



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



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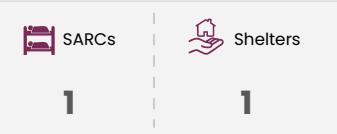
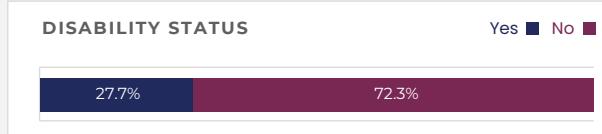
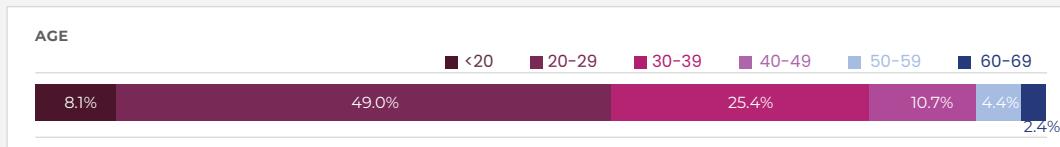
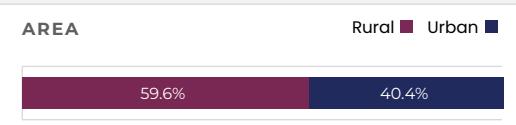
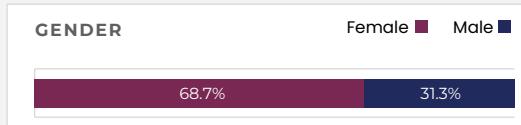
Population: 17,027,790

48.1% Female 51.9% Male

Overall Grade

55%

Respondents Demography (n = 1,016)



Ministry of Women Affairs and Social Development

BUDGET ALLOCATION

₦3.66bn

(This accounts for 0.7% of the total state budget)

BUDGET PERFORMANCE

₦461.12m

(This accounts for 12.6% of total allocation to the ministry)

12.6%

Capital ■ Personnel ■ Overhead ■

5.6% 32.7% 61.7%



Per Capita Spending

₦56.31

Total Grades
50.0%
62.5%
50.0%
62.5%
50.0%

Indexes

Indicators

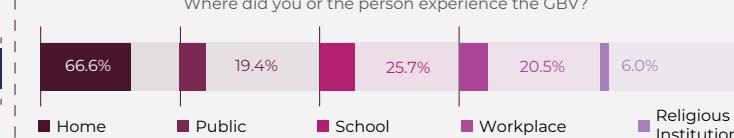
Laws and Policies	LP ₁	LP ₂	LP ₃	—
Access to Legal Justice	ALJ ₁	ALJ ₂	ALJ ₃	ALJ ₄
Support Services	SS ₁	SS ₂	SS ₃	SS ₄
Information and Awareness	IA ₁	IA ₂	IA ₃	IA ₄
Budget and Spending	BS ₁	BS ₂	BS ₃	—

GBV Context 2025

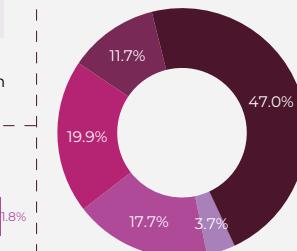
Have you or anyone you know experienced any form of gender-based violence in the last five years?



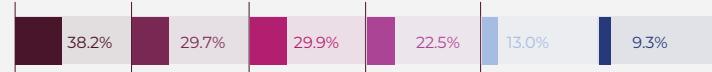
Where did you or the person experience the GBV?



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?

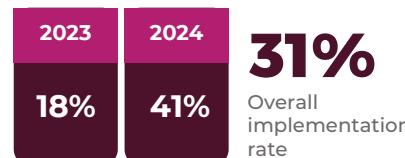
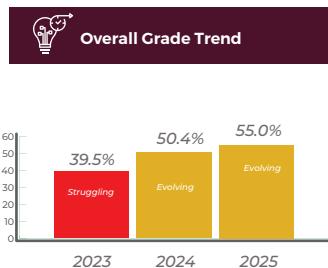


■ Domestic ■ Physical ■ Sexual ■ Mental ■ Economic ■ Cultural practices

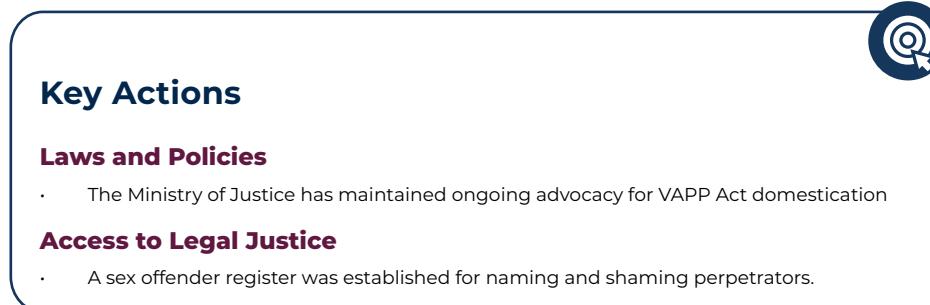
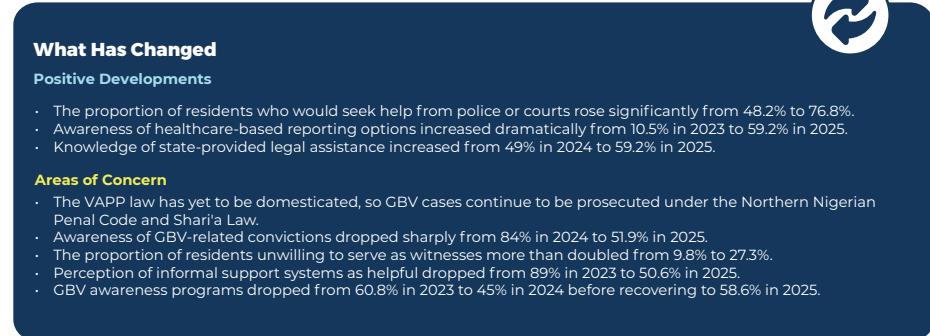
■ Family/relatives
■ Police/law enforcement authority
■ Friends/neighbors
■ Traditional/community leader or group

■ Religious leader (Pastor, Ulama, Imam, Deity)
■ Employer/Work colleague/Labour group
■ I did not seek help
■ Lawyer

■ Trust
■ Services
■ Proximity or accessibility
■ Perception that they could help
■ Financial constraint



Index	2023	2024	2025
Laws and Policies	LP 25.0%	+1 ▲ LP 58.3%	LP 50.0%
Access to Legal Justice	ALJ 61.3%	ALJ 62.5%	ALJ 62.5%
Support Services	SS 61.3%	-1 ▼ SS 31.3%	SS 50.0%
Information and Awareness	IA 25.0%	+1 ▲ IA 50.0%	IA 62.5%
Budget and Spending	BS 25.0%	+1 ▲ BS 50.0%	BS 50.0%



- Four judges were designated specifically for GBV cases under the previous administration.
- Shari'a Family Court Practice Directions were introduced to guide judges in handling family and GBV matters.
- Family Support Units and Human Rights Desks were established across police commands and divisions, with every unit having a GBV desk.

Support Services

- Construction of SARCs commenced in Rano, Gaya, Bichi, and Karaye to expand coverage across emirate zones.
- The Vesicovaginal Fistula Centre was repurposed to accommodate SGBV survivors in addition to VVF cases.
- Standard Operating Procedure on SARC WARAKA has been validated.

Information and Awareness

- A School Safety and Security Desk was established in schools with trained teachers handling GBV cases.

Change Spotlight

Kano State has established a sex offenders' register to enhance community safety and support the enforcement of GBV laws. This publicly accessible record aims to "name and shame" convicted sexual offenders, allowing communities to verify individuals' backgrounds for employment and social interactions. A representative noted that the register could deter potential offenders by raising awareness of the consequences.

Additionally, the register addresses concerns from survivors and their families about convicted offenders returning to communities without notice. By providing crucial transparency, it empowers communities to take protective measures and helps reduce the chances of repeat offenses. However, its success will depend on regular updates, accessibility, and integration with broader support and prevention efforts.



Kano State GBV Assessment Survey

Overall Grade 55%

LAWS AND POLICIES



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

Yes ■ No ■

69.9% 30.1%



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

Yes ■ No ■

77.0% 23.0%



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

Yes ■ No ■

51.9% 48.1%

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 ■

41.8% 58.2%



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

Yes ■ No ■

37.4% 40.7% 6.4% 3.8% 11.8%

■ 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 ■

44.8% 59.2% 8.1% 5.9% 4.2%

■ 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 ■

50.6% 49.4%

ACCESS TO LEGAL JUSTICE



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

76.8% 21.9% 1.4%

■ 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?

61.9% 10.8% 27.3%

■ 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

59.2% 40.8%

INFORMATION AND AWARENESS



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

Yes ■ No ■

58.6% 41.4%



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

30.6% 37.3% 14.8% 17.3%

■ 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?

52.6% 19.5% 10.0% 11.8% 7.4% 9.8% 14.8% 24.1%

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

Kano State GBV Context Trend (2024-2025)

Overall Grade 55%

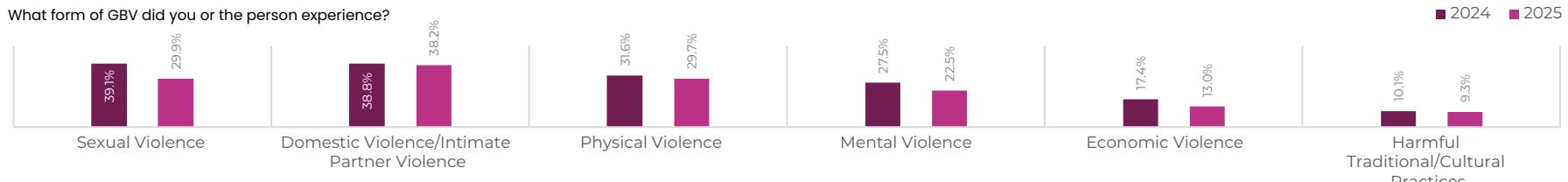
Have you or anyone you know experienced any form of gender-based violence in the last five years?



59.0%

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

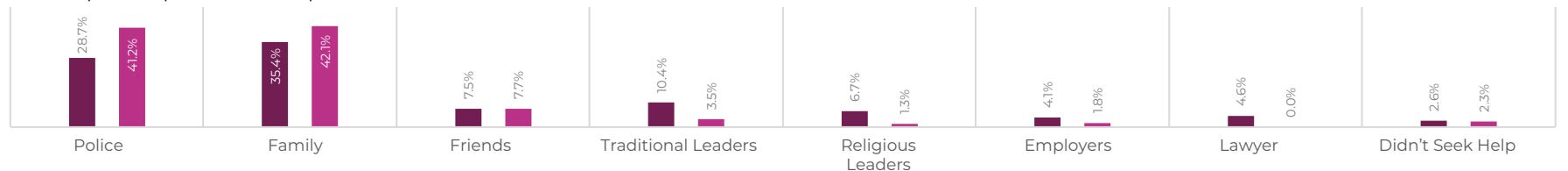
What form of GBV did you or the person experience?



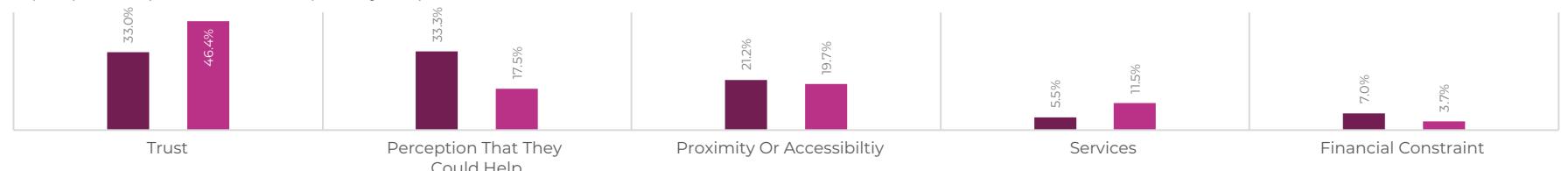
Where did you or the person experience the GBV?



Where did you or the person first seek help?

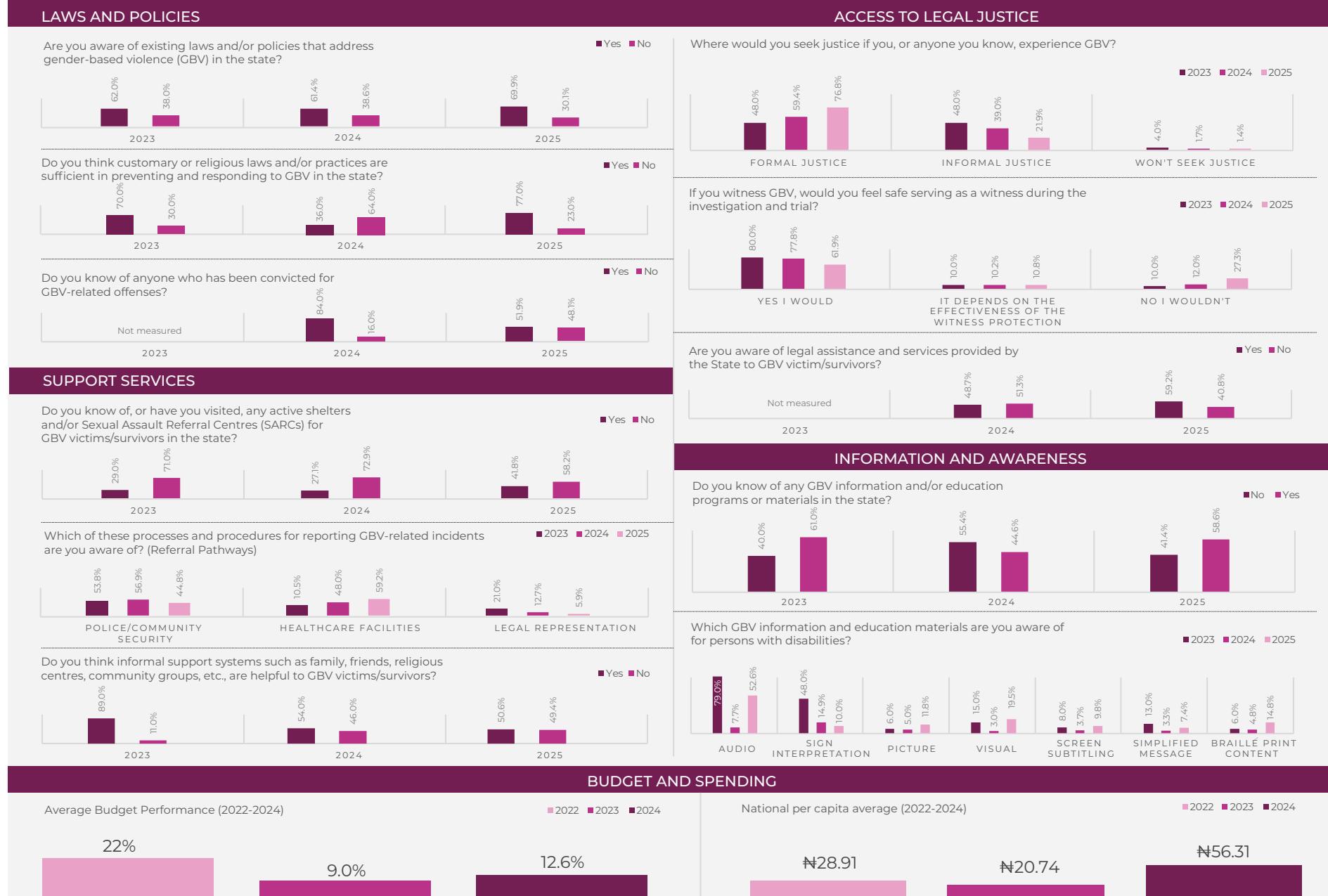


Why did you or the person choose where you sought help?



Kano State GBV Trend (2023-2025)

Overall Grade 55%





KEY INSIGHTS

Laws and Policies

Current State in 2025

As of 2025, Kano State has not domesticated the VAPP Act. GBV cases continue to be prosecuted under the Northern Nigerian Penal Code and Shari'a Law through the Shari'a Courts. While these frameworks address physical violence, they lack the broader, survivor-centered protections offered by the VAPP Act. According to the Ministry of Justice, advocacy for the Act's domestication is ongoing, alongside efforts to introduce Shari'a Family Court Practice Directions to guide judges in handling family and GBV-related matters. A notable initiative is the establishment of a sex offenders' register, an initiative aligned with VAPP provisions, aimed at deterring future offenses and enabling communities to make informed decisions about employment and social engagement with convicted offenders.

Despite the legal limitations of existing laws, public confidence in them remains high. Nearly 70% of residents report being familiar with current legal frameworks, and 74.3% believe they are effective and sufficient in addressing GBV. This perception may reflect the visibility of recent legal reforms or the influence of religious and cultural legitimacy associated with Shari'a-based adjudication.

Informal systems, such as community, religious, and traditional practices, remain deeply embedded in GBV response. Two-thirds of respondents (67%) are aware of these mechanisms, and 77% believe they play a helpful role. However, stakeholder feedback reveals that these same systems can perpetuate harmful norms. Early marriage, often justified through religious or cultural expectations, remains prevalent in rural areas. Encouragingly, civil society organizations, religious leaders, and traditional rulers are increasingly engaged in reform efforts, including sensitization campaigns aimed at challenging these norms from within.

Official records show that 16 GBV convictions were secured in the past year under the Penal Code and related laws. While slightly more than half of residents (51.9%) report knowing about these convictions, the fact that 48.1% remain unaware could still undermine public confidence in enforcement and reduce the deterrent effect.

Changes Over Time (2023–2025)

Public awareness of laws and policies addressing GBV remained consistently high, rising modestly

from 62.3% in 2023 and 61% in 2024, to 69.9% in 2025. Perceptions of customary and religious laws as effective tools rose sharply, after dipping from 69.9% in 2023 to 36% in 2024, confidence rebounded to 77% in 2025. These trends suggest growing public engagement with both formal and informal justice systems, despite the absence of the VAPP Act.

However, the decline in awareness of GBV-related convictions, from 84% in 2024 to 51.9% in 2025, raises concerns about the visibility and communication of justice outcomes. This disconnect between legal action and public perception may undermine the credibility of enforcement efforts and highlights the need for more reporting and public education on case resolutions.

Access to Legal Justice

Current State in 2025

Access to justice for GBV survivors in Kano State is primarily routed through formal institutions. Over three-quarters of residents (76.8%) say they would seek help from the police, courts, or similar structures. This preference reflects strong public confidence in formal laws and policies, reinforced by the fact that 61.9% of respondents feel safe participating as witnesses during investigations and trials.

The typical reporting journey begins at police stations, although cases are sometimes first reported to Hisbah (Islamic enforcement) or vigilante offices. Police investigations form the foundation of legal proceedings, which are then transferred to the Ministry of Justice for legal advice and charge filing. Court officials report that public awareness has improved, with more survivors coming forward, largely due to sensitization efforts by civil society organizations and NGOs.

Specialized infrastructure for GBV response has expanded. Four judges were designated for GBV cases under the previous administration, and Family Support Units or Human Rights Desks now exist across police divisions. Police officials confirm that every unit has a GBV desk to oversee case management. Although dedicated GBV courts are not yet operational, plans are underway to establish them. Judicial officers have received extensive training through multiple engagement programs, equipping them to handle GBV cases more professionally.

Despite these advancements, enforcement challenges persist. Weak implementation structures, inadequate training of police officers, poor forensic capacity, and underfunding of GBV units hinder effective response. Additional barriers include pressure to settle cases out of court, stigma, victim-blaming, trial delays due to adjournments, and low conviction rates linked to weak evidence

and witness intimidation. Police stakeholders also cite lack of mobility, insufficient funding, and inadequate office equipment as key operational constraints.

Informal justice mechanisms remain widely used and valued. A large majority of residents (85.4%) believe they help ensure justice for GBV survivors, indicating a dual reliance on both formal and community-based systems. However, qualitative evidence reveals that traditional and religious mechanisms often prioritize reconciliation and family unity over prosecution. Survivors frequently withdraw cases due to social pressure, and cultural norms, such as preserving family honor and religious misinterpretations, contribute to underreporting and reinforce male dominance.

Legal aid is primarily delivered through the Citizens' Rights, Mediation and Reconciliation Department and the Legal Aid Council of Nigeria. However, resource constraints limit coverage to only about seven of the state's 44 LGAs, mostly in urban areas. No expansion of legal aid services occurred in the past year, leaving rural communities underserved. Awareness of state-provided legal assistance remains moderate, with 59.2% of residents indicating familiarity. Bridging this gap is critical to ensuring survivors can access timely and appropriate support, especially in remote areas.

Changes Over Time (2023–2025)

Between 2023 and 2025, there was a marked shift toward formal justice mechanisms. The proportion of residents who would seek help from police or courts rose from 48.2% in 2023 to 59% in 2024, and then to 76.8% in 2025, suggesting growing trust in institutional responses. However, perceptions of safety when serving as a witness declined steadily, from 79.7% in 2023 to 78% in 2024, and further to 61.9% in 2025. The proportion of those who would not feel safe more than doubled, rising from 9.8% to 27.3%. This trend signals increasing concern about personal risk and underscores the urgent need to strengthen witness protection programs to sustain public trust.

Awareness of state-provided legal assistance improved from 49% in 2024 to 59.2% in 2025. While this is a positive development, over 40% of residents remain unaware of available services. Without targeted outreach and expansion, especially in rural LGAs, many survivors may continue to face barriers in accessing justice.

Support Services

Current State in 2025

Kano State currently has only one government-owned SARC, the WARAKA Centre located at Murtala Muhammad General Hospital in the metropolitan area. Stakeholders report that the center is not fully functional due to the absence of medical personnel and the lack of free services. Survivors are required to pay for serologies and medications, which discourages use. Two additional SARCs in Rano and Gaya have been structurally completed but remain non-operational due to inadequate equipment and staffing. Two more centers in Bichi and Karaye are still under construction.

Shelter services are similarly constrained. The state has two facilities: one at Nasarawa Orphanage, intended for SGBV survivors but currently non-functional, and another at Kwalli, originally for Vesico-Vaginal Fistula (VVF) survivors, now repurposed to accommodate SGBV cases. Despite the critical role these facilities play, public awareness remains limited, as only 41.8% of residents are aware of or

have visited a SARC or shelter, while 58.2% remain unaware. This gap suggests that survivor support infrastructure is not only underdeveloped but also poorly publicized and inaccessible to many.

Government-provided support services include medical and psychosocial care, legal representation, shelter, and limited economic empowerment programs. However, these services are not holistic and are concentrated in urban centres. Public awareness is relatively balanced, with 51.3% of residents indicating familiarity, but the near-equal split underscores the need for consistent outreach and education. Stakeholders identify the shortage of SARCs and trained personnel as the most pressing gap, compounded by the absence of a dedicated GBV budget line in relevant ministries – a challenge attributed to "lack of interest and political will."

The GBV referral pathway in Kano includes medical, psychosocial, legal, and security support, as well as shelter referrals. However, communities are largely unfamiliar with referral directory, limiting its effectiveness. Survey data confirms this: hospitals and healthcare facilities are the most recognized entry point (59.2%), followed by police or community security options (44.8%). In contrast, awareness of support groups (8.1%) and legal representation (5.9%) remain extremely low, indicating that key components of survivor support are underutilized or poorly communicated.

Informal support systems, such as family, religious centers, and community groups, primarily offer counseling and referrals. While these systems aim to protect survivors from stigma, they are often rated as "not very effective" by stakeholders due to limited knowledge of formal referral pathways. In some cases, families contribute to case withdrawal, especially when minors are involved, driven by social pressure and concerns about family reputation. Public opinion is divided on the effectiveness of informal support, with 50.6% of residents viewing it as helpful and 49.4% expressing doubt, suggesting both reliance and growing skepticism.

Changes Over Time (2023–2025)

Awareness and engagement with SARCs and shelters for GBV survivors have improved over the three-year period, from 29.4% in 2023 and 27% in 2024, to 41.8% in 2025. While this upward trend is encouraging, the fact that nearly 60% of residents remain unaware indicates persistent gaps in access and visibility.

The most notable progress was in the integration of healthcare into GBV response systems. Awareness of healthcare-based reporting options rose dramatically from 10.5% in 2023 to 48% in 2024, and further to 59.2% in 2025, however, awareness of police declined, from 53.8% in 2023 to 56.9% in 2024, and further to 44.8% in 2025, while legal pathway awareness fell sharply from 21% in 2023 to 12.7% in 2024, and further down to just 5.9% in 2025. These declines may reflect reduced public confidence or limited visibility of these channels, and they highlight the need to reinforce formal reporting mechanisms alongside healthcare options.

Perceptions of informal support systems shifted significantly between 2023 and 2025. In 2023, nearly 89% of respondents viewed family, friends, religious centers, and community groups as helpful to GBV survivors. This dropped to 54% in 2024 and further to 50.6% in 2025, suggesting growing skepticism about their effectiveness. This shift may reflect increased awareness of the limitations of informal systems and a gradual move toward formal services.

Information and Awareness

Current State in 2025

The state educates the public about GBV mostly through media, town-hall meetings, and workshops, but materials are not adequately disseminated. Pamphlets and posters from past campaigns are still visible in strategic locations. Jingles, once used for awareness, are no longer aired due to funding constraints. In the past year, the state led awareness activities during the 16 Days of Activism in collaboration with NGOs such as NAPTIP, GGHN, Mercy Corps, and CITAD, focusing on LGAs like Ungogo, Fagge, and Kano Municipal Council. Officials acknowledge that this coverage is insufficient, and no new IEC materials have been developed or distributed by the government in the past year. CSOs and NGOs continue to fill this gap.

Public awareness of GBV programs is moderate. In 2025, 58.6% of respondents reported familiarity with GBV information efforts. While this reflects some progress, the remaining 41.4% who are unaware highlight the need for broader outreach and more inclusive communication strategies. Among those who accessed GBV information, radio (43.4%) and social media (34.8%) were the most common sources. Traditional platforms such as television, newspapers, and schools were less frequently cited, suggesting a shift in preferred communication channels.

There is strong public support for integrating GBV and child sexual abuse education into school curricula, with 74.3% of residents in favor. This presents a clear opportunity for policy action in the education sector. Currently, schools in Kano State address GBV informally through clubs such as Peace Clubs, Health Clubs and GBV clubs established under AGILE project. Posters explaining GBV, appropriate responses, and reporting mechanisms are displayed in schools, but no standardized curriculum exists. However, a School Safety and Security Desk has been established in schools, with trained teachers handling reported cases. Students can report incidents directly to teachers, the safety desk, friends, or school authorities.

Efforts to include persons with disabilities in GBV programs have improved. Stakeholders confirm that PWDs are now actively involved, with materials adapted to various disability types: audio, visual, simplified messages, and pictorial formats. CSO actors note that all committees include PWD representatives. Despite these efforts, awareness of tailored GBV materials remains low. While audio content is relatively well-known (52.6%), formats such as braille (14.8%), sign interpretation (10%), and picture-based messages (11.8%) are significantly less recognized. This suggests that outreach efforts are not yet fully inclusive and require more targeted strategies to reach individuals with sensory or cognitive impairments.

Changes Over Time (2023–2025)

Public awareness of GBV education programs fluctuated over the past three years. It declined from 60.8% in 2023 to 45% in 2024, before rebounding to 58.6% in 2025. While the recovery is encouraging, the volatility underscores the need for consistent and sustained public engagement to maintain long-term awareness. Awareness of GBV materials tailored for persons with disabilities showed mixed progress. While some formats gained visibility, others remained obscure. These inconsistent trends point to the need for a more inclusive and balanced approach, one that ensures accessibility across all disability groups and maintains steady public awareness over time.

Budget and Spending

Budget Analysis 2024

In 2024, Kano State allocated ₦3.7 billion to GBV programs, representing 0.68% of its total state budget. However, the state spent only ₦461.12 million of the allocated amount, achieving a 12.59% implementation rate, which means 87% of budgeted resources remained unutilized by the end of the fiscal year. The actual GBV expenditure constituted just 0.14% of the state's total spending. On a per capita basis, Kano State spent approximately ₦56.31 per female resident on GBV-related programs, among the lowest in Nigeria despite having a population of over 17 million people.

Changes Over Time (2022–2024)

Kano State had actual GBV expenditures of ₦461.12 million in 2024, ₦164.32 million in 2023, and ₦221.66 million in 2022. These figures correspond to performance rates of 12.59%, 9%, and 22% respectively. In 2024, Kano State included three GBV-specific line items in its budget: "Provision of Economic Empowerment for Victims of Sexual Gender-Based Violence" (sic) with an allocation of ₦600 million; "Establishment of Sexual Assault Referral Centres Across Four Emirates" with ₦50 million; and "Provision of Free Services (Screening, Treatment, Counselling, etc.) for Victims of Sexual Gender-Based Violence (SGBV)" (sic) with an allocation of ₦10 million. None of these line items recorded any implementation. Per capita spending stood at ₦56.31 in 2024, ₦20.74 in 2023, and ₦28.91 in 2022. While the three-year figures are very low, the sharp increase in 2024 after very low figures in the prior two years suggests a recent but uneven intensification of fiscal attention to GBV-related interventions.

Human Angle Stories

Given away in early marriage, 35-year-old Aisha constantly faces domestic violence from her husband. Her husband deliberately withholds food, clothing, and basic care from her. He does not allow her to go out. She doesn't own a phone or a radio, and people avoid her because of his behavior.

When asked why she never reported him, her answer lays bare the weakness of legal justice structures: "Even if I report him, I'll still end up back in his house. Whenever I try to seek help, he still comes back and beats me again. I have nowhere else to go." Aisha's story underscores systemic failures in access to information and awareness. It is a call to action for awareness campaigns to reach even the most isolated homes.

KEY GAPS AND RECOMMENDATIONS

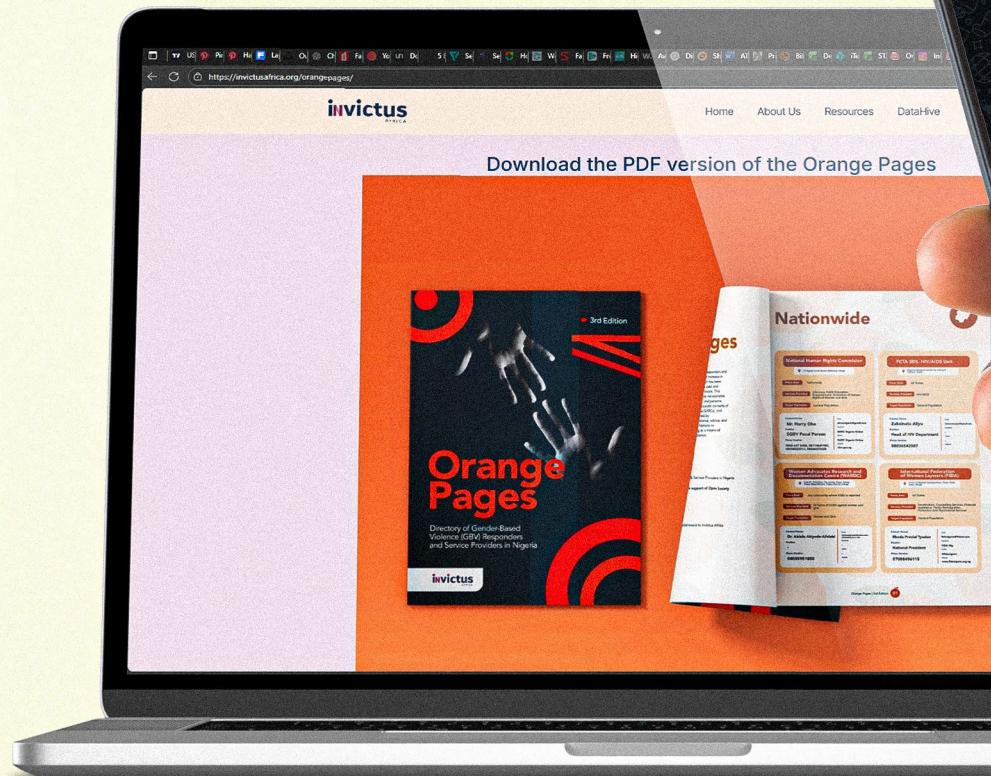
Index	Key Gaps	Recommendations
 Laws and Policies	Kano State has not domesticated the VAPP Act as of November 2025. GBV cases are prosecuted under the Northern Nigerian Penal Code and Shari'a Law, which focus primarily on physical violence and lack the broader, survivor-centered protections of the VAPP Act.	Fast-track the domestication of the VAPP Act through collaboration of relevant stakeholders including the State House of Assembly, Ministry of Justice, Ministry of Women Affairs, religious leaders, and civil society organizations to finalize and pass the bill into law.
	Early marriage remains prevalent in rural communities with religious backing, and cultural expectations around preserving family honor contribute to underreporting and perpetuate GBV.	Intensify community engagement and reform efforts by expanding sensitization campaigns through religious leaders, traditional rulers, and community structures to challenge harmful norms while respecting cultural contexts.
 Access to Legal Justice	Legal aid services are available in only seven of the state's 44 LGAs (16%), concentrated primarily in metropolitan areas, leaving rural communities underserved.	Expand legal aid services to cover at least 50% of LGAs by establishing satellite legal aid offices in underserved areas, deploying mobile legal aid units to rural communities, and partnering with CSOs to provide paralegal support in remote locations.
	The proportion of residents who would not feel safe serving as witnesses more than doubled over three years, from 9.8% in 2023 to 12% in 2024, and then to 27.3% in 2025, indicating growing concerns about personal risk and potential retaliation.	Establish a comprehensive witness protection program that includes physical protection measures, confidentiality protocols, and psychological support for witnesses and survivors. Conduct public awareness campaigns to communicate available protections and build confidence in the system.
 Support Services	Kano State has only one operational SARC (WARAKA Centre) serving all 44 LGAs, and it is reportedly not fully functional due to the absence of medical personnel and the lack of free services. Two completed SARCs at Rano and Gaya remain non-functional due to lack of equipment and staffing.	Immediately equip proposed Rano and Gaya SARCs with necessary medical supplies and deploy trained personnel. Fast-track construction of the proposed Bichi and Karaye SARCs, ensuring adequate budget allocation for operational costs including staff salaries, medical supplies, and facility maintenance.
	Communities are largely unfamiliar with the referral directory, limiting effectiveness of the pathway. Only 8.1% of residents are aware of support groups, and 5.9% know about legal representation as referral options.	Develop and widely disseminate simplified referral pathway information by creating user-friendly materials (posters, flyers, digital content) showing step-by-step reporting and support options with contact information.
 Information and Awareness	The state does not currently have GBV IEC materials available. Existing pamphlets and posters are from past NGO interventions, and jingles are no longer aired due to funding constraints. No new materials were developed or distributed by the government in the past year.	Develop and distribute comprehensive GBV IEC materials by allocating specific budgets for production of pamphlets, posters, radio jingles, and digital content. Establish a sustainable distribution plan covering all 44 LGAs with particular focus on rural communities.
	Public awareness of GBV education programs fluctuated from 60.8% in 2023 to 45% in 2024, then rebounded to 58.6% in 2025. Only 3 LGAs (Ungogo, Fagge, KMC) were specifically mentioned as covered by recent awareness programs, representing less than 7% of the state's 44 LGAs.	Institutionalize continuous awareness programs by developing an annual GBV awareness calendar with activities distributed across all LGAs throughout the year rather than concentrated around periods like the 16 Days of Activism. Establish partnerships with community-based organizations to ensure sustained presence at the grassroots level.
 Budget and Spending	While audio content is relatively well-known (52.6%), other formats such as braille, visual aids, and sign interpretation are significantly less recognized.	Produce GBV materials in multiple formats including braille, large prints, audio, sign language videos, simplified language, and pictorial content. Train awareness program facilitators on disability inclusion and ensure sign language (and other inclusive methods) are available at all public sensitization events.
	Kano State left 87% of its ₦3.7 billion GBV budget unspent in 2024, with all three specific GBV line items—economic empowerment (₦600M), referral centres (₦50M), and victim services (₦10M)—recording zero implementation.	Create a GBV Budget Implementation Task Force with quarterly fund release authority to immediately activate the three dormant line items, prioritizing the ₦50 million referral centres as a quick-win pilot program.



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