



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



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Gombe State

Jewel of the Savannah

Gombe Roundabout

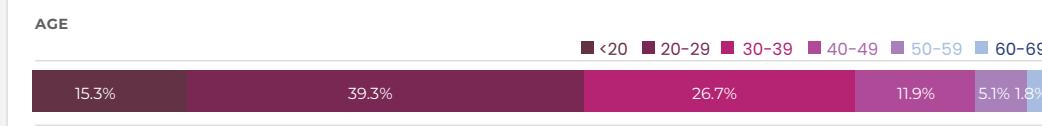
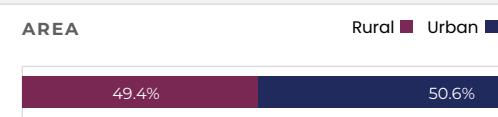
Gombe State

Population: 4,207,190

48.2% Female 51.8% Male

Overall Grade 65.0%

Respondents Demography (n = 1,025)



Ministry of Women Affairs and Social Development

BUDGET ALLOCATION

₦1.10bn

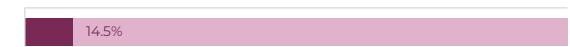
(This accounts for 0.3% of the total state budget)



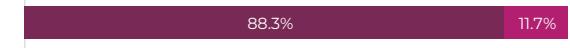
BUDGET PERFORMANCE

₦159.59m

(This accounts for 14.5% of total allocation to the ministry)



Capital ■ Personnel ■ Overhead ■



₦78.74

Per Capita Spending

Indexes	Indicators			Total Grades
Laws and Policies	LP ₁	LP ₂	LP ₃	—
Access to Legal Justice	ALJ ₁	ALJ ₂	ALJ ₃	ALJ ₄
Support Services	SS ₁	SS ₂	SS ₃	SS ₄
Information and Awareness	IA ₁	IA ₂	IA ₃	IA ₄
Budget and Spending	BS ₁	BS ₂	BS ₃	—

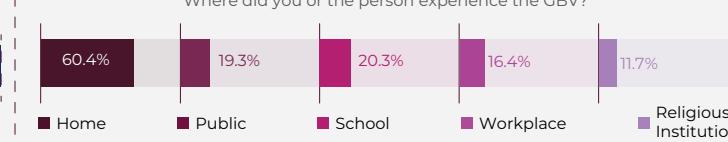
GBV Context 2025

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

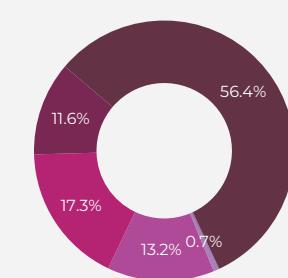


No ■ Yes ■

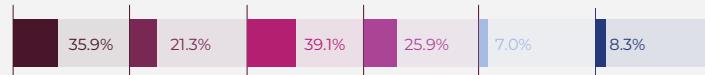
Where did you or the person experience the GBV?



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



What form of GBV did you or the person experience?



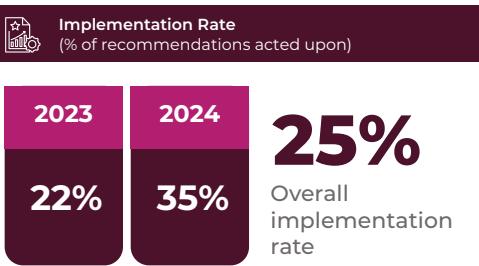
Where did you or the person first seek help?



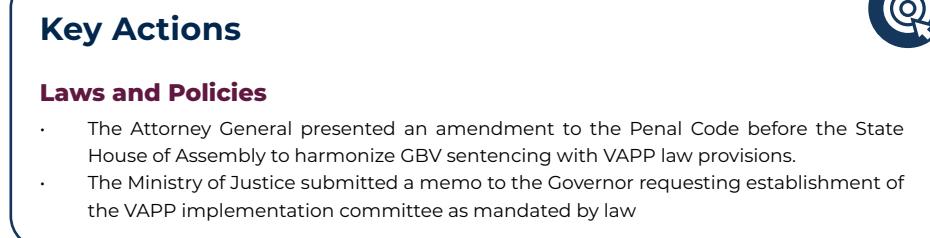
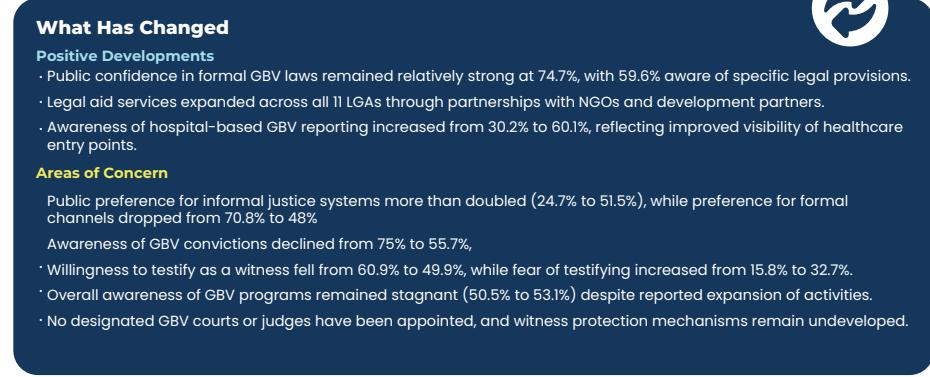
■ Domestic ■ Physical ■ Sexual ■ Mental ■ Economic ■ Cultural practices

■ 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	2023	2024	2025
Laws and Policies	LP 25.0%	+1 ▲ LP 58.3%	+1 ▲ LP 75.0%
Access to Legal Justice	ALJ 61.3%	ALJ 68.8%	ALJ 68.8%
Support Services	SS 61.3%	SS 50.0%	+1 ▲ SS 75.0%
Information and Awareness	IA 25.0%	IA 37.5%	+2 ▲ IA 75.0%
Budget and Spending	BS 25.0%	+1 ▲ BS 33.3%	-1 ▼ 25.0%



Access to Legal Justice

- The state developed a comprehensive GBV referral pathway document containing contact information for all service providers across health, security, legal, and social services in all 11 LGAs.
- The Legal Aid Council, Human Rights Commission, and Ministry of Justice expanded free legal services, supported by partnerships with NGOs and development partners.

Support Services

- A Sexual Assault Referral Centre was established at the State Specialist Hospital in 2024 with UNICEF support, providing centralized medical, legal, psychosocial, and security services.
- The Ministry of Health trained GBV focal persons in all 24 secondary health facilities and primary health care centers to provide immediate care and coordinate referrals.

Information and Awareness

- The state broadcast GBV awareness programs through four radio stations (Gombe Media Corporation, Vision FM, Progress FM, and Amana FM) and television, including call-in programs for public engagement.
- The Ministry of Education, in partnership with CGGE and the AGILE project, delivered school-based sensitization, debates, and seminars.

Change Spotlight

In 2024, Gombe State, with UNICEF's support, established its first Sexual Assault Referral Centre (SARC) at the State Specialist Hospital, integrating essential services into one location. Survivors can access medical care, legal assistance, psychosocial support, and security services all under one roof, eliminating the need to visit multiple departments.

The SARC strengthens the referral pathway by serving as a clear entry point for survivors. With providers connected through a WhatsApp platform, response times and coordination have significantly improved. State officials highlight the system's effectiveness compared to previous years. Ongoing sensitization and plans to expand SARC coverage to other senatorial districts are crucial for maximizing its impact.



Combe State GBV Assessment Survey

Overall Grade 65.0%

LAWS AND POLICIES



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

Yes ■ No ■

59.6% 40.4%



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

Yes ■ No ■

78.6% 21.4%



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

Yes ■ No ■

55.7% 44.3%

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 ■

21.1% 78.9%



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

Yes ■ No ■

58.7% 15.7% 8.4% 8.7% 8.4%

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



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

Yes ■ No ■

52.9% 60.1% 15.3% 3.6% 1.7%

■ 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 ■

62.3% 37.7%

ACCESS TO LEGAL JUSTICE



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

48.0% 51.5% 0.5%

■ 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?

49.9% 17.5% 32.7%

■ 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

52.3% 47.7%

INFORMATION AND AWARENESS



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

Yes ■ No ■

53.1% 46.9%



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

41.9% 27.9% 21.5% 8.6%

■ 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?

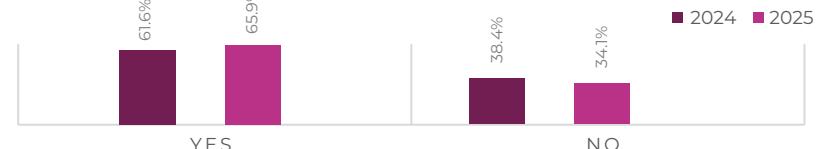
51.7% 21.5% 28.3% 28.4% 3.6% 8.4% 6.8% 9.0%

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

Gombe State GBV Context Trend (2024-2025)

Overall Grade  65.0%

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



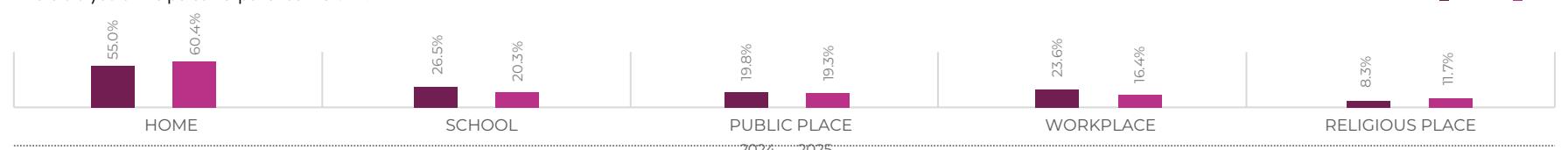
65.9%

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

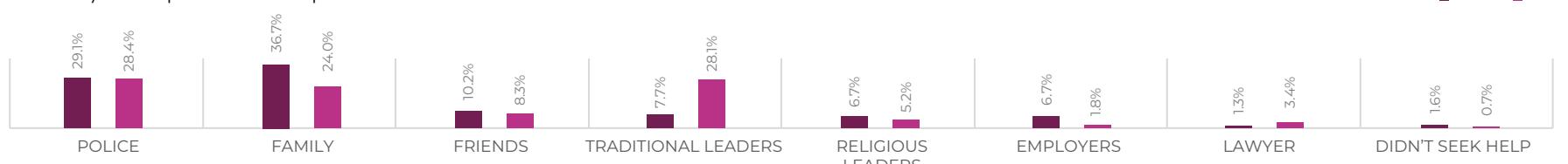
What form of GBV did you or the person experience?



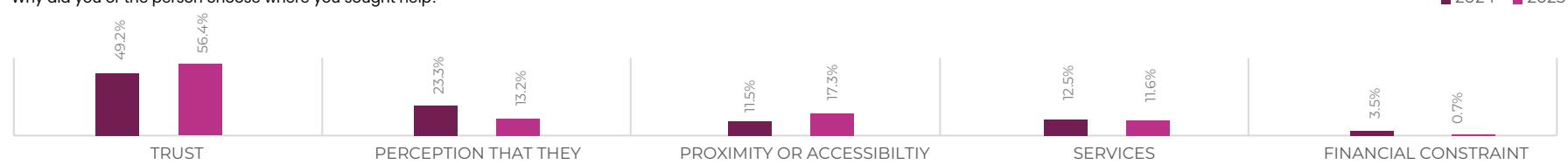
Where did you or the person experience the GBV?



Where did you or the person first seek help?

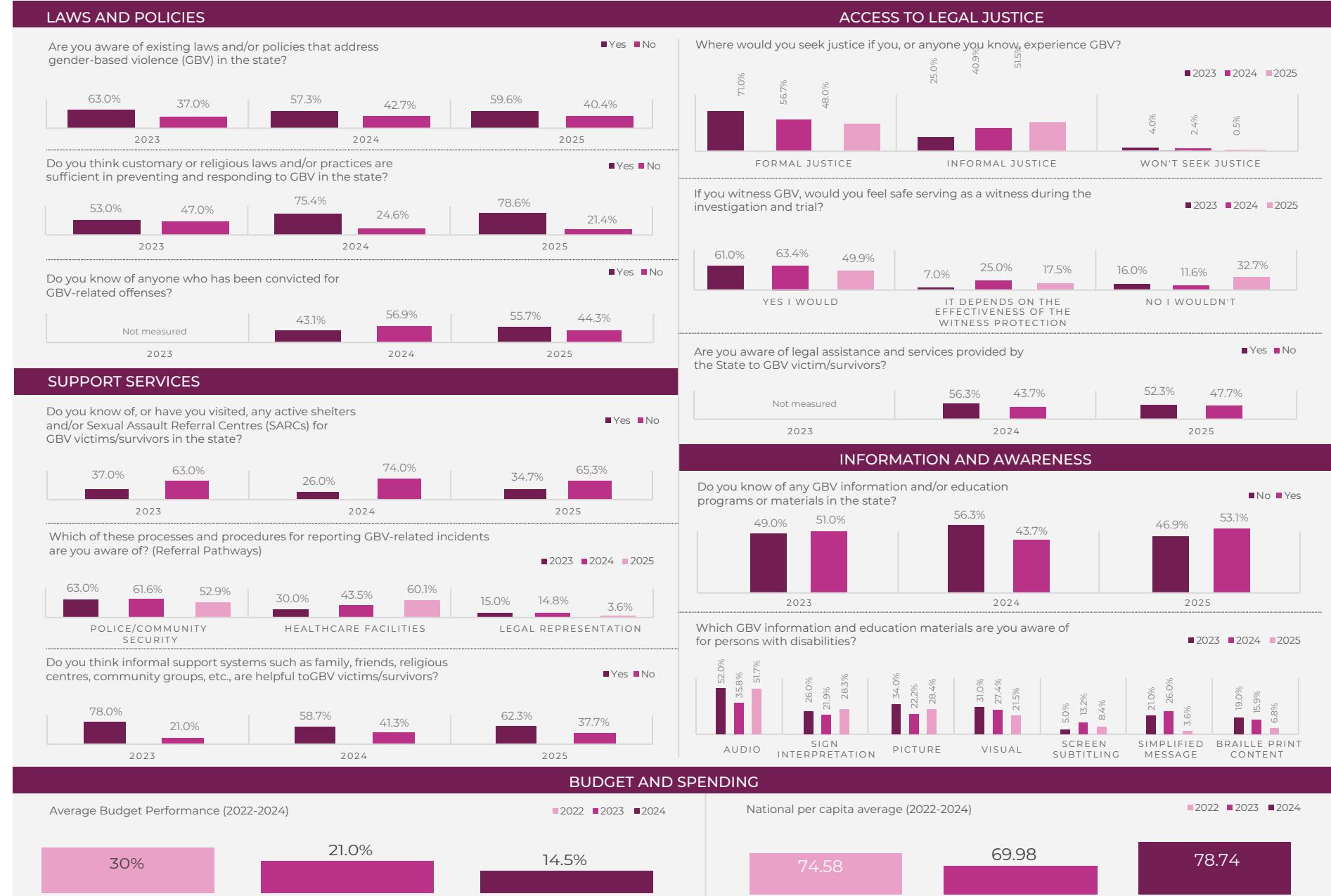


Why did you or the person choose where you sought help?



State Data Trend (2023-2025)

Overall Grade 65.0%





KEY INSIGHTS

Laws and Policies

Current State in 2025

In Gombe State, both formal and informal legal systems continue to shape the response to GBV. The formal legal framework includes the VAPP Law, the Child's Right Law, and the Penal Code. The state's VAPP law mirrors key provisions of the federal VAPP Act of 2015. In early 2025, the Attorney General submitted an amendment to the Penal Code to align sentencing with the VAPP law, mandating a minimum of 14 years, or life imprisonment for cases involving minors. This amendment is still awaiting passage.

Despite these legal provisions, implementation gaps persist. Stakeholders noted that perpetrators are often not given the sentences required under the VAPP law. Additionally, the committee mandated by the VAPP law to monitor implementation has not yet been established, although a memo has been submitted to the Governor for action. These gaps may be contributing to public concerns about enforcement.

Still, public confidence in the formal legal system remains relatively strong. In 2025, 74.7% of residents believed that existing GBV laws are effective and sufficient, and 59.6% were aware of specific legal provisions. Over half (55.7%) reported knowing of GBV-related convictions in their communities. Although exact conviction numbers were unavailable, state officials confirmed that convictions have increased, largely due to improved awareness and reporting. FIDA also noted that more cases are reaching court and delivering "some form of justice for survivors."

At the same time, customary and religious laws remain deeply embedded in community responses. A majority of residents (65.1%) are familiar with these informal systems, and 78.6% consider them helpful in addressing GBV. Their popularity may reflect perceptions of accessibility and cultural relevance, especially in areas where formal services are limited. The state has taken steps to engage these systems constructively. Traditional and religious leaders across all 11 local government areas received training on GBV, sexual health, and reproductive rights. Officials acknowledged that stigma and silence remain major barriers but noted that these leaders are now more vocal in condemning GBV.

The coexistence of formal and informal systems presents both opportunities and challenges.

While informal mechanisms can support survivors at the community level, they may also produce inconsistent outcomes or fall short of legal standards.

Changes Over Time (2023-2025)

Trend analysis indicates a notable shift in the legal landscape, with informal systems gaining prominence. Between 2023 and 2025, public awareness of formal GBV laws fluctuated slightly, declining from 63% in 2023 to 57% in 2024, then rising to 59.6% in 2025. Perceptions of customary and religious laws as effective tools increased from 53% in 2023 to 75.4% in 2024, also rose to 78.6% in 2025. This shift may reflect growing reliance on community-based mechanisms, possibly driven by limited visibility of enforcement outcomes. Awareness of GBV-related convictions rose from 43.1% in 2024 to 55.7% in 2025, suggesting a weakening link between public trust and the formal justice system.

These trends align with stakeholder concerns about inconsistent sentencing and delayed implementation of oversight structures. To rebuild trust and improve outcomes, the state may need to improve transparency around legal processes and strengthen collaboration with community leaders. Doing so could help bridge the gap between legal frameworks and people's lived realities, ensuring that survivors are protected, and justice is delivered.

Access to Legal Justice

Current State in 2025

In 2025, public preference for seeking justice in GBV cases was nearly evenly split between formal channels such as the police or courts (48%) and informal mechanisms like traditional, religious, or community leaders (51.5%). This strong reliance on informal systems is reinforced by the large proportion of residents (69.9%) who consider them helpful in securing justice for survivors.

The state has developed a comprehensive GBV referral pathway document containing contact information for all service providers across health, security, legal, and social services in all 11 local government areas. State officials described this pathway as "very effective" and "more coordinated" than in previous years. FIDA reported "profound improvement" in case handling, with cases now followed from police stations through prosecution to court representation. However, enforcement challenges persist, including bureaucratic bottlenecks, interference from survivors' families who sometimes try to truncate cases, occasional compromises with law enforcement agents, and insufficient personnel to handle the volume of cases, particularly given that most work is done pro bono.

Limited engagement with formal justice systems may be linked to safety concerns. While 49.9% of residents said they would feel safe testifying in GBV cases, 32.7% expressed fear, and 17.5% said their willingness would depend on the effectiveness of the witness protection measures offered by the state. State officials acknowledged that witness protection mechanisms have not been robustly developed, despite recommendations from previous assessments calling for witness protection programs to increase prosecution rates.

Legal aid services are available across all 11 LGAs through various channels including the Legal Aid Council, Human Rights Commission, the Ministry of Justice's dedicated department, FIDA, and trained paralegals. Awareness of state-provided legal aid remains moderate, with 52.3% of respondents aware of such support. However, the nearly equal share of residents (47.7%) who remain unaware underscores the need for stronger outreach. Stakeholders report that coverage is uneven: better access exists in Gombe LGA, Akko, Kwami, Yamaltu-Deba, Billiri, Kaltungo, and Balanga, while Nafada, Funakaye, and Dukku remain underserved due to distance and poor infrastructure. Without clear information on available legal assistance, survivors may be less likely to access formal justice.

The state currently has no designated GBV courts or judges, and there are no family courts. While judicial officers received training on GBV and the VAPP law through IPASS in Kano over a year ago, the absence of specialized courts means cases are handled through the general court system.

Changes Over Time (2023–2025)

The assessment period recorded a clear shift in preferences toward informal justice systems including traditional leaders, religious heads, and community groups, in GBV cases. In 2023, over 70% of residents preferred formal channels for addressing GBV cases, but this declined to 57% in 2024 and further dropped to 48% by 2025. At the same time, preference for informal systems more than doubled between 2023 and 2025, rising from 24.7% in 2023 to 41% in 2024, and further to 51.5% in 2025.

Confidence in participating as a witness also declined. In 2023, 60.9% felt safe testifying in GBV cases, this rose slightly to 63% in 2024 but dropped to 49.9% in 2025. The share of residents who said they would not participate rose from 15.8% in 2023 and 12% in 2024 to 32.7% in 2025, while more people said their decision would depend on the strength of witness protection. These trends suggest growing concerns about retaliation and limited faith in protective measures.

While legal aid services are expanding due to partnerships with NGOs and development partners, awareness of state-provided legal assistance stagnated at 56% in 2024 and 52.3% in 2025, suggesting that outreach efforts need to be strengthened to match service availability.

Support Services

Current State in 2025

State officials confirmed the presence of one SARC at the State Specialist Hospital, established in 2024 with UNICEF support. The state also has a renovated shelter (Safe Haven) at the Ministry of Women Affairs, handed over by UNFPA in 2016, and UNFPA-supported shelters and safe spaces for girls and women.

Public awareness of these support facilities remained low in 2025. Only 34.7% of residents said they had heard of or visited a SARC or shelter. Awareness of other types of support, such as medical, legal, psychological, or financial help, was slightly higher at 49.9%, although a substantial proportion of the population remain unaware.

All police stations now have GBV Desk Officers, and a toll-free hotline has been introduced to support reporting. The Ministry of Health also confirmed that all 24 secondary and primary health facilities are aware of GBV and either provide services directly or make appropriate referrals. These institutional efforts are reflected in public knowledge, with most residents aware they can report cases at hospitals (60.1%) or the police (52.9%). But knowledge of other referral options, like support groups (15.3%) and legal aid (3.6%), was still very poor.

Many people continue to rely on informal support from family, friends, religious leaders, or community groups (63.3%). While formal services offer more complete and professional care, these are not always the first choice. This shows the need to better connect formal services with trusted community structures.

Changes Over Time (2023–2025)

From 2023 to 2025, awareness and use of SARCs remained low and mostly unchanged, with 37.1% of residents aware in 2023, 26% in 2024 and 34.7% in 2025. This shows that many people still do not know about these formal support services. While fewer residents now believe informal support systems are effective (78% in 2023 compared to 59% in 2024 and 62.3% in 2025), most still prefer to turn to family, friends, or community groups instead of formal services.

Awareness of ways to report GBV cases also changed during this time. Fewer people knew about police reporting (dropping from 62.9% in 2023 and 61.6% in 2024 to 52.9% in 2025), while more became aware of reporting through hospitals from 30.2% in 2023 to 43.5% in 2024 and 60.1% in 2025. In contrast, knowledge of legal reporting options fell sharply from 15.0% in 2023 and 14.8% in 2024 to just 3.6%. These shifts show that while healthcare access is improving, the legal system is becoming less visible. Clear and continuous public education is needed to make all reporting options known and accessible.

Information and Awareness

Current State in 2025

The state uses a multi-pronged approach for GBV education, involving schools, communities, media platforms, and partnerships with civil society organizations. Public education is carried out through radio jingles broadcast on four stations (Gombe Media Corporation, Vision FM, Progress FM, and Amana FM) that cover the entire state, with programs in Hausa and Fulfulde to reach diverse populations. Television programs, including call-in shows for clarifications, are also used. The state leverages coalitions to amplify messaging. Awareness activities are usually intensified during the annual 16 Days of Activism Against GBV, and implementation are more intensive in urban and semi-urban areas like Gombe, Billiri, Kaltungo, and Akko.

Just over half (53.1%) of residents in Gombe reported knowing about GBV information and awareness

programs in the state. While this marks a modest majority, the remaining 46.9% who remain unaware point to the need to expand outreach and sensitization efforts. Most people who had access got their information from radio (55.9%), followed by television (29.4%) and social media (29.4%). Other sources like schools, healthcare facilities, NGOs, religious centers, and workplaces were rarely mentioned, showing that community and institutional channels are underused. Addressing funding constraints and infrastructure challenges will be key to improving the reach and consistency of these programs.

There is strong public support for teaching GBV and child sexual abuse education in schools, with 85.5% agreeing it should be included at all levels. The state currently integrates GBV and child sexual abuse prevention topics into the formal school curriculum at basic and secondary levels through subjects like Civic Education, Social Studies, Basic Science, and Health Education. Implementation faces significant challenges including cultural and religious sensitivities that lead some parents to withdraw children from sessions, limited trained teachers who skip or rush through GBV topics, inadequate teaching aids and age-appropriate materials, student hesitancy to participate due to stigma, and funding constraints.

The state has made efforts to ensure GBV information reaches persons with disabilities and marginalized populations through several formats: radio jingles in Hausa and Fulfulde for those with visual impairments and low literacy, sign language interpreters at major awareness events and workshops, simplified messages and picture-based posters, drama performances and role plays, and oral sensitization sessions in schools for visually impaired learners. However, braille-based GBV materials are not widely available, sign language interpretation is not consistently available at all events or on media platforms, and subtitled video content has not been systematically developed.

Changes Over Time (2023–2025)

Public awareness of GBV information and education programs stayed mostly average between 2023 and 2025, with no strong improvement. Awareness stood at 50.5% in 2023, dipped to 44% in 2024, and rose slightly to 53.1% in 2025, indicating that a large portion of the population continues to lack exposure to these initiatives each year. This disconnect between expanding programmatic efforts, as reported by stakeholders, and stagnant public awareness suggests that campaigns may not be sufficiently sustained throughout the year, or that messaging is not reaching target populations effectively. Officials acknowledged that funding constraints limit the scale and frequency of awareness activities, and that attitudinal challenges among some stakeholders (viewing programs primarily as income opportunities rather than service delivery) affect implementation quality.

Budget and Spending

Budget Analysis 2024

Gombe State does not have a specific GBV budget line in its appropriation, indicating that GBV funding is embedded within broader ministry allocations. The state allocated ₦1.10 billion to the Ministry of Women Affairs and Social Development in 2024, representing 0.30% of the state's total budget. However, the state achieved a budget execution rate of 14.5%, disbursing ₦159.59 million in actual GBV spending, which accounted for 0.06% of total state expenditure. This translated to a per capita GBV spend of ₦78.74, placing Gombe among the states with the lowest per capita investment in GBV programming.

Changes Over Time (2022–2024)

Gombe State's spending performance within the Ministry of Women Affairs and Social Development fluctuated over the three-year period. Actual expenditure amounted to ₦159.59 million in 2024 (₦0.00 CAPEX), ₦137.38 million in 2023 (₦0.00 CAPEX), and ₦141.79 million in 2022 (₦2.55 million CAPEX). These figures correspond to total budget performance (personnel, overhead, and capital) of 30.0%, 21.0%, and 14.5% respectively. Gombe State also recorded no GBV-specific budget line items in both 2023 and 2024, further contributing to its low performance. Per capita spending stood at ₦78.74 in 2024, ₦69.98 in 2023, and ₦74.58 in 2022. The figures show minor fluctuations over the three-year period, reflecting relatively stable but consistently low investment in GBV-related interventions.

Human Angle Stories

When 26-year-old Amina Amina first walked into the Gombe SARC, she could barely speak. Her husband's violence towards her had become a daily routine. Her turning point came one evening when she heard a radio program on Amana FM about women's rights and the new Gombe SARC offering free, confidential help. The next morning, she made the journey to Gombe city with a borrowed ₦1,500 in her wrapper. There, she was offered medical, counselling, and legal support were offered together.

Her case was later referred to the Ministry of Justice, where officials helped her file for protection under the VAPP Law (2022). Today, Amina attends weekly trauma-healing sessions at the SARC and volunteers during community sensitizations, sharing her story with other women

KEY GAPS AND RECOMMENDATIONS

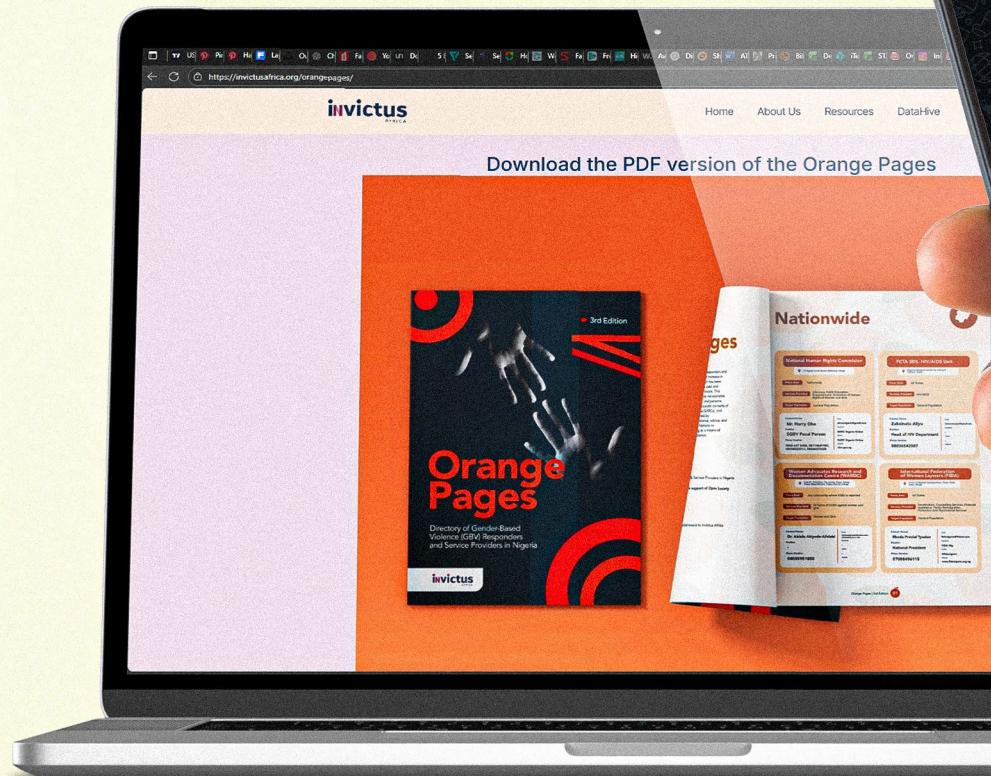
Index	Key Gaps	Recommendations
 Laws and Policies	The VAPP law mandates a committee to monitor implementation, but this committee has not been established despite a memo submitted to the Governor. This gap contributes to inconsistent enforcement and weak accountability.	Establish the VAPP implementation committee immediately as mandated by law. The committee should include representatives from the Ministry of Justice, Ministry of Women Affairs, judiciary, law enforcement, and civil society to ensure coordinated monitoring and enforcement.
	Awareness of GBV convictions increased from 43.1% in 2024 to 55.7% in 2025, while perception of customary and religious laws as effective rose from 53% in 2023 and 75.4% in 2024 to 78.6% in 2025, indicating a complex shift in how communities view both formal and informal justice systems.	Publicize GBV convictions through media channels, regularly update the sex offenders register, make it publicly accessible, and consistently communicate enforcement actions to show that perpetrators are held accountable.
 Access to Legal Justice	The state has no designated GBV courts, family courts, or judges assigned to handle GBV cases. All cases go through the general court system, contributing to delays and inconsistent handling.	Establish designated GBV courts and appoint specialized judges in at least three senatorial districts. Provide continuous training for judges and magistrates on GBV laws, trauma-informed approaches, and expedited case management to improve the quality and speed of justice delivery.
	Only 49.9% of residents feel safe testifying in GBV cases (down from 60.9% in 2023 and 63% in 2024), and 32.7% expressed fear. State officials acknowledged that witness protection mechanisms have not been robustly developed despite previous recommendations.	Develop and implement a comprehensive witness protection program that includes physical security measures, confidentiality protocols, safe testimony arrangements, and psychosocial support for witnesses. Publicize these protections to encourage survivors and witnesses to come forward.
 Support Services	While legal aid is expanding, only 52.3% of residents are aware of the available services. Coverage is concentrated in the state capital and semi-urban areas.	Allocate GBV cases on a pro bono basis to lawyers practicing in each LGA jurisdiction. Strengthen awareness campaigns about available legal services through radio, community dialogues, and GBV Desk Officers at police stations.
	Only one SARC exists at the State Specialist Hospital in the capital, serving all 11 LGAs. Public awareness of SARCs remained virtually unchanged (37.1% in 2023, 26% in 2024 and 34.7% in 2025).	Establish at least one SARC in each of the three senatorial districts to improve geographic access. Simultaneously, launch a sustained sensitization campaign across all LGAs using radio, town hall meetings, and community leaders to increase public awareness of existing services and how to access them.
 Information and Awareness	While 63.3% of residents rely on informal support from family, religious leaders, and community groups, these systems are not consistently linked to formal services. Some traditional leaders have been complicit in aiding perpetrators and truncating justice.	Formalize the integration of informal support systems by establishing regular coordination meetings between government agencies and traditional/religious leaders, providing ongoing training on referral protocols and survivor-centered approaches.
	Awareness of GBV programs remained nearly flat (50.5% in 2023 to 53.1% in 2025) despite officials reporting expanded activities. Funding constraints and campaign concentration during 16 Days of Activism limit year-round reach.	Develop a year-round, sustained awareness strategy with dedicated budget allocation. Shift from campaign-driven activities to institutionalized, continuous programming across all 11 LGAs throughout the year.
 Budget and Spending	GBV topics are integrated into existing subjects, but implementation faces challenges including parents withdrawing children, limited trained teachers who skip topics, inadequate teaching materials, and student reluctance due to stigma.	Train teachers comprehensively on child protection and trauma-informed teaching, engage parents through community sensitization to address cultural concerns, and provide schools with appropriate teaching materials and resources.
	While audio content and some sign language services exist, braille materials are not widely available; sign language is inconsistent, and subtitled videos are not systematically produced.	Produce GBV information in all accessible formats including braille, sign language, and subtitled videos. Partner with disability-focused organizations to design and disseminate materials. Ensure all major awareness campaigns and media programs include accessibility features from the planning stage.
	The state lacks specific GBV budget line items for both 2023 and 2024, with consistently low execution rates over the past three years: 14.5% in 2022, 21.0% in 2023, and 14.5% in 2024.	Include at least three dedicated GBV budget lines in the next appropriation, covering prevention, survivor support, and response infrastructure. Conduct quarterly budget performance reviews to identify bottlenecks and work toward achieving a minimum 50% execution rate.



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