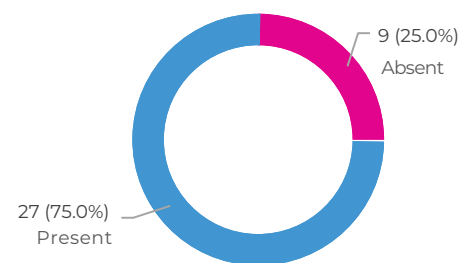
To address the 46% of citizens unaware of SARCs and shelters, states should implement localized awareness campaigns—targeting rural areas through community outreach, traditional and digital media, and trusted local figures to bridge access gaps. Reintegration support must go beyond immediate care, with expanded legal aid, economic empowerment, and skills acquisition initiatives that enable survivors

to rebuild their lives with dignity. To strengthen financial sustainability, states must reduce overreliance on government budgets—13 of 15 victims' support funds depend solely on them—by leveraging public-private partnerships, donor funding, and allocating a portion of court fines to survivor support services.

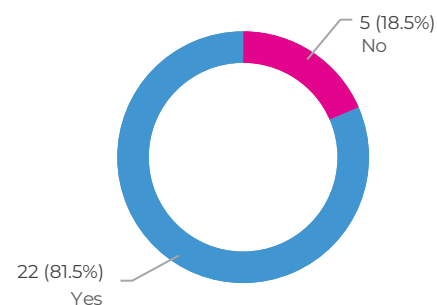
Coordination Mechanisms



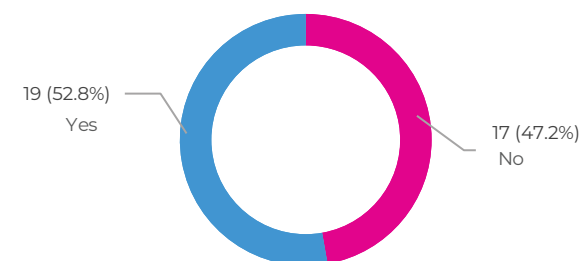
Designated regulatory body for VAPP Law enforcement



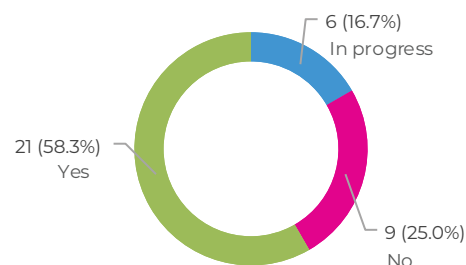
Appointment of a Domestic Violence Prevention Coordinator by State Agencies



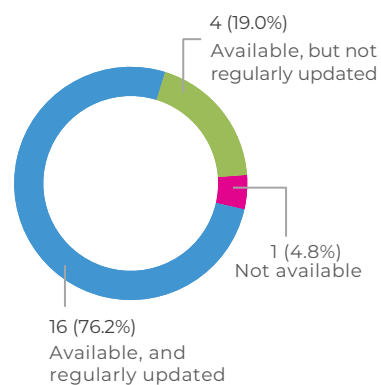
Deployment of Protection Officers Across Area Councils/LGAs



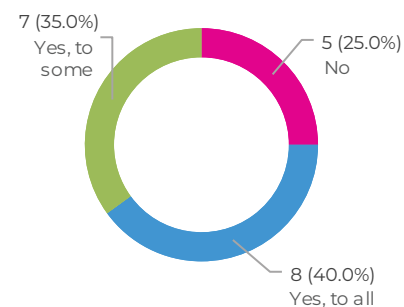
Established system for registering and accrediting service providers



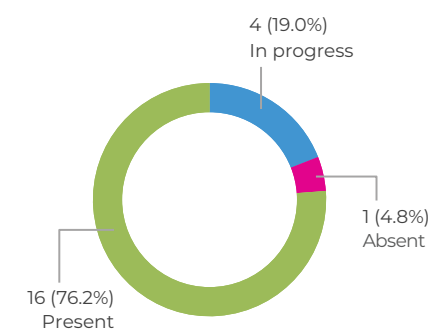
Availability and status of state-maintained register of accredited service providers



Circulation of service providers' register to relevant institutions



Operational guidelines for accredited service providers



Coordination Mechanism: Institutional Structures and Oversight

Across the 36 jurisdictions surveyed, 27 states have established regulatory bodies for VAPP Law enforcement, reflecting substantial institutional buy-in. However, the absence of formal enforcement structures in nine states undermines uniformity and weakens accountability. While 22 states have appointed a Coordinator to drive implementation, leadership gaps persist in five states, signaling inconsistent policy execution. Protection Officers—crucial for legal enforcement and survivor case management—have been appointed in only 19 states, leaving nearly half the country without this critical frontline support. On a more positive note, interagency collaboration is taking root, with 34 states reporting formal coordination mechanisms, although Borno and Kebbi remain outliers without structured frameworks.

Accreditation and Regulation of Service Providers

Out of 36 jurisdictions, 21 states have formal registration systems for GBV service providers, nine are in development, and nine lack any structured accreditation—undermining oversight and compromising service quality. Among those with systems, 16 regularly update their registers, but four do so inconsistently, and one has not updated at all. Coordination remains uneven: only eight states circulate provider registers to all relevant institutions, seven share them selectively, and five do not circulate them at all, weakening inter-agency collaboration. On service standardization, 16 states have developed operational guidelines, four are in progress, and one has yet to begin, reflecting fragmented efforts toward quality assurance.

Recommendations

States without designated enforcement bodies or Protection Officers should establish these structures to ensure consistent VAPP Law implementation and strengthen survivor access to legal protections. Accreditation frameworks must be instituted in the nine states lacking them to uphold service quality and regulatory oversight. To enhance

coordination, states should ensure provider registers are regularly updated and disseminated to all enforcement and support agencies. Finally, the five states without operational guidelines should expedite the development of standardized protocols to ensure uniform and accountable service delivery.

PART 3

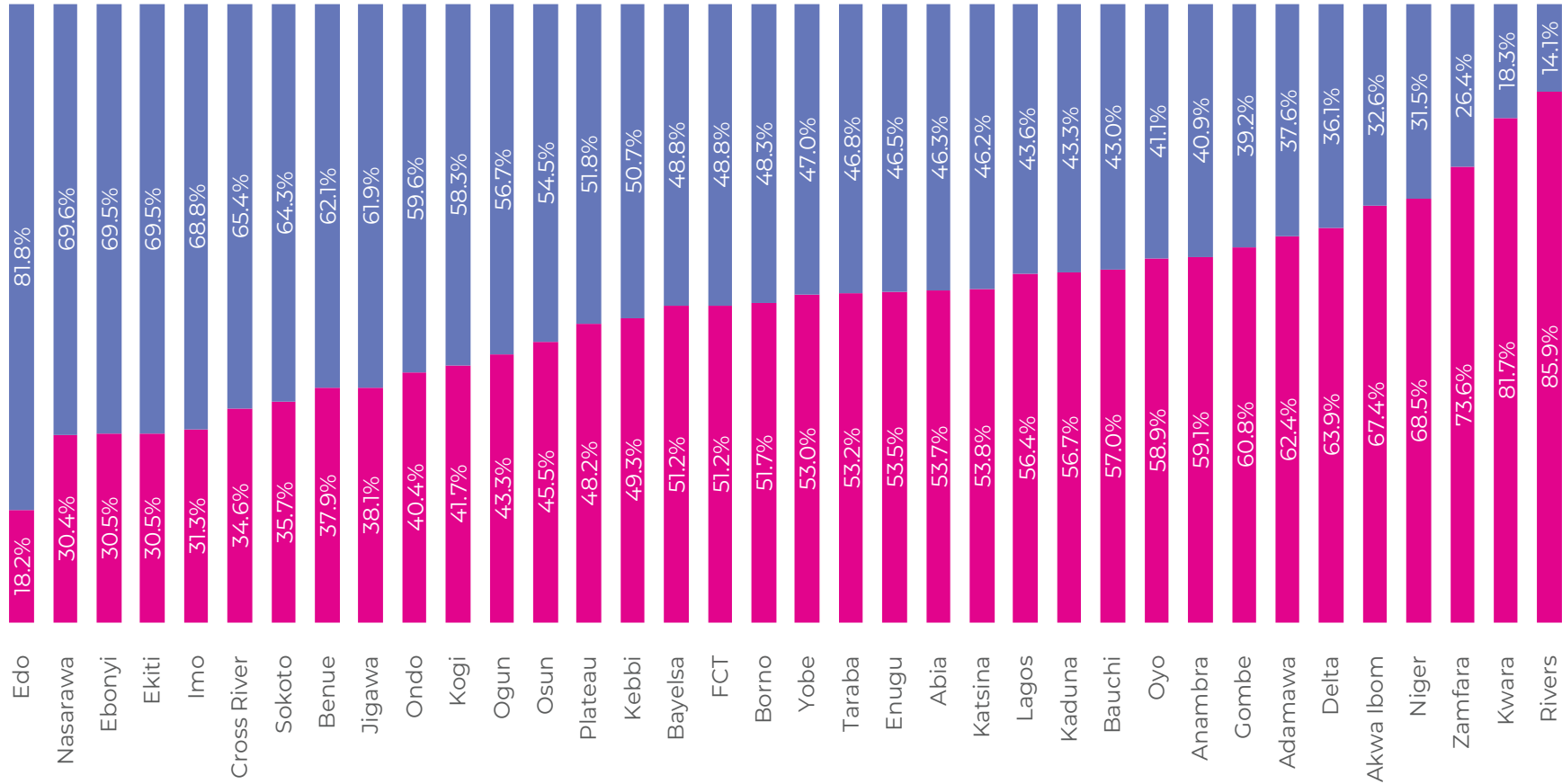
COMPARATIVE STATE ANALYSIS



Comparative State Analysis

Awareness of the VAPP Law across Nigeria's 35 states (excluding Kano) and the FCT

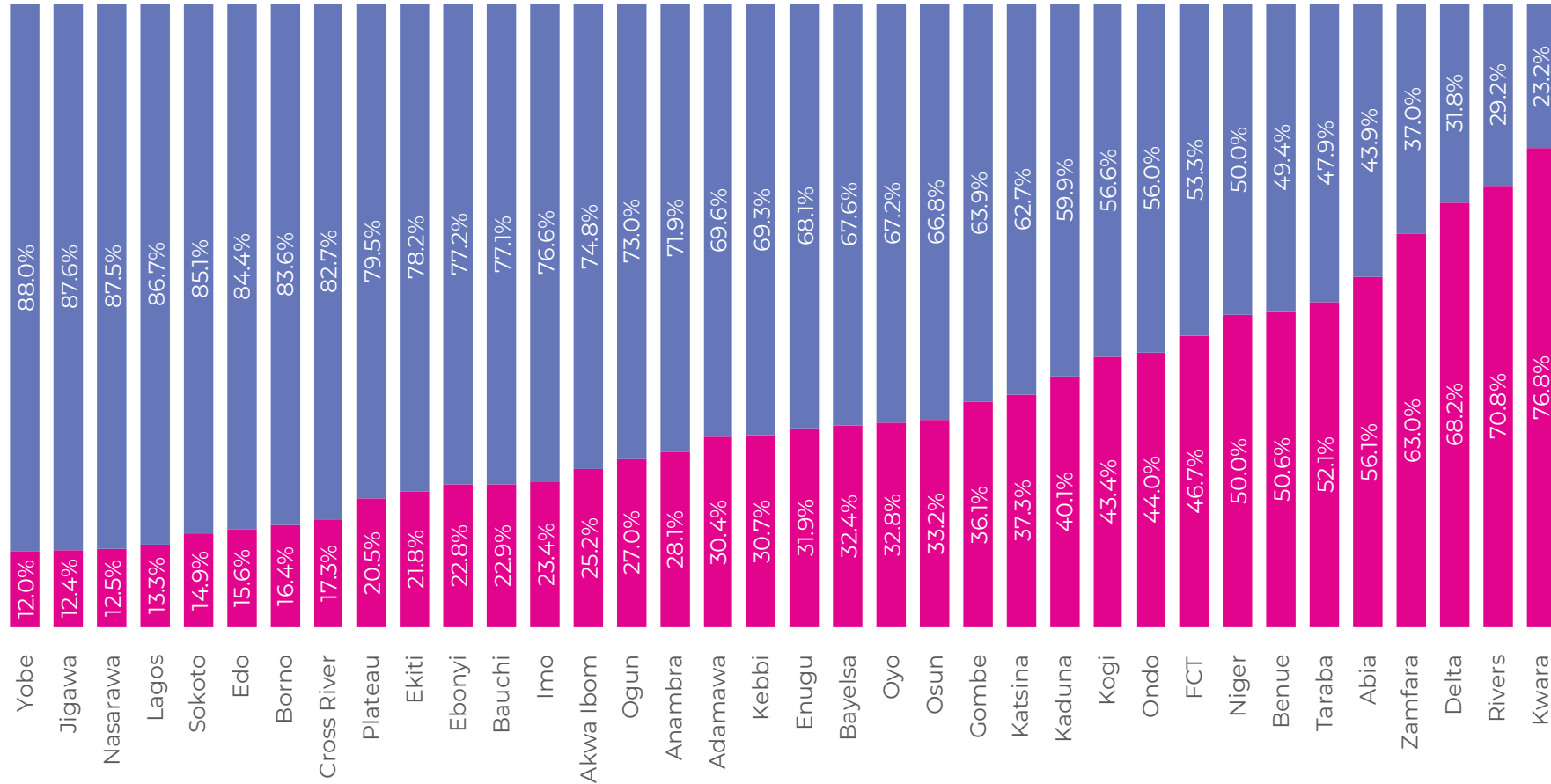
■ Heard of VAPP ■ Not heard of VAPP



Comparative State Analysis

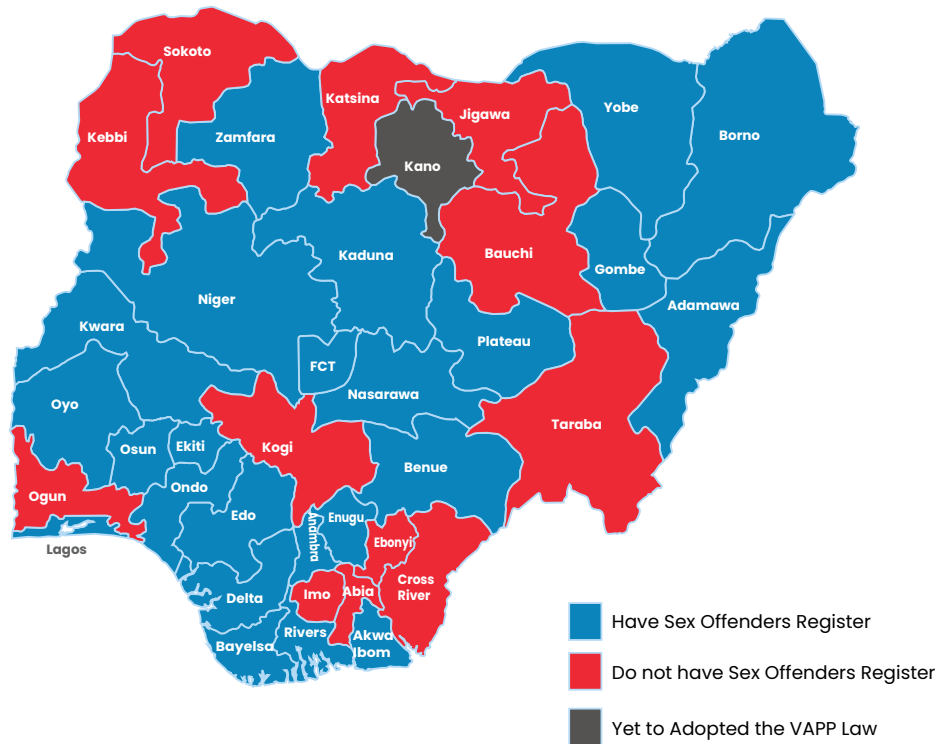
Public perception of overall response to GBV since the domestication of the VAPP Law across Nigeria's 35 states (excluding Kano) and the FCT

■ Improved ■ Not improved

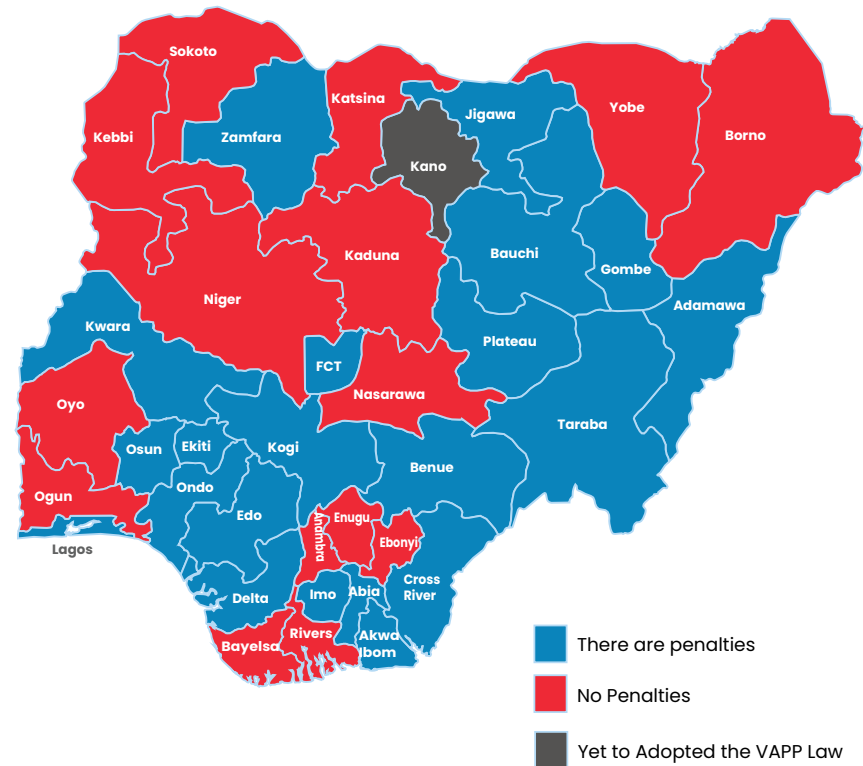


Comparative State Analysis

Implementation of Sex Offenders' Register across Nigeria

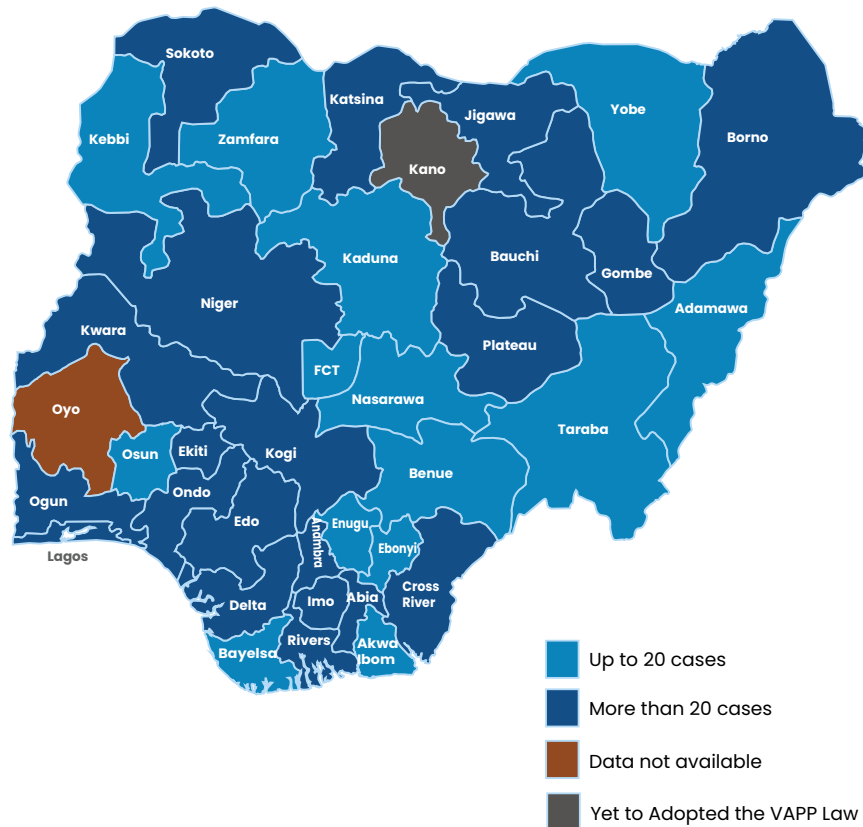


Implementation of non-reporting penalties for GBV Cases under the VAPP Law across Nigeria

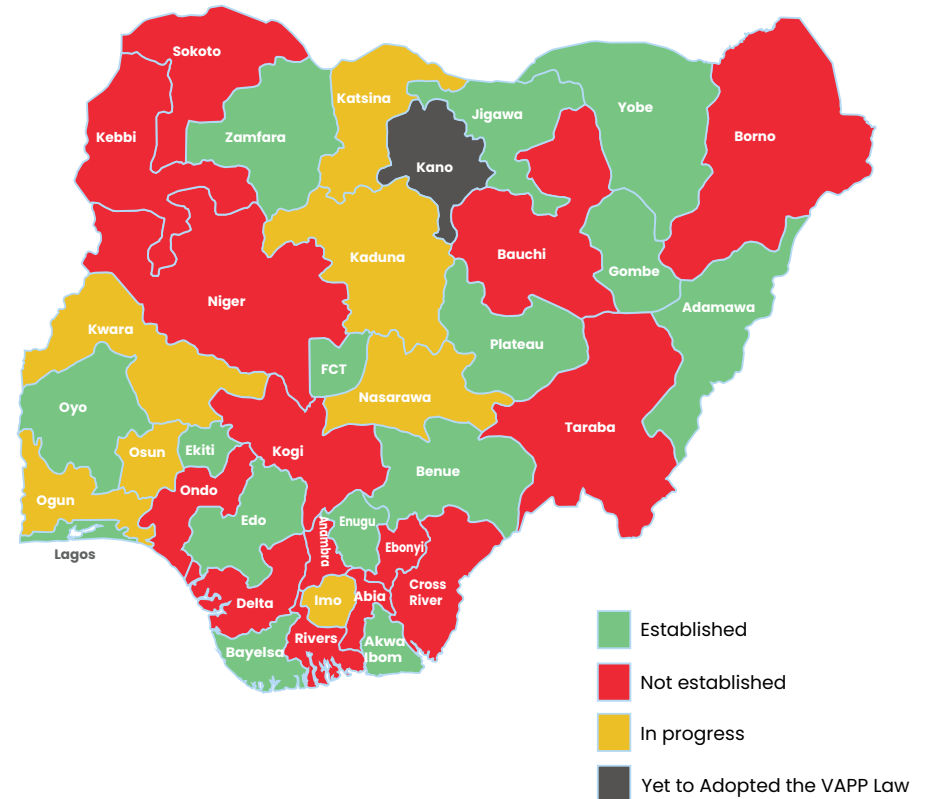


Comparative State Analysis

**GBV prosecutions under the VAPP Law:
Case distribution across Nigeria**



**Implementation of Victims Support Fund
across Nigeria**



PART 4

STATE-BY-STATE REPORT

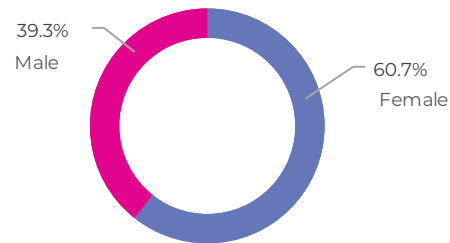




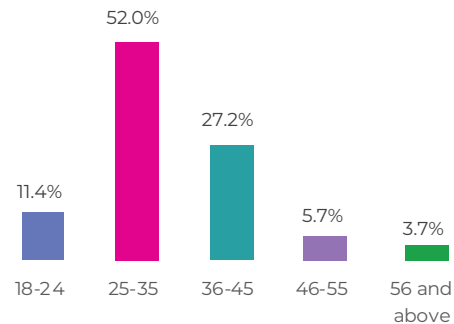
**FEDERAL CAPITAL
TERRITORY**

Federal Capital Territory | Respondent Demographics ($n = 246$)

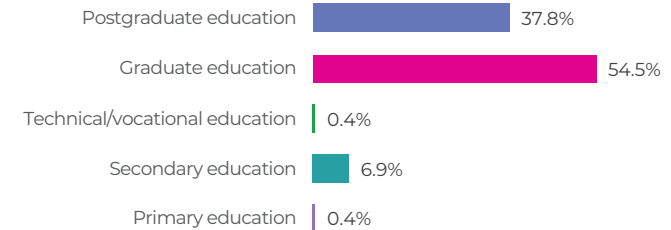
Gender



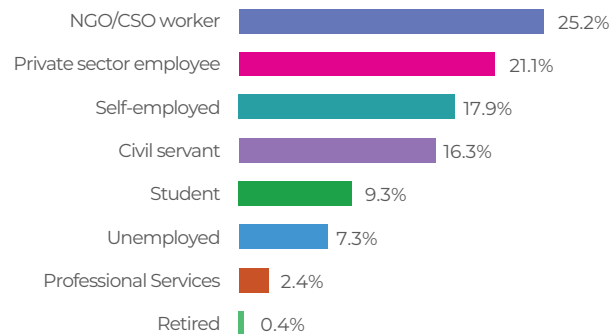
Age (years)



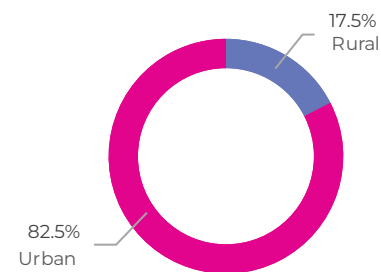
Educational Level



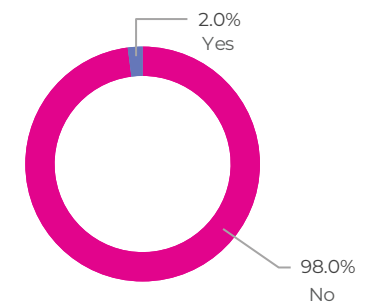
Occupation



Location



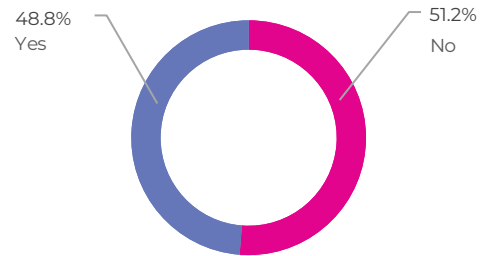
Disability Status



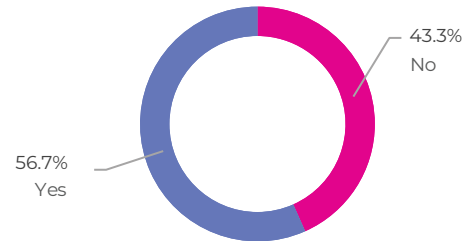
The respondent profile reflects a highly educated, urban sample, with 92.3% having attained tertiary education—54.5% at the graduate level and 37.8% postgraduate. A significant majority (82.5%) reside in urban areas. The sample is predominantly female (60.7%), with young adults aged 25–35 years comprising the largest age group (52.0%). Occupationally, NGO/CSO workers (25.2%) and private sector employees (21.1%) are most represented, followed by self-employed individuals (17.9%) and civil servants (16.3%). Persons with disabilities make up 2% of the sample.



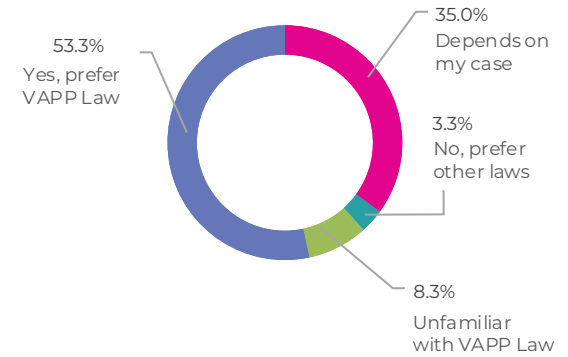
Have you heard of the VAPP Law?



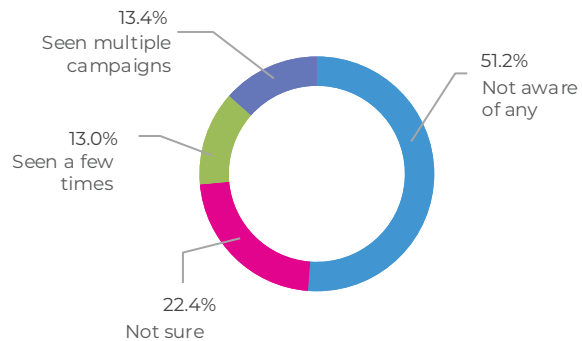
Do you know if the VAPP Law has been passed in your state?



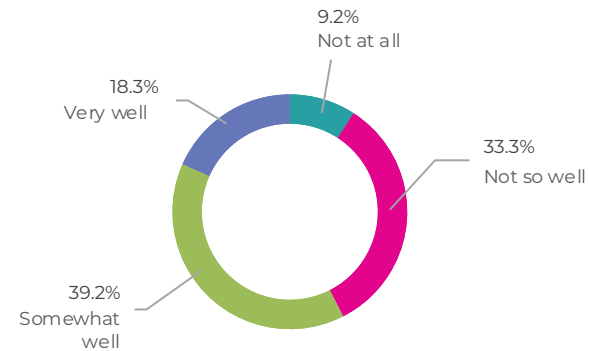
Would you prefer to pursue cases under the VAPP Law instead of other laws?



Have you seen any state-led awareness campaigns about the VAPP Law?



How well do you understand the provisions of the VAPP Law?



Outreach Efforts and Implementation

In the past year, awareness campaigns on the VAPP Act in the FCT have targeted a broad range of groups, including schools, religious institutions, traditional rulers, market associations, law enforcement, and the public. This reflects an effort to reach key community influencers and the wider population with information about the Act and available support services. While the breadth of outreach is notable, gaps remain in the consistency, reach, and depth of these campaigns, particularly across Area Councils.

Public Awareness and Knowledge Gaps

Less than half of respondents (48.8%) in the FCT have heard of the VAPP Act, with the remaining 51.2% completely unaware of its existence. This limited awareness is reflected in exposure to awareness campaigns, where over half (51.2%) report never seeing any state-led campaigns, while 22.4% were uncertain. Only a small percentage recall seeing any campaigns—13.0% a few times and 13.4% multiple times. Among those familiar with the VAPP Act, knowledge remains fragmented. Only 43.3% know the law has been passed, and understanding of its provisions is particularly concerning—just 18.3% report understanding it “very well,” while 33.3% understand it “not so well” and 9.2% “not at all.” While 53.3% prefer seeking legal redress under the VAPP Act over older Penal and Criminal Codes, 35% remain undecided, indicating a need for sustained, inclusive efforts to ensure widespread understanding and engagement with the VAPP Act.

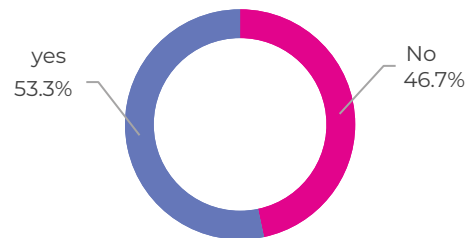
Recommendations

Public awareness campaigns must be significantly expanded, particularly within the Area Councils and rural communities, to address current outreach disparities. Strengthening partnerships with traditional leaders, schools, and religious institutions is essential to enhance culturally sensitive and community-specific education efforts. With 51.2% of respondents reporting unawareness of the VAPP Act, there is a pressing need to develop simplified, multilingual

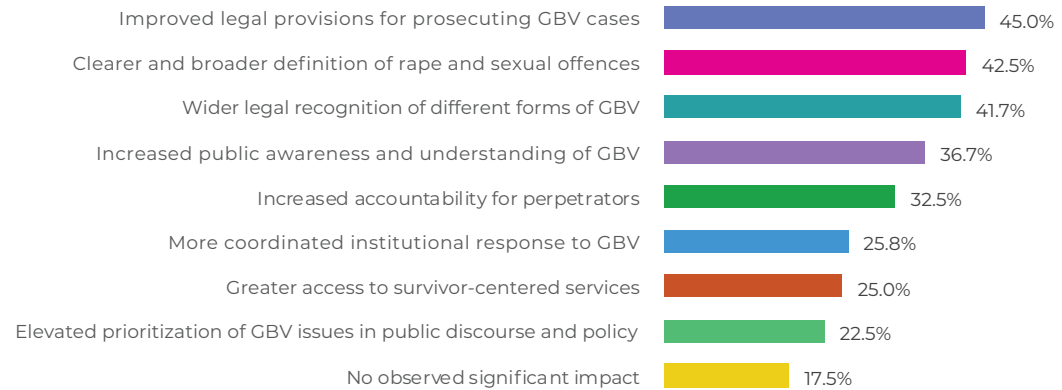
information materials, complemented by structured media campaigns to improve legal literacy and accessibility. To ensure sustained public engagement, periodic awareness drives should be institutionalized. These should leverage local radio and television stations, digital platforms, and community forums to reinforce knowledge of legal protections and available support services. Such efforts would not only broaden outreach but also foster trust and uptake of justice mechanisms among underserved populations.



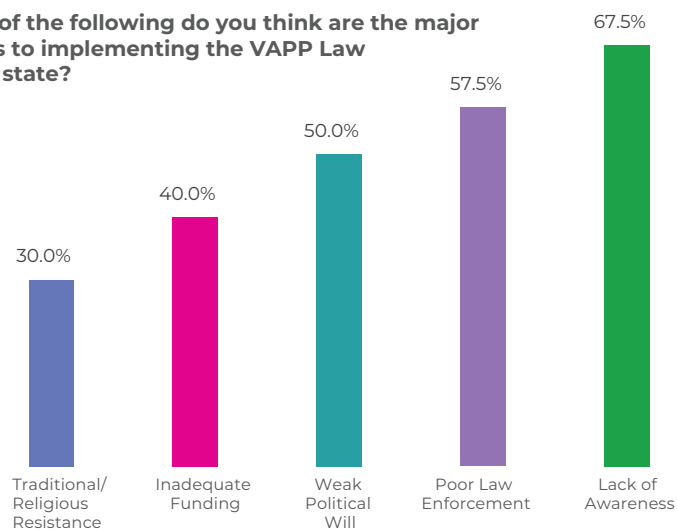
Since the VAPP Law was domesticated in your state, do you think the state's overall response to gender-based violence (GBV) has improved?



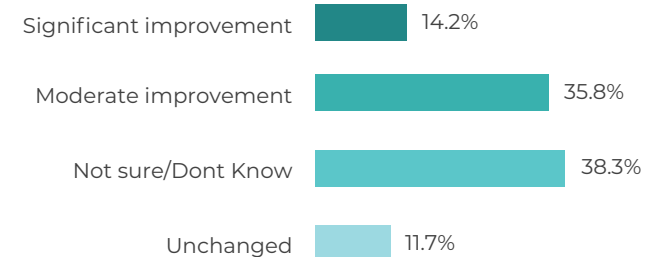
In your opinion, what has been the key impacts of the VAPP Law in your state and across Nigeria?



Which of the following do you think are the major barriers to implementing the VAPP Law in your state?



Since the VAPP Law was passed, do you think GBV survivors in your state have experienced better access to justice?



Institutional Framework

The FCT demonstrates a relatively structured enforcement architecture under the VAPP Act. The operationalization of the Nigeria Sexual Offenders Database (NSOD), including both the Sex Offenders' Register and the Service Provider Register, fulfils the statutory obligations outlined in Sections 1(4) and 40 of the VAPP Act, respectively. The Sex Offenders' Register is regularly updated—at least on a quarterly basis—and is publicly accessible, signaling a commendable level of transparency that can strengthen deterrence and accountability. However, stronger linkages with similar registers in other states would enhance cross-jurisdictional coordination and national tracking efforts.

Protection Orders are legally recognized and enforceable within the FCT. Nonetheless, uptake remains limited, with only one to five orders issued over the past year according to data provided. Enforcement by police and other security agencies is reported as occasional, suggesting the presence of operational or capacity-related constraints that may dilute the protective value of these legal instruments.

Mandatory reporting requirements are in effect, obligating professionals in health, education, and social welfare sectors to report GBV incidents. These obligations are reinforced by statutory penalties for non-compliance and underpinned by standardized reporting and referral protocols across institutions—indicating a foundational compliance infrastructure.

Survivors are entitled to legal remedies, including access to legal aid or pro bono legal services; however, the availability of such support may be insufficient to meet demand, pointing to the need for expansion. Notably, based on available data, no survivors received compensation or restitution in the past year, and only a limited number of cases—between six and ten—were prosecuted under the VAPP Act as the primary legal instrument. This underlines a broader challenge: while the legal framework is firmly established, its full

potential remains underutilized, and survivors may continue to face structural barriers to justice and redress.

Public Perception of Enforcement and Access to Justice

Public perception of the FCT's overall response to GBV since the passage of the VAPP Act remains divided. While 53.3% of respondents believe response has improved, 46.7% see no meaningful change. This narrow margin suggests that despite some recognized progress, nearly half the population remains unconvinced about substantial advancements in GBV prevention and response mechanisms. Access to justice for GBV survivors under the VAPP Act also presents uncertainty, with 38.3% unsure of its impact. While 35.8% report moderate improvement, only 14.2% perceive significant progress, and 11.7% see no change at all. These high uncertainty levels and modest progress ratings reinforce the gap between legal reform and effective implementation.

The primary success of the VAPP Act in the FCT lies in strengthening the legal framework for GBV cases. The most cited impact is "improved legal provisions for prosecuting GBV cases" (45.0%), followed closely by "clearer and broader definition of rape and sexual offenses" (42.5%) and "wider legal recognition of different forms of GBV" (41.7%). Institutional and awareness impacts show moderate recognition, with "increased public awareness and understanding of GBV" at 36.7% and "increased accountability for perpetrators" at 32.5%.

Systemic challenges continue to hinder effective implementation of the VAPP Act in the FCT. "Lack of awareness" (67.5%) emerges as the most significant obstacle, aligning with previous findings on public perception gaps. "Poor law enforcement" (57.5%) reflects deficiencies in justice system capacity, while institutional and political barriers—such as "weak political will" (50.0%) and "inadequate funding" (40.0%)—suggest limited governmental commitment. Additionally,

“traditional/religious resistance” (30.0%) underscores cultural tensions that obstruct legal reforms.

Recommendations

While designated SGBV courts exist in the FCT, and relevant Practice Directions are in place; more robust institutional frameworks are required to ensure the prompt and effective prosecution of offences under the VAPP Act. The FCT’s Sex Offenders Register, although functional, would benefit from strengthened data-sharing protocols and formal inter-state collaboration to facilitate comprehensive offender tracking and accountability across jurisdictions.

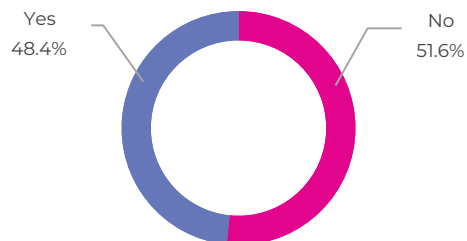
To improve public awareness and institutional responsiveness, details of convicted sex offenders should be disseminated through simplified, graphic-based formats on NAPTIP’s social media platforms. This would ensure that both relevant institutions and the public remain

informed, even in the absence of direct or immediate access to the full register. Furthermore, specialized GBV prosecution units must be expanded to enhance case handling. Continuous, targeted training for law enforcement officers is equally critical to improve investigative rigour and enforcement efforts. Survivor-centered legal aid must be scaled up, including increased funding for pro bono legal services and the institutionalization of compensation mechanisms to provide effective redress for survivors.

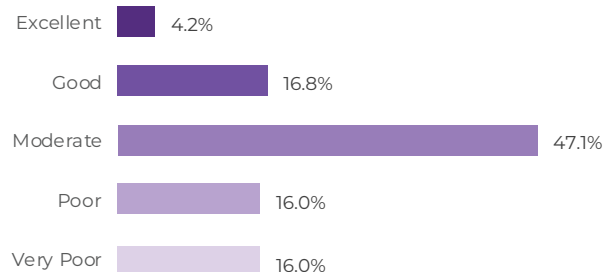
Finally, the reporting and referral system must be streamlined to ensure timely, coordinated, and holistic support for individuals seeking legal protection and justice under the VAPP framework. These reforms are essential for building a survivor-responsive enforcement environment that upholds the law’s protective intent.



Are you aware of any Sexual Assault Referral Centres (SARCs), shelters, or other protective services for GBV survivors in your state?



How would you rate the availability of survivor-centered services



Availability of Support Services and Systemic Gaps

The FCT operates two functional Sexual Assault Referral Centres (SARCs), with just one (in Bwari) owned by the government. The SARC actively receives survivors and provides core services, including psychosocial counselling and medical care. However, critical systemic gaps persist, particularly regarding the accessibility of free medical services. Although the VAPP Act anticipates such support, government health facilities in the FCT are neither mandated nor currently offer free medical care to GBV survivors. As a result, cost-related barriers continue to impede access, and while survivors sometimes obtain medical reports and forensic services for prosecution purposes, these are not consistently utilized—likely due to financial or logistical constraints.

The FCT has established an active Victims Support Fund, sustained through a blend of state budgetary allocations, donor funding, and private sector contributions. Over the past year, the Fund has supported a range of services, including legal aid, medical care, psychosocial support, and longer-term rehabilitation initiatives such as skills acquisition and formal education. This reflects a multi-sectoral approach to survivor support. Nonetheless, the broader effectiveness of these interventions is constrained by ongoing gaps in health service coverage and sustainable financing for essential services.

Public Perception and Service Accessibility

Public perceptions of support services in the FCT align with systemic gaps identified in data from government MDAs. The data reveals moderate availability and significant awareness challenges within the support services landscape. While 48.4% of respondents are aware of SARCs and other protective services, 51.6% remain unaware, highlighting major outreach limitations. Furthermore, the predominance of moderate service ratings (47.1%) suggests that while the FCT's support infrastructure is

evolving, it remains incomplete. Limited public confidence is reflected in only 4.2% rating services as excellent.

Recommendations

There is an urgent need to expand the number of SARCs and shelters across the FCT, with at least one well-resourced facility per Area Council. These centres must be accessible to all, regardless of intersecting realities, and their availability should be widely publicized to ensure effective community outreach. Government health facilities should be mandated to provide free medical care to GBV survivors, addressing cost-related barriers that hinder access to essential services.

Enhanced coordination between SARCs and legal aid providers is also necessary to ensure consistent access to forensic services for prosecution. Sustained and diversified funding for the Victims Support Fund is essential to support medical, legal, and psychosocial services. In addition, increased budgetary allocations to NAPTIP and all relevant MDAs are critical to strengthening institutional capacity and ensuring effective, multi-sectoral implementation of the VAPP Act.

Service Coordination and Integration

Section 44 of the VAPP Act mandates the National Agency for the Prohibition of Trafficking in Persons (NAPTIP) to administer its provisions in collaboration with relevant stakeholders, including faith-based organizations (FBOs). Although the Ministry of Justice functions as NAPTIP's supervising ministry, NAPTIP plays the central coordinating role in implementing the VAPP Act, as stipulated under Section 42. To this end, it has established two strategic coordination structures: the High-Level Multi-Agency Task Team (Hi-MAT) and the Service Providers Accountability Resource Committee (SPARC). Hi-MAT comprises key government ministries, departments, and agencies (MDAs), while SPARC is composed of civil society organizations (CSOs), non-governmental organizations (NGOs), FBOs, and frontline service providers.

The MDAs represented in Hi-MAT include the Federal Ministry of Justice (FMOJ), NAPTIP, Federal Ministry of Women Affairs and Social Development (FMWASD), Nigeria Police Force (NPF), Economic and Financial Crimes Commission (EFCC), Nigeria Security and Civil Defence Corps (NSCDC), Nigerian Correctional Service (NCoS), National Identity Management Commission (NIMC), National Human Rights Commission (NHRC), National Centre for Women Development (NCWD), National Bureau of Statistics (NBS), the Federal Capital Territory Administration (FCTA), and the FCT Judiciary (High Court of the FCT). SPARC members provide a wide range of services to GBV survivors, including medical care, legal aid, education, rehabilitation, psychosocial counselling, and shelter.

Complementing these coordination mechanisms, the FCT has taken steps toward localized implementation by partially adhering to Section 41(1) of the VAPP Act through the appointment of Protection Officers in each of the six FCT Area Councils. Additionally, the FCT has instituted a system for registering and accrediting GBV service providers. A state-maintained register exists, is regularly updated, and has been partially circulated to key institutions such as police stations and courts. Operational guidelines have also been developed

for accredited service providers, promoting greater standardization and accountability in service delivery.

Recommendations

NAPTIP should continue to deepen cross-sectoral collaboration by ensuring consistent and structured engagement between Hi-MAT, SPARC members, and other relevant actors. This will enhance coordination, improve service delivery, and promote efficiency across the SGBV response ecosystem in the FCT. There is an ongoing need for broad-based, continuous training of all key actors, including personnel from health institutions, law enforcement agencies, the judiciary, families, religious and traditional leaders, and community-level justice structures. Such training should aim to strengthen their capacity to respond effectively to GBV cases and implement the provisions of the VAPP Act.

The accreditation process for GBV service providers should be reinforced by ensuring that the register is regularly updated and widely disseminated to all relevant enforcement and support institutions, including police stations, courts, and health facilities. In addition, greater awareness is needed regarding the operational guidelines, protocols, and other essential documents developed by NAPTIP and its coordinating partners. These resources should be systematically institutionalized across the six FCT Area Councils to ensure standardized, accountable, and survivor-centered service provision at the local level. Strengthening these processes is critical to fostering a more responsive and coordinated GBV support system throughout the FCT.

