



# Gender-Based Violence Prevention and Response: **What Has Changed?**



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Womaniity  
**INDEX**  
2025 Edition

**invictus**  
AFRICA



# Borno State

Home of Peace

*Shehu Palace Maiduguri*

# Borno State

Population: 7,691,999

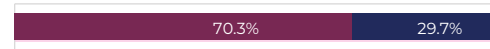
49.6% Female 50.4% Male

Overall Grade 67.2%

## Respondents Demography (n = 1,012)

### GENDER

Female Male



### AREA

Rural Urban



### AGE

<20 20-29 30-39 40-49 50-59 60-69

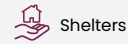


### DISABILITY STATUS

Yes No



3



2

## Ministry of Women Affairs and Social Development

### BUDGET ALLOCATION

**₦9.49bn**

(This accounts for 2.3% of the total state budget)

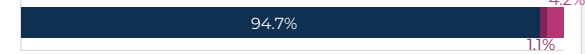
### BUDGET PERFORMANCE

**₦3.71bn**

(This accounts for 39.1% of total allocation to the ministry)



Capital Personnel Overhead



Per Capita Spending

**₦972.56**

| Indexes                   | Indicators       |                  |                  |                  | Total Grades |
|---------------------------|------------------|------------------|------------------|------------------|--------------|
| Laws and Policies         | LP <sub>1</sub>  | LP <sub>2</sub>  | LP <sub>3</sub>  | —                | 75.0%        |
| Access to Legal Justice   | ALJ <sub>1</sub> | ALJ <sub>2</sub> | ALJ <sub>3</sub> | ALJ <sub>4</sub> | 62.5%        |
| Support Services          | SS <sub>1</sub>  | SS <sub>2</sub>  | SS <sub>3</sub>  | SS <sub>4</sub>  | 68.6%        |
| Information and Awareness | IA <sub>1</sub>  | IA <sub>2</sub>  | IA <sub>3</sub>  | IA <sub>4</sub>  | 56.3%        |
| Budget and Spending       | BS <sub>1</sub>  | BS <sub>2</sub>  | BS <sub>3</sub>  | —                | 75.0%        |

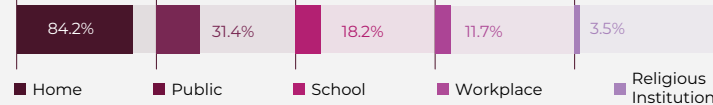
## GBV Context 2025

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

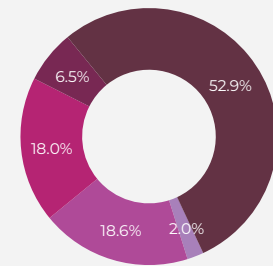
No Yes



Where did you or the person experience the GBV?



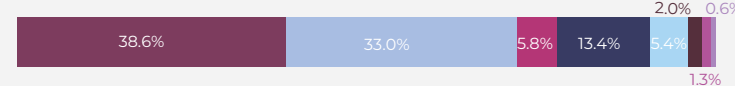
Why did you or the person choose where you sought help?



What form of GBV did you or the person experience?

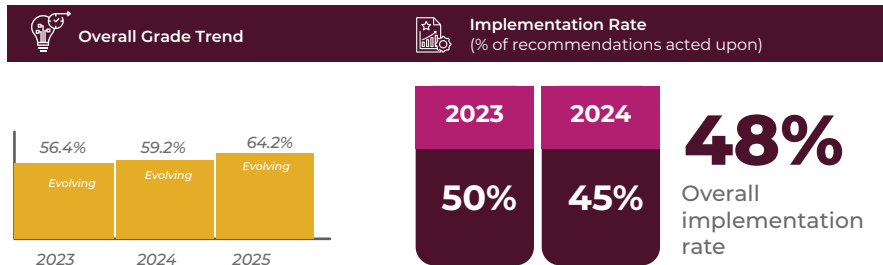


Where did you or the person first seek help?



|          |          |        |        |          |                    |                  |                                  |                   |                                       |   |                     |                                      |        |                      |                                 |                            |          |       |
|----------|----------|--------|--------|----------|--------------------|------------------|----------------------------------|-------------------|---------------------------------------|---|---------------------|--------------------------------------|--------|----------------------|---------------------------------|----------------------------|----------|-------|
| Domestic | Physical | Sexual | Mental | Economic | Cultural practices | Family/relatives | Police/law enforcement authority | Friends/neighbors | Traditional/community leader or group | Religious leader (Pastor, Ulama, Imam, Deity) | I did not seek help | Employer/Work colleague/Labour group | Lawyer | Financial constraint | Perception that they could help | Proximity or accessibility | Services | Trust |
|----------|----------|--------|--------|----------|--------------------|------------------|----------------------------------|-------------------|---------------------------------------|---|---------------------|--------------------------------------|--------|----------------------|---------------------------------|----------------------------|----------|-------|





**Index Grade Trend**

| Index                     | 2023      | 2024          | 2025          |
|---------------------------|-----------|---------------|---------------|
| Laws and Policies         | LP 48.3%  | +1 ▲ LP 75.0% | LP 75.0%      |
| Access to Legal Justice   | ALJ 61.3% | ALJ 56.3%     | ALJ 62.5%     |
| Support Services          | SS 86.3%  | SS 75.0%      | -1 ▼ SS 68.8% |
| Information and Awareness | IA 61.3%  | IA 56.3%      | IA 56.3%      |
| Budget and Spending       | BS 25.0%  | +1 ▲ BS 33.3% | +1 ▲ BS 75.0% |

### What Has Changed

#### Positive Developments

- GBV cases are now concluded within 6-8 weeks, significantly reducing delays and improving survivor confidence in justice delivery.
- Survivors are trained in vocational skills such as tailoring, cap-making, and small business management to rebuild livelihoods post-crisis.
- Survivors can report through police, hospitals, community leaders, or 24/7 toll-free lines, ensuring broad accessibility.

#### Areas of Concern

- Only 43.5% of residents know about GBV laws, with limited publicity of the 34 recorded convictions.
- Female genital mutilation and child marriage remain widespread, with legal loopholes allowing marriage under 18.
- Only 53.3% feel safe testifying, while just 26.6% know free legal aid exists, and staffing is unsustainable post-donor projects.
- Only 23% of residents know SARCs or shelters exist, especially in rural and conflict-affected LGAs.
- Awareness of GBV programs dropped from 71% in 2024 to 42.6% in 2025, as campaigns remain donor-funded and concentrated during the 16 Days of Activism.

## Key Actions

### Laws and Policies

- Borno State enacted and amended multiple GBV laws including the Penal Code (amended 2023), VAPP Law (2021), and Child Protection Law (2021), with harmonized provisions criminalizing FGM and child marriage

### Access to Legal Justice

- The state provides free legal representation to both GBV survivors and offenders through the Ministry of Justice, with lawyers reimbursed after case conclusion to ensure fair representation.
- FIDA has trained community and religious leaders, Civilian Joint Task Force, health workers, paralegals, new legal aid practitioners, police officers, and judicial officers to handle and report GBV cases, and toll-free lines are available for 24/7 reporting.
- A GBV desk officer has been placed in each hospital to make support and referral services more accessible.

### Support Services

- Two functional Sexual Assault Referral Centres (SARCs) operate in the Central and Southern zones, providing comprehensive medical, psychosocial, legal, and forensic services to survivors.
- The state established two "one-stop" shelters in Budum (Maiduguri) and Kakusala (Bama) offering holistic GBV support services including medical, psychosocial, and economic assistance.

### Information and Awareness

- The Ministry of Women Affairs disseminates GBV information through radio programs on Dandal Kura and Borno Radio, quarterly sensitization campaigns, and IEC materials in multiple formats including braille for visually impaired persons.

## Change Spotlight

Borno State has achieved a remarkable transformation in GBV prosecution efficiency through the implementation of accelerated trial procedures. A Ministry of Justice official emphasized that "you can finish your case within two months, within six weeks. It depends on the availability of your witnesses," highlighting a justice system that now operates with unprecedented speed compared to national standards. This efficiency, combined with strict adjournment limits where cases cannot be postponed for more than two weeks, has enabled the state to secure 41 GBV convictions in 2024 and 34 by October 2025.

# Borno State GBV Assessment Survey

Overall Grade **67.2%**

## LAWS AND POLICIES



Are you aware of existing laws and/or policies that address gender-based violence (GBV) in the state? Yes ■ No ■



Do you think customary or religious laws and/or practices are sufficient in preventing and responding to GBV in the state? Yes ■ No ■



Do you know of anyone who has been convicted for GBV-related offenses? Yes ■ No ■



## 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? Yes ■ No ■



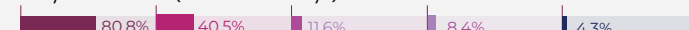
Do you believe that these shelters and/or SARCs are effectively functional, adequately equipped, properly maintained, and sustainable over time?



■ Agree ■ Strongly agree ■ Indifferent ■ Disagree ■ Strongly Disagree



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



■ Police ■ Hospital ■ Support group ■ Legal ■ None



Do you think informal support systems such as family, friends, religious centres, community groups, etc., are helpful to GBV victims/survivors? Yes ■ No ■



## ACCESS TO LEGAL JUSTICE



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



■ Formal justice: e.g., police, courts, etc.  
■ Informal justice: e.g., traditional or religious heads, community groups, etc.  
■ I will not seek justice



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



■ Yes, I would  
■ It depends on the robustness and effectiveness of the witness protection program  
■ No, I would not



Are you aware of legal assistance and services provided by the State to GBV victim/survivors? ■ Yes ■ No



## INFORMATION AND AWARENESS



Do you know of any GBV information and/or education programs or materials in the state? Yes ■ No ■



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



■ Mostly useful ■ Completely useful ■ A little bit useful ■ Not useful at all



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

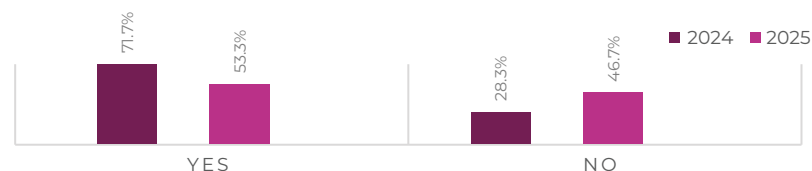


■ Audio ■ Visual ■ Sign ■ Picture ■ Simplified ■ Subtitle ■ Braille ■ None

# Borno State GBV Context Trend (2024-2025)

Overall Grade **67.2%**

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



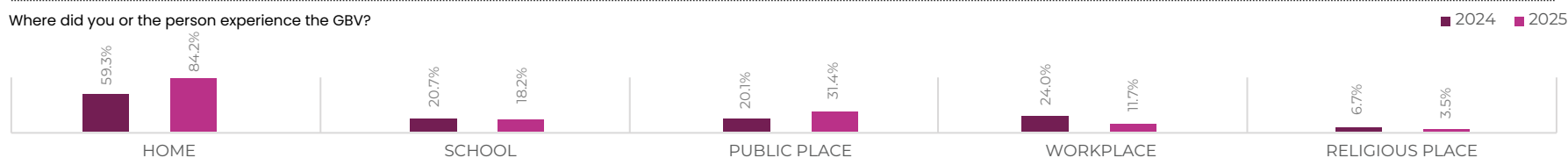
**53.3%**

of Borno State population have either experienced GBV or knows someone who have experienced GBV

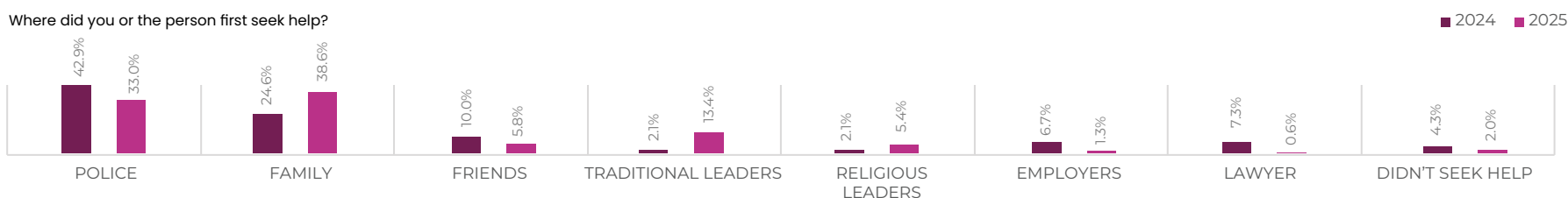
What form of GBV did you or the person experience?



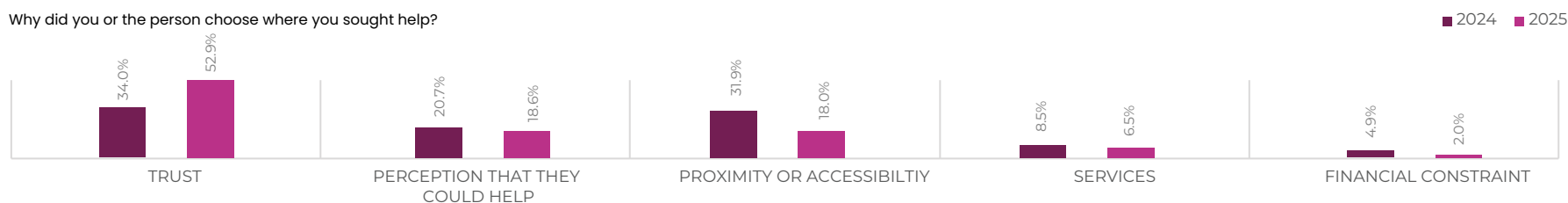
Where did you or the person experience the GBV?



Where did you or the person first seek help?

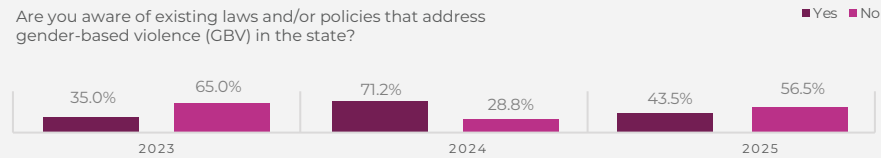


Why did you or the person choose where you sought help?

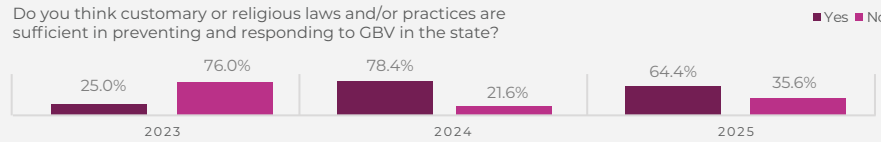


## LAWS AND POLICIES

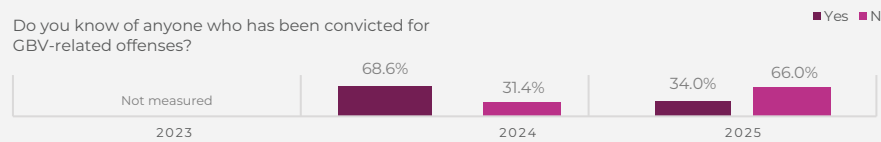
Are you aware of existing laws and/or policies that address gender-based violence (GBV) in the state?



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

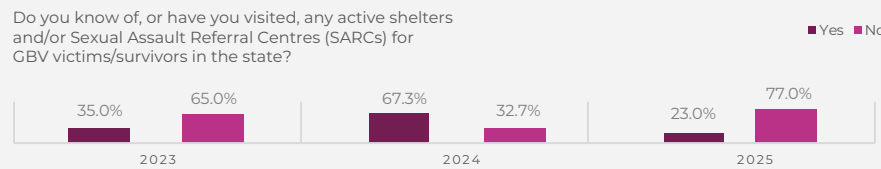


Do you know of anyone who has been convicted for GBV-related offenses?

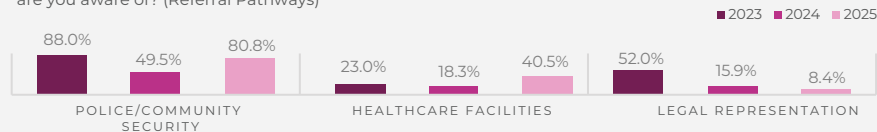


## SUPPORT SERVICES

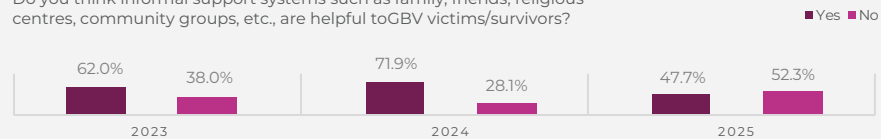
Do you know of, or have you visited, any active shelters and/or Sexual Assault Referral Centres (SARCs) for GBV victims/survivors in the state?



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

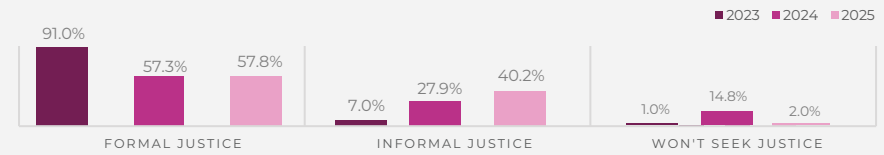


Do you think informal support systems such as family, friends, religious centres, community groups, etc., are helpful to GBV victims/survivors?

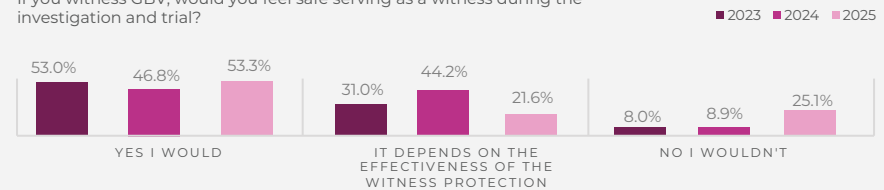


## ACCESS TO LEGAL JUSTICE

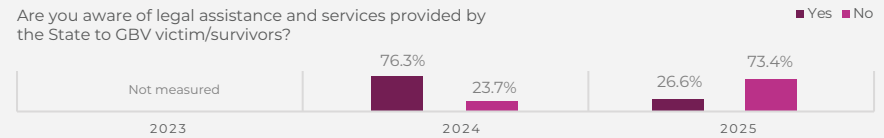
Where would you seek justice if you, or anyone you know, experience GBV?



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

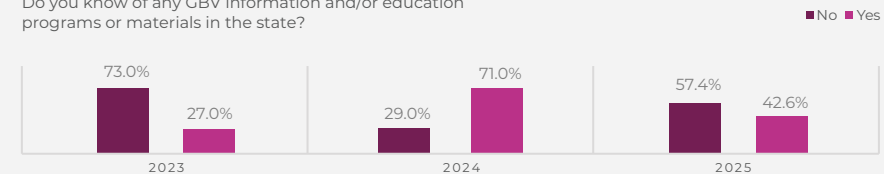


Are you aware of legal assistance and services provided by the State to GBV victim/survivors?

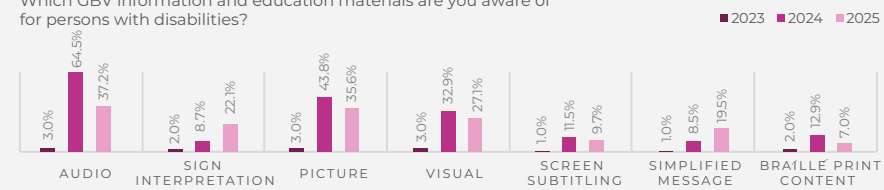


## INFORMATION AND AWARENESS

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

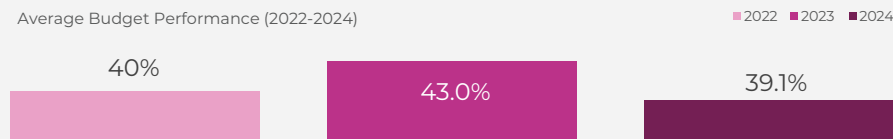


Which GBV information and education materials are you aware of for persons with disabilities?

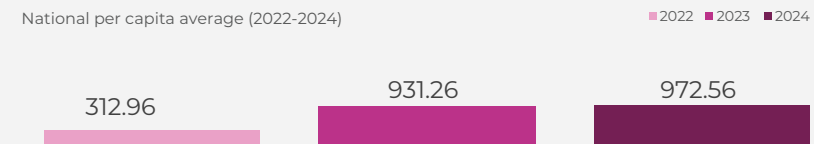


## BUDGET AND SPENDING

Average Budget Performance (2022-2024)



National per capita average (2022-2024)





## KEY INSIGHTS

### Laws and Policies

#### Current State in 2025

Borno State has established a comprehensive legal framework addressing GBV through multiple interconnected laws. The state operates under three primary statutes: the Penal Code Law (originally enacted 1994, amended 2023), the Violence Against Persons (Prohibition) (VAPP) Law (domesticated 2021), and the Child Protection Law (2021). Stakeholders explained that the laws were adapted from federal laws with modifications to contextualize them to suit local needs. This contextualization resulted in a harmonized legal system where provisions from all three laws addressed specific GBV forms. It was also noted that the laws were harmonized to include provisions against FGM and child marriage, making them punishable offenses under state law. The state's prosecution record reflects strong enforcement capacity, with 41 convictions secured in 2024 and 34 convictions by October 2025 across all GBV-related laws.

Despite this strong legal foundation, public awareness remains limited. Only 43.5% of respondents are aware of existing GBV laws, with NGOs/CSOs serving as the primary information source (59.1%), followed by radio (39.5%) and social media (31.8%). Furthermore, only 34% of respondents know someone convicted for GBV offenses despite the high conviction rates, indicating a significant gap between institutional performance and public knowledge.

Significant challenges persist regarding customary and religious practices, with harmful traditions like female genital mutilation (FGM) and early child marriage continuing despite sensitization efforts. The Shuwa tribe predominantly practices FGM, and cultural preservation remains a powerful barrier to eradication. Parental consent also undermines protection against child marriage, allowing marriages below age 18. Efforts to combat FGM have led to medicalization, with practitioners using modern tools to reduce infection risks, indicating that communities are adapting rather than eliminating the practice. Stakeholders emphasize that these practices persist due to deep-rooted cultural beliefs, with some community members viewing FGM as an integral part of their identity.

#### Changes Over Time (2023–2025)

From 2023 to 2025, Borno State demonstrated mixed progress in legal awareness and enforcement. Public awareness of GBV laws increased modestly from 35% in 2023 to 71% in 2024, before declining to 43.5% in 2025. This fluctuation suggests that awareness gains from intensive campaigns in 2024

were not sustained into 2025, possibly due to reduced outreach activities or donor project cycles ending.

Perceptions of formal law effectiveness improved significantly, rising from 24.8% in 2023 to 69% in 2024, before settling at 51.3% in 2025. This pattern indicates growing confidence in statutory systems, though recent declines suggest ongoing challenges in maintaining public trust. Conversely, awareness of convictions dropped dramatically from 68.8% in 2024 to 34% in 2025, despite actual conviction numbers remaining high. This disconnect between institutional performance and public knowledge highlights inadequate communication of justice outcomes to communities.

The persistence of harmful cultural practices despite legal prohibitions indicates that while Borno has strengthened its statutory framework, effective implementation requires more than legislative action. Traditional and religious norms continue to shape community behavior, necessitating deeper engagement with cultural leaders and more sustained sensitization efforts.

### Access to Legal Justice

#### Current State in 2025

Borno State has established multiple pathways for reporting and prosecuting GBV cases, though their effectiveness differs across regions. Survivors can report incidents through community leaders, the police, hospitals, the Civilian Joint Task Force, or family members. These multiple entry points ensure that survivors have options that align with their comfort and circumstances. The prosecution process follows a structured pathway, involving police investigation, medical assessments for both victim and accused, and subsequent prosecution.

GBV cases are handled across 13 High Courts in Maiduguri, six of which specialize in GBV, alongside four Magistrate Courts. Trials are often concluded within six weeks to two months due to a strict adjournment policy, a measure that has contributed to Borno's relatively high conviction rates and improved justice delivery speed.

However, insecurity remains a major challenge, particularly in the northern senatorial zones where courts are non-functional due to insurgency. As a result, cases from these areas are transferred to Maiduguri, increasing the burden on urban courts and limiting local access to justice. Legal aid services also face sustainability challenges, with limited permanent staff and reliance on donor-funded projects that end without continuity, despite cases being reported from all local government areas.



Police officers across divisions have received GBV-specific training and are supported by desk officers and toll-free hotlines. However, implementation remains inconsistent, and witness protection mechanisms are inadequate. Only 53.3% of respondents said they would feel safe testifying, while 25.1% would not. Awareness of legal assistance services is also low at 26.6%, mostly accessed through NGOs or CSOs (62.1%). Although 57.8% of respondents prefer formal justice systems, 40.2% still rely on informal mechanisms, and 2% would not seek justice at all—largely due to fear, stigma, and religious or cultural beliefs

## Changes Over Time (2023–2025)

There has been a notable increase in preference for formal justice systems from 61% in 2023 to 65.6% in 2025, suggesting rising confidence in formal legal institutions. The proportion relying on informal justice declined from 34% in 2023 to 31.3% in 2025, indicating a gradual shift toward formal legal channels. However, the percentage of respondents who would feel safe serving as witnesses declined from 48.5% in 2023 to 42.2% in 2025 (a 6.3 percentage point drop). Those who said their willingness depends on witness protection effectiveness increased from 27.2% in 2023 to 36.6% in 2025, reflecting growing awareness of the importance of institutional protection.

Awareness of legal services dropped from 59% in 2024 to 48.8% in 2025. This reversal suggests poor publicity and accessibility of legal aid programs, possibly linked to reduced sensitization campaigns following the death of the Commissioner of Women Affairs

## Support Services

### Current State in 2025

Borno State provides GBV support through a dual system comprising SARCs and dedicated shelters. There are three SARCs, one in each senatorial district — South, Central, and North — but only those in the South and Central zones are fully functional due to insecurity in the North. The active centres, located at Umar Shehu Ultra-Modern Hospital in Bullukuntu and General Hospital Biu, offer essential medical, legal, and psychosocial services to survivors. These SARCs deliver comprehensive survivor care that includes medical treatment, trauma counselling, and empowerment support. Survivors also receive vocational training in tailoring, cap-making, and small-scale businesses, often facilitated through NGO partnerships.

In addition to SARCs, the state operates two “one-stop” shelters, one in Budum (Maiduguri) and another in Kakusala (Bama), which provide safe accommodation and holistic support for survivors unable to return to their homes or communities. NGOs across several local government areas complement these efforts by running smaller safe spaces and shelters to expand local access to protection and recovery services.

The referral system in Borno follows a dual pathway through community leaders and health facilities. Trained community members, including Civilian Joint Task Force representatives, report GBV cases, while health workers escalate incidents through designated GBV desk officers in hospitals. This connects survivors quickly to medical and legal assistance, supported by close collaboration between the Ministry of Women Affairs, the police, and legal aid organizations such as FIDA.

Awareness and access, however, remain limited. Only 23% of respondents know of or have visited SARCs or shelters, and 32.6% are aware of available support services. Among those aware, 52.4% believe the facilities are effective and adequately equipped. Police pathways are the most recognized (80.8%), followed by hospitals (40.5%), but awareness of support groups (11.6%) and legal aid (8.4%) remain very low. Nearly half of respondents (47.7%) consider informal support systems more reliable than formal ones, highlighting the need to strengthen collaboration between community-based and institutional mechanisms for GBV response.

## Changes Over Time (2023–2025)

Support service awareness fluctuated dramatically between 2023 and 2025. Knowledge of SARCs or shelters rose from 35% in 2023 to 67% in 2024, before plummeting to 23% in 2025. Awareness of specific referral pathways showed mixed trends. Police pathway recognition surged from 28.2% (2023) to 49.5% (2024) to 80.8% (2025), demonstrating successful sensitization on law enforcement channels. Healthcare pathway awareness also increased from 23.1% to 40.5%, though it peaked at 18.3% in 2024, suggesting fluctuating outreach intensity. Legal representation awareness remained consistently low, declining from 7.7% to 15.9% to 8.4%, indicating persistent gaps in legal literacy.

Confidence in informal support systems increased from 61.5% (2023) to 72% (2024) before dropping sharply to 47.7% (2025). This reduction may reflect growing trust in formal mechanisms, though the 2025 figure still represents nearly half the population, indicating informal systems retain significant influence. The proportion believing SARCs are effective remained stable between 2024 (50%) and 2025 (52.4%), suggesting that among those who know about these facilities, confidence in their effectiveness has held steady. However, the severe drop in overall awareness means fewer people can access these services, effectively reducing their population-level impact despite operational stability.

## Information and Awareness

### Current State in 2025

Borno State adopts a multi-channel approach to GBV awareness, combining print, digital, and broadcast media to reach diverse audiences. The state produces IEC materials in multiple formats which are distributed mainly during the annual 16 Days of Activism campaign. This demonstrates a growing commitment to inclusive communication that caters to different literacy levels and abilities across communities.

Radio remains the most effective outreach channel, with GBV programs airing on Dandal Kura and Borno Radio through discussions, jingles, and recorded sessions broadcast immediately after news bulletins to maximize audience reach. These efforts are reinforced by quarterly sensitization campaigns supported by local and international NGOs, ensuring that awareness activities occur consistently throughout the year rather than being limited to special events.

The state has also taken concrete steps to promote disability inclusion in GBV awareness. The Ministry's Social Welfare Department implements a Disability Inclusion Accessibility Framework,

which includes structural improvements such as ramps at agency offices and production of materials in audio, braille, visual, and picture-based formats. These initiatives aim to ensure equitable access to GBV information for persons with disabilities.

Despite these initiatives, public awareness remains limited. Only 42.6% of respondents are aware of any GBV information or education programs. NGOs and CSOs are the main information sources (63.1%), followed by radio (45.9%) and social media (31.6%), while newspapers (11.6%) and religious centres (12.3%) have minimal impact. Among those aware, 56.6% rated the materials as “mostly useful” and 24.8% as “completely useful,” suggesting that the quality of content is strong, but outreach is uneven.

GBV awareness showed volatile patterns from 2023 to 2025. Knowledge of information programs increased from 27.4% in 2023 to 71% in 2024, before declining to 42.6% in 2025. The perceived usefulness of materials improved over time. The proportion finding content “completely useful” rose from 18.8% (2023) to 12% (2024) to 24.8% (2025), while “mostly useful” increased from unmeasured in 2023 to 54% (2024) to 56% (2025). This suggests that while fewer people encountered awareness materials in 2025, those who did found them more valuable, indicating improved content quality even as dissemination contracted.

Use of disability-inclusive materials peaked in 2024 before declining in 2025. The proportion of respondents using audio or spoken content rose from 3.4% in 2023 to 64.5% in 2024 but dropped to 37.2% in 2025. Similarly, the use of visual content increased from 2.6% in 2023 to 32.9% in 2024 before falling to 27.1% in 2025, while braille usage rose modestly from 1.7% to 12.85% and then declined to 7% in 2025. These patterns suggest that 2024 represented an exceptional year for inclusive awareness campaigns, likely supported by donor funding or special initiatives, with 2025 reverting closer to baseline levels though still above 2023 figures.

### Changes Over Time (2023–2025)

Improvement in Borno State's budget and spending domain is largely attributable to progress in the inclusion of GBV-specific line items and increased allocations. Allocations rose from ₦2.81 billion in 2022 to ₦7.89 billion in 2023 and ₦9.49 billion in 2024. Actual expenditure followed a similar pattern, increasing from ₦1.11 billion in 2022 to ₦3.43 billion in 2023 and ₦3.71 billion in 2024. The state's budget performance in these three years stood at 40.0%, 43.0%, and 39.1% respectively.

The state had no GBV-specific line items in its 2022 and 2023 budgets. In 2024, it included a single GBV-specific item: “Specialized GBV Courts/Judges, Prosecution of GBV Cases, and Legal Aid Services for GBV,” with an allocation of ₦5 million. This allocation, however, was not implemented. Per capita spending increased steadily, with ₦972.56 in 2024, ₦931.26 in 2023, and ₦312.96 in 2022. The large jumps between years, particularly from 2022 to 2023, reflect substantial scaling of investment during the assessment period.

## Budget and Spending

### Budget Analysis 2024

Borno State demonstrated a substantial commitment to addressing GBV in 2024, allocating ₦9.49 billion to GBV interventions, representing 2.26% of the state's total budget, the highest proportional allocation among all states. However, the state achieved a budget execution rate of 39.1%, disbursing ₦3.71 billion in actual GBV spending, which accounted for 2.02% of total state expenditure. This translated to a per capita GBV spend of ₦972.56 on the female population.

### Changes Over Time (2022–2024)

Bayelsa State's GBV-related allocations were ₦1.27 billion in 2022, ₦2.80 billion in 2023, and ₦3.94 billion in 2024. Actual budget performance, however, fluctuated. Bayelsa achieved 69.0% in 2022, declined to 53.0% in 2023, and improved again to 62.4% in 2024. While the state did not include any GBV-specific line items in its 2022 or 2023 budgets, an allocation of ₦109 million was introduced in 2024 for the “Construction of Sexual Assault Referral Centre (SARC) and Construction of Correctional Facilities.” Despite this positive step, no actual spending was recorded for the project. Per capita spending stood at ₦1,716.00 in 2024, ₦1,068.62 in 2023, and ₦651.17 in 2022. The consistent upward movement across all three years demonstrates sustained and strengthening commitment to GBV-related prevention and response.

## Human Angle Stories

24-year-old and one of the five wives in a polygamous home, she was beaten to a stupor for asking her husband for money to buy food. And the abuse continued from there.

She once heard messages about violence on the radio, but the words were too big, too complicated. They didn't tell her what to do or who to call. She wishes there was a free helpline number she could've called in secret.

## KEY GAPS AND RECOMMENDATIONS

| Index  | Key Gaps  | Recommendations  |
|--|---|--|
| <br>Laws and Policies           | Despite 41 convictions in 2024 and 34 by October 2025, only 34% of respondents know anyone convicted for GBV offenses, indicating poor communication of justice outcomes.   | Launch a systematic conviction publicity campaign through radio, social media, and community fora to demonstrate that GBV perpetrators face consequences, deterring future violations and building public confidence in the justice system.                                      |
|  | Female genital mutilation continues particularly among the Shuwa tribe, with practitioners adapting by using "modern tools" rather than eliminating the practice.   | Implement culturally sensitive dialogue programs led by respected Shuwa community members, religious leaders, and health professionals who can reframe FGM abandonment as cultural evolution rather than cultural loss, while providing alternative rites of passage ceremonies. |
|  | The state's flexible provisions on child marriage allow parental consent for marriage below age 18, undermining child protection despite legal frameworks criminalizing early marriage.   | Harmonize legal provisions to eliminate conflicting interpretations, close consent loopholes, and establish 18 as the absolute minimum marriage age without exceptions, aligning state law with federal VAPP Act standards and international commitments.                        |
| <br>Access to Legal Justice     | Only 53.3% would feel safe serving as witnesses in GBV cases, with 25.1% explicitly refusing due to fear of retaliation or stigma.  | Develop and publicize a formal witness protection program that includes safe houses, relocation assistance where necessary, and protective orders, while raising awareness of existing provisions for virtual testimony under state law.   |
|  | Traditional leaders often fail to escalate GBV cases to formal authorities despite training. Stakeholders noted that underreporting has been a major issue and most rulers do not report the issue to relevant authorities when they receive the complaint.       | Establish accountability mechanisms for traditional leaders, including monthly reporting requirements to Ministry of Justice on GBV cases received and referred, with recognition awards for high-performing leaders and sanctions for persistent underreporting.                |
|  | Establish accountability mechanisms for traditional leaders, including monthly reporting requirements to Ministry of Justice on GBV cases received and referred, with recognition awards for high-performing leaders and sanctions for persistent underreporting. | Launch targeted awareness campaigns specifically focused on legal aid availability, using multiple channels including church and mosque announcements, market sensitizations, and community radio programs to reach diverse populations.   |
| <br>Support Services            | Only two of three SARCs are functional due to insecurity in the Northern part of the state, leaving an entire senatorial district without local services.   | Explore alternative service delivery models for northern zone, including mobile SARC teams that can operate in temporarily secured areas, partner with humanitarian organizations active in those zones, and telemedicine consultations for psychosocial support.                |
|  | Only 23% of respondents know of or have visited SARCs or shelters, despite two functional SARCs and two one-stop shelters operating in the state.   | Intensify community-level SARC awareness campaigns through trained community health workers, women's groups, and youth organizations who can conduct door-to-door sensitization and distribute location-specific referral information.   |
|  | Each hospital has a GBV desk officer, but coordination between police and SARCs can be inconsistent, with some police preferring their own medical facilities over SARC forensic services.  | Formalize inter-agency protocols through a signed Memorandum of Understanding between all MDAs – specifying roles, standardizing evidence collection procedures, and mandating SARCs as the primary forensic examination point.  |
|  | 47.7% still believe informal support systems are better than formal ones, indicating either distrust or strong community preference.  | Adopt a hybrid support model that formally integrates trained community support persons into the referral pathway, recognizing their trusted status while ensuring they channel survivors to comprehensive formal services rather than replacing them.                           |
| <br>Information and Awareness | GBV program awareness dropped sharply from 71% in 2024 to 42.6% in 2025, reflecting un-sustained campaign momentum likely tied to donor project cycles ending.  | Institutionalize GBV awareness as a permanent government function with dedicated staff responsible for year-round campaigns, not dependent on external funding or short-term projects.   |
|  | Despite 90.4% support for teaching GBV in schools, no existing curriculum or standardized educational program for GBV and Child Sexual Abuse prevention.  | Develop and implement a comprehensive GBV curriculum for all education levels through the Ministry of Education, training teachers as facilitators and integrating age-appropriate content into existing subjects like Social Studies, Civic Education, and Health Education.    |
|  | Braille materials exist but only 7% are aware of them, and screen subtitling awareness is just 9.7%, despite government commitment to disability inclusion.   | Expand targeted dissemination strategies for disability-specific materials, working directly with disability organizations, special schools, and PWD community groups to ensure materials reach intended audiences through appropriate channels.                                 |
| Budget and Spending  | Despite high GBV budget allocations, the state consistently achieves low budget execution rates over the three years: 40.0% in 2022, 43.0% in 2023, and 39.1% in 2024.  | Prioritize timely release of GBV funds to achieve at least a 70% execution rate in the next budget cycle. Conduct a rapid assessment to identify and address execution bottlenecks such as delays or administrative challenges, etc.   |





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