



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



With the support of  
**Ford Foundation**







# Kwara State

Confluence State

Owu Fall



# Kwara State

Population: 4,058,962

50.5% Female 49.5% Male

Overall Grade 69.6%

## Respondents Demography (n = 1,038)

### GENDER

Female Male



### AREA

Rural Urban



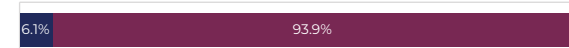
### AGE

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

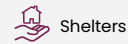


### DISABILITY STATUS

Yes No



5



4

## Ministry of Women Affairs and Social Development

### BUDGET ALLOCATION

**₦326.33m**

(This accounts for 0.1% of the total state budget)

### BUDGET PERFORMANCE

**₦100.54m**

(This accounts for 30.8% of total allocation to the ministry)



Capital Personnel Overhead (Actual Spend)



Per Capita Spending

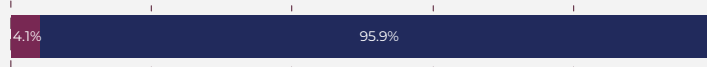
**₦49.09**

Indexes	Indicators				Total Grades
Laws and Policies	LP <sub>1</sub>	LP <sub>2</sub>	LP <sub>3</sub>	—	58.3%
Access to Legal Justice	ALJ <sub>1</sub>	ALJ <sub>2</sub>	ALJ <sub>3</sub>	ALJ <sub>4</sub>	75.0%
Support Services	SS <sub>1</sub>	SS <sub>2</sub>	SS <sub>3</sub>	SS <sub>4</sub>	62.5%
Information and Awareness	IA <sub>1</sub>	IA <sub>2</sub>	IA <sub>3</sub>	IA <sub>4</sub>	93.8%
Budget and Spending	BS <sub>1</sub>	BS <sub>2</sub>	BS <sub>3</sub>	—	58.3%

## GBV Context 2025

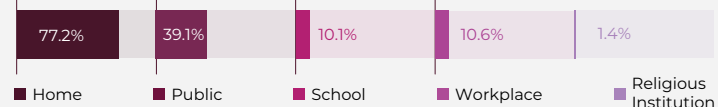
Have you or anyone you know experienced any form of gender-based violence in the last five years?

No Yes

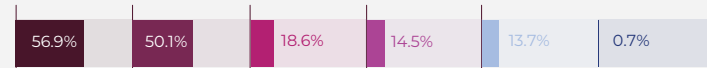


Where did you or the person experience the GBV?

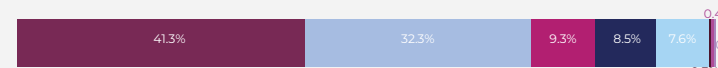
Home Public School Workplace Religious Institution



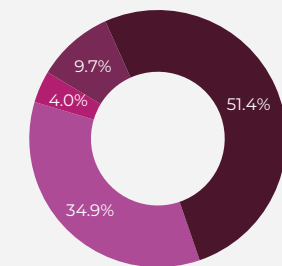
What form of GBV did you or the person experience?



Where did you or the person first seek help?



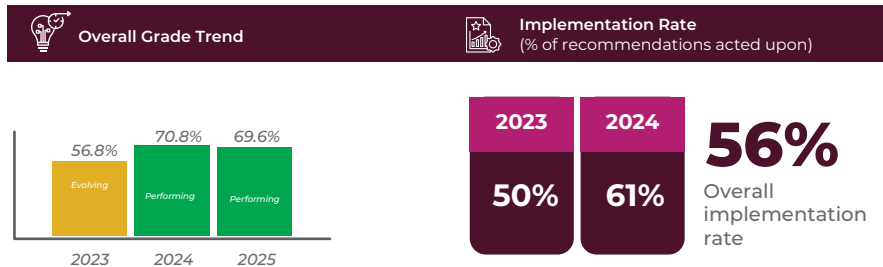
Why did you or the person choose where you sought help?



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 Perception that they could help Services Proximity or accessibility



**Index Grade Trend**

Index	2023	2024	2025
Laws and Policies	LP 75.0%	LP 75.0%	-1 ▼ LP 58.3%
Access to Legal Justice	ALJ 61.3%	ALJ 62.5%	+1 ▲ ALJ 75.0%
Support Services	SS 61.3%	+1 ▲ SS 75.0%	-1 ▼ SS 62.5%
Information and Awareness	IA 61.3%	+1 ▲ IA 75.0%	+1 ▲ IA 93.8%
Budget and Spending	BS 25.0%	+2 ▲ BS 66.7%	-1 ▼ BS 58.3%

### What Has Changed

#### Positive Developments

- The VAPP law amendment process is underway, with provisions for survivor funds, witness protection, and formal recognition of the GBV committee being drafted.
- Trust in formal justice systems remains high, with 84.7% of residents willing to report GBV through official channels and 74.1% willing to serve as witnesses.
- Traditional and religious leaders are increasingly referring GBV cases to formal authorities rather than settling them privately.

#### Areas of Concern

- Awareness of GBV laws dropped sharply from 53.3% in 2023 to 24.4% in 2025, despite ongoing sensitization efforts.
- Knowledge of available support services declined from 35.8% in 2023 to 17.6% in 2025, indicating weakened outreach.
- The toll-free GBV helpline has lapsed and remains inactive, reducing access to emergency services.
- Legal aid services and support facilities remain concentrated in only two of sixteen LGAs, leaving most areas underserved.
- Awareness of GBV education programs fell dramatically from 70.8% in 2023 to 16.3% in 2025, showing inconsistent community engagement.

## Key Actions

### Laws and Policies

- The state government partnered with NGOs and the Ministry of Justice to draft amendments to the VAPP law, adding provisions for survivor funds, witness protection, and formal recognition of the GBV committee.
- Joint advocacy sessions were conducted with traditional and religious rulers across all senatorial districts to address harmful cultural practices.

### Access to Legal Justice

- A rapid response team was established through collaboration between government and NGOs to investigate GBV cases and hold perpetrators accountable.
- Courts began issuing protection orders under the VAPP law to safeguard survivors and witnesses during legal proceedings, coordinated by the State Ministry of Justice.

### Support Services

- Relevant staff in Primary Healthcare Centres (PHCs) across multiple LGAs received training on first-line response to provide immediate medical care to GBV survivors within 12 hours of reporting.
- Toll-free hotlines were deployed and promoted through radio, social media, and public events to facilitate direct access to emergency services.

### Information and Awareness

- GBV awareness was integrated into the Adolescent Girls Initiative for Learning and Empowerment (AGILE) program in secondary and tertiary schools, with a structured manual on GBV prevention, personal protection, and reporting mechanisms.
- The Classroom-to-Commissioner initiative was launched to create a direct channel for students to engage with policymakers on GBV and other issues.
- GBV-focused clubs were established in secondary schools by NGOs such as Abubaganli Foundation and OCDI to provide peer-led education and discussion platforms.

## Change Spotlight

Kwara State has integrated GBV prevention into the World Bank-supported AGILE program, transforming how young people learn about gender-based violence. A structured manual on GBV and personal protection was developed, guiding extracurricular clubs and life-skills sessions in 100 secondary schools across 16 LGAs, reaching 27,000+ students. The program teaches practical skills on reporting, safety, and support services. Students now speak confidently about GBV issues and know where to report cases. The program is a model for peer-led awareness, replicable elsewhere. Training of Grievance Redress Committees and Focal Persons is ongoing in 898 schools statewide.

## Kwara State GBV Assessment Survey

Overall Grade **69.6%**

## LAWS AND POLICIES



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

24.4% 75.6%



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

42.8% 57.2%



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

56.2% 43.8%

## 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 ■

17.6% 82.4%



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

62.3% 32.8% 4.4% 0.5%  
 ■ Agree ■ Strongly agree ■ Indifferent ■ Disagree ■ Strongly Disagree



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

89.4% 25.6% 4.9% 4.0% 0.8%  
 ■ 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 ■

16.8% 83.2%

## ACCESS TO LEGAL JUSTICE



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

84.7% 15.2% 0.1%

■ 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?

74.1% 21.7% 4.2%

■ 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

17.2% 82.8%

## INFORMATION AND AWARENESS



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

16.3% 83.7%



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

34.9% 36.1% 29.0%  
 ■ 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?

40.1% 38.4% 15.3% 41.6% 2.6% 5.5% 7.0% 24.2%  
 ■ Audio ■ Visual ■ Sign ■ Picture ■ Simplified ■ Subtitle ■ Braille ■ None

# Kwara State GBV Context Trend (2024-2025)

Overall Grade **69.6%**

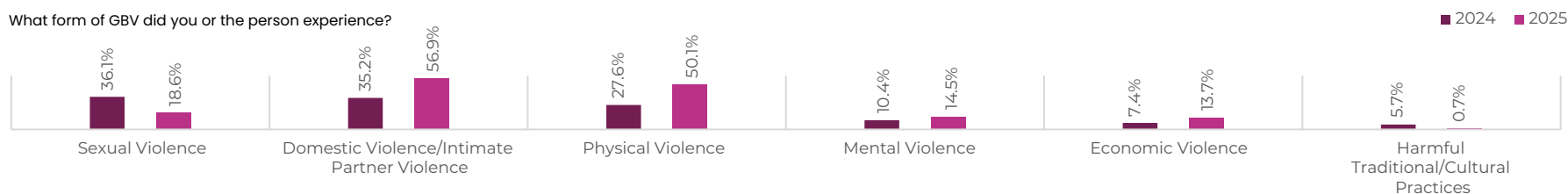
Have you or anyone you know experienced any form of gender-based violence in the last five years?



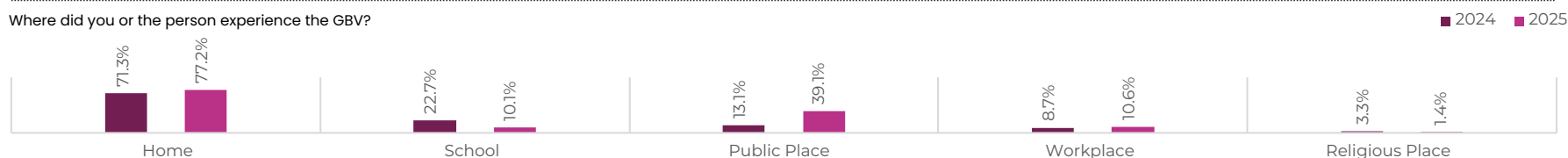
# 95.9%

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

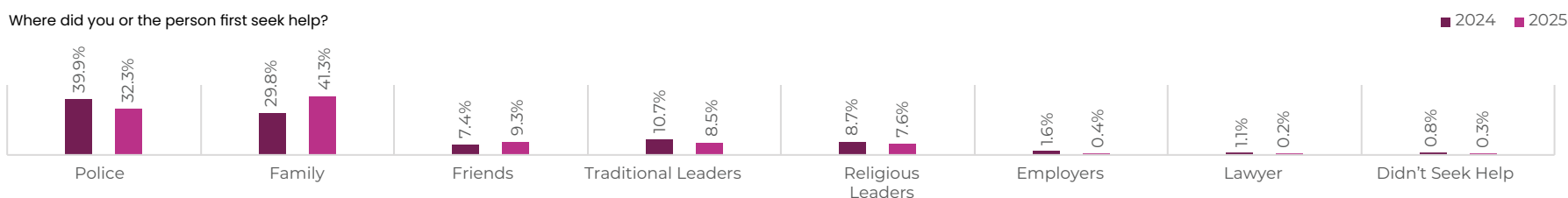
What form of GBV did you or the person experience?



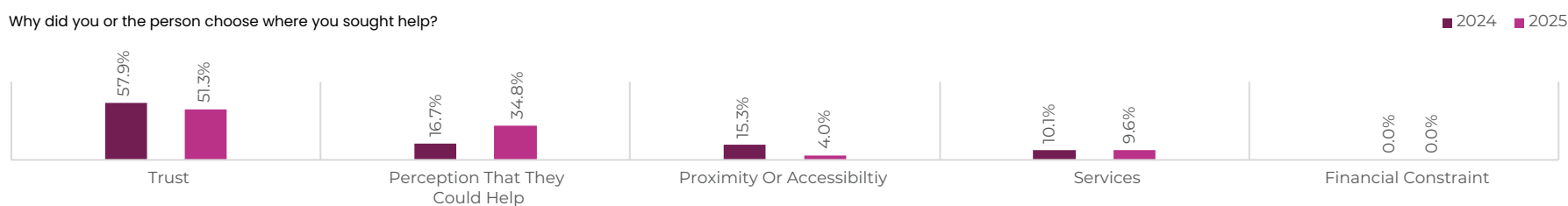
Where did you or the person experience the GBV?



Where did you or the person first seek help?

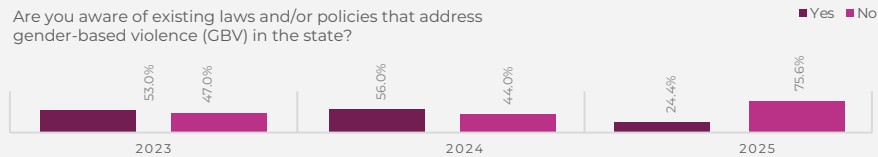


Why did you or the person choose where you sought help?

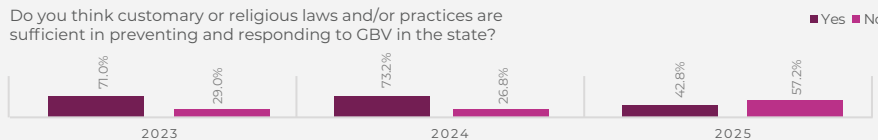


## LAWS AND POLICIES

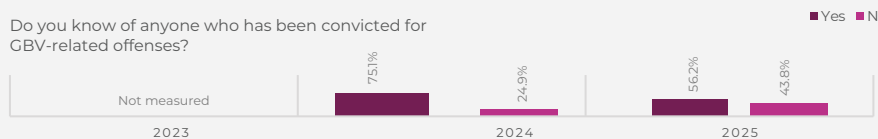
Are you aware of existing laws and/or policies that address gender-based violence (GBV) in the state?



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

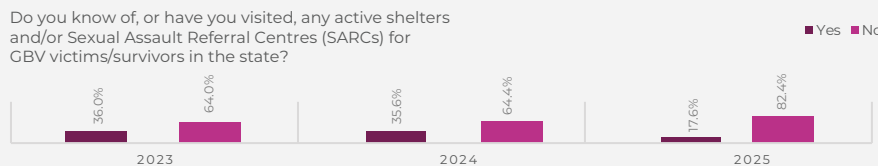


Do you know of anyone who has been convicted for GBV-related offenses?

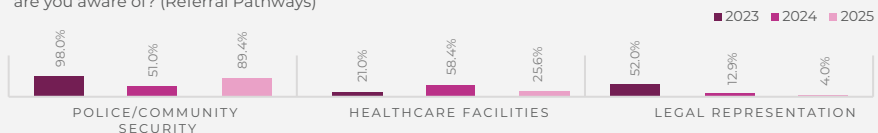


## SUPPORT SERVICES

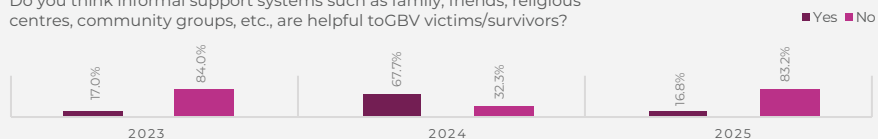
Do you know of, or have you visited, any active shelters and/or Sexual Assault Referral Centres (SARCs) for GBV victims/survivors in the state?



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

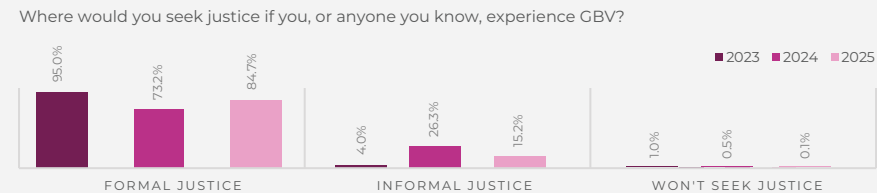


Do you think informal support systems such as family, friends, religious centres, community groups, etc., are helpful to GBV victims/survivors?

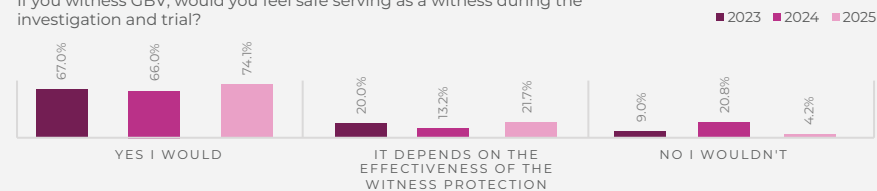


## ACCESS TO LEGAL JUSTICE

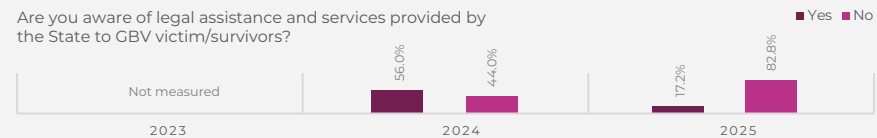
Where would you seek justice if you, or anyone you know, experience GBV?



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

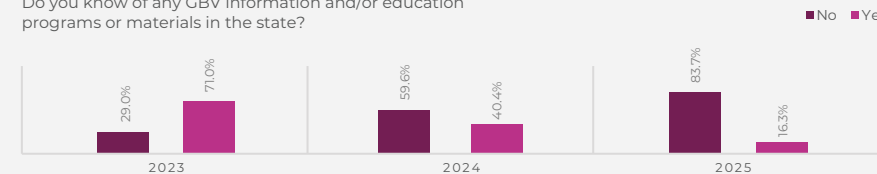


Are you aware of legal assistance and services provided by the State to GBV victim/survivors?

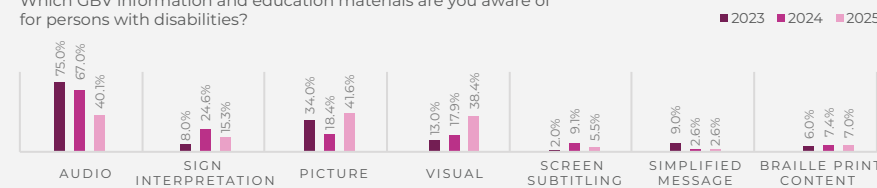


## INFORMATION AND AWARENESS

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

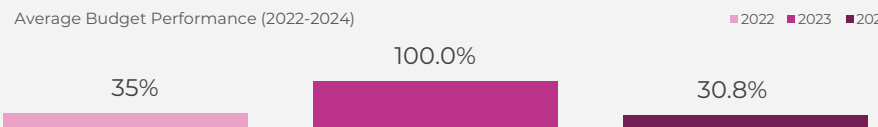


Which GBV information and education materials are you aware of for persons with disabilities?

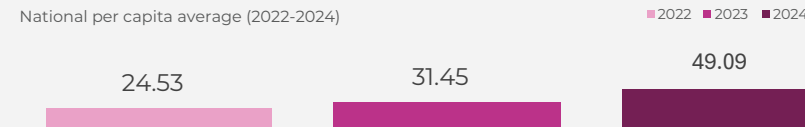


## BUDGET AND SPENDING

Average Budget Performance (2022-2024)



National per capita average (2022-2024)





## KEY INSIGHTS

### Laws and Policies

#### Current State in 2025

The Kwara State VAPP law retains most core elements of the federal VAPP Act. The Ministry of Women Affairs has produced simplified copies of VAPP law and translated into six indigenous languages in the state and distributed at the launch of SGBV committee in Moro, Ifelodun and Ilorin West of Kwara North, South Central of the state respectively. However, it reduces the punishment for rape to 20 years in prison, instead of life imprisonment as prescribed by the federal law. Other missing provisions, such as witness protection, a survivor fund, and a formal committee structure, further weaken its effectiveness. Government and civil society groups have acknowledged these gaps and are working with the Ministry of Justice to strengthen support for survivors.

While many residents (57.2%) believe that formal laws are effective in addressing GBV, only a small number (24.4%) are aware of specific existing laws. This shows a gap between public confidence and actual understanding.

Between January and October 2025, the state recorded approximately five GBV convictions under the VAPP law. Stakeholders noted this as a significant improvement compared to previous years. Perception survey data shows moderate awareness, with 56.2% of residents aware of GBV-related convictions. While this reflects a slight majority, a large portion of the population remains unaware, which may reduce the potential deterrent effect of these legal outcomes.

Customary and religious systems are not widely trusted for handling GBV cases in the state: only 42.8% could point to any customary and religious laws and practices that address GBV in the state, and 42.8% find them helpful, while 57.2% view them as ineffective. The state has formally outlawed negative customary practices, but they persist in practice. The primary obstacle is interference from religious and traditional authorities who often pressure survivors to drop cases, which can cause lasting harm. As one stakeholder noted, "They will always say settle out of court, and the survivors tend to suffer in pain, in trauma for life."

#### Changes Over Time (2023–2025)

Kwara State witnessed a sharp decline across multiple indicators between 2023 and 2025. Awareness of GBV laws dropped from 53.3% in 2023 to just 24.4% in 2025. Similarly, knowledge of GBV-related

convictions fell from 75.1% in 2024 to 56.2% in 2025. These trends show that progress is not self-sustaining. Without continued investment in public awareness and accountability, even strong legal frameworks risk losing their impact.

Trust in customary and religious systems also declined, from 70.8% in 2023 to 42.8% in 2025, reflecting growing skepticism about their ability to deliver justice. More traditional and religious leaders are beginning to refer cases to formal systems rather than suppressing them, and awareness of harmful practices as criminal offenses is spreading, particularly regarding female genital mutilation and forced marriage. Unfortunately, this shift was not matched by stronger engagement from the formal system, which struggled with inconsistent legal implementation and missed the opportunity to reinforce its role.

### Access to Legal Justice

#### Current State in 2025

Kwara State has built a relatively strong system for reporting, prosecuting, and enforcing GBV cases, with documented convictions and minimal procedural delays. Once a case is reported, it is referred to the police, who investigate, invite the suspect, prepare a First Information Report (FIR), and proceed to court.

Public trust in formal systems is also high. Most respondents in Kwara State (84.7%) say they would seek justice for GBV through formal channels. This trust is further reflected in the 74.1% who expressed willingness to serve as witnesses. Confidence in formal systems is also evident in the low proportion of residents (15.2%) who believe informal justice mechanisms help survivors access justice, compared to the 82.8% who do not share that view. However, this trust is fragile and not fully supported by awareness or access to legal support services.

Only 17.2% of respondents are aware of state-sponsored legal aid, which shows weak institutional communication. Many residents may be willing to report but lack information on where to go or how to access help, even though services are available through the Legal Aid Council, National Human Rights Commission, Ministry of Justice, and FIDA. However, operational challenges persist. Fuel scarcity and high transport costs make it difficult to reach remote areas, and legal aid services remain concentrated in Kwara Central. Kwara North and Kwara South are underserved, although the Legal Aid Council is beginning to expand to places like Omu Aran.

Kwara State has functional Family Support Units/Gender Desks in police commands and divisions,



and some designated structures for GBV cases, but lacks dedicated GBV courts and judges at the High Court level. The Nigeria Security and Civil Defense also have a dedicated unit for reported cases of GBV. In addition, the Ministry has launched GBV committee across the 3 senatorial districts of the state namely; Kwara South (Ifelodun), Kwara North (Moro), Kwara Central (Ilorin West)

## Changes Over Time (2023–2025)

Although formal justice systems remain the preferred option for most survivors, the shift in trust over time (from 95% in 2023 to 84.7% in 2025) shows that confidence is fragile. Meanwhile, there was a steady rise in willingness to serve as witnesses: from 66.7% in 2023 to 74.1% in 2025. However, awareness remains the weakest link. Despite improvements in trust and safety, awareness of legal support services has dropped sharply, from 56% in 2024 to 17.2% in 2025. This disconnect suggests that institutional communication is not reaching new audiences.

## Support Services

### Current State in 2025

Kwara State has two operational SARCs: Ajike Care Centre in Ilorin West and Sobi Specialist Centre in Ilorin East. However, only the Ajike Care Centre appears fully functional. Additionally, two shelters exist, one at Amayo in Ifelodun LGA (reported to have been closed as a result of its remote location), and a newer one at Stella Obasanjo Hall in Ilorin West. All these facilities are government-owned but supported by NGOs. The state has holistic support services (medical, legal, psychosocial, economic) through the 21-person committee and various stakeholders. However, these services are not equally accessible due to geographic concentration, lack of trained personnel in LGAs, transportation barriers, and inadequate funding.

Despite the availability of these services, public awareness remains low. Only a small portion of the population is aware of or has accessed these facilities (17.6%). Similarly, knowledge of broader support services for GBV survivors is limited (16.8%). This low awareness contradicts claims of frequent sensitization efforts, suggesting that outreach strategies may not be effectively reaching the intended audiences. While those familiar with the services express strong confidence in their functionality, the limited public knowledge remains a major barrier to access.

Referral pathways are in place and generally operate through NGO coordination, but access is uneven due to geographic concentration in only two out of 16 local government areas. The toll-free helpline created to support reporting has lapsed following non-renewal by the government, leaving only the regular hotline functional. While most respondents are aware of police and community security options (89.4%), awareness of healthcare services (25.6%) and legal support (0.8%) remain low.

Formal support systems are preferred over informal ones (83.2% vs. 16.8%). While some families and community leaders genuinely support GBV survivors, they are not fully holistic with limited effectiveness in consistent support.

## Changes Over Time (2023–2025)

Awareness of shelters and SARCs remained steady between 2023 (35.8%) and 2024 (35.6%) but dropped significantly by 2025 (17.6%). This decline suggests that outreach efforts may have weakened or failed to engage new audiences, raising concerns about the sustainability and reach of existing sensitization strategies. The lapse of the toll-free helpline and reduced frequency of sensitization programs contribute to this decline. Stakeholders acknowledge that sensitization rates have decreased compared to previous periods.

While police referral pathways remained dominant throughout the period, awareness of non-police options such as healthcare, legal aid, and support groups remained low and declined over time.

Perceptions of informal support systems fluctuated during the assessment period. After a brief surge in positive views in 2024 (68%), confidence dropped again by 2025 (16.8%). This instability suggests that while communities may temporarily rely on informal networks, they ultimately view formal systems as more reliable. Strengthening formal services and ensuring they are visible, accessible, and trusted should remain a central focus of GBV response efforts.

## Information and Awareness

### Current State in 2025

The Kwara State Government has taken steps to address GBV in secondary and tertiary schools through awareness programs and activities such as debates to encourage open discussion. The state also participates in the AGILE program, which supports girls' education and empowerment. Experts help develop learning materials, and NGOs, especially through the Ministry of Women Affairs, collaborate with the government to strengthen advocacy and education on GBV. Despite these coordinated efforts, public knowledge remains low. In 2025, only 16.3% of residents reported awareness of any GBV education programs, suggesting that current sensitization efforts are not reaching most of the population.

School-based programs such as AGILE and the Classroom-to-Commissioner initiative show promise in engaging students, especially girls, in GBV education. These efforts integrate GBV topics into extracurricular activities and promote peer-led messaging during school assemblies. Public support for GBV education is strong, with 88.2% of residents advocating for its inclusion at all school levels. However, the absence of GBV as a standalone topic and the limited reach to boys may reduce the long-term impact of these programs.

Persons with disabilities are represented in the 21-member GBV committee and actively involved in related programs. Stakeholders noted that awareness campaigns use various formats including audio, braille, sign language, and picture-based messages; however, actual usage and reach vary. Among these formats, awareness is highest for audio (40.1%) and picture-based messages (41.6%), while braille (7%), screen subtitling (5.5%), and simplified messages (2.6%) remain limited. Sign interpretation is moderately known (15.3%).

## Changes Over Time (2023–2025)

Between 2023 and 2025, public awareness of GBV education programs in Kwara State declined sharply, from 70.8% in 2023 to just 16.3% in 2025, despite continued sensitization efforts. This drop

suggests that outreach strategies may not be effectively engaging new audiences or maintaining visibility. However, among those who accessed the programs, perceptions of usefulness improved. Fewer respondents rated the materials as “not at all useful,” and more found them completely or mostly helpful.

Several factors contribute to declining awareness. The toll-free helpline has lapsed and remains dormant. Sensitization frequency has decreased, with stakeholders acknowledging that “the rates at which sensitization is being held now have reduced compared to before.” While sensitization occurs during various events (FGM campaigns, Girl Child Day, International Women’s Day, Hepatitis B Day), there are no scheduled regular sensitization programs. Individual organizations and government conduct sensitization “at one time or the other,” but without consistency or coordination.

Regarding inclusive communication, while awareness of audio and spoken formats declined over time, visual and picture-based content saw steady improvement, suggesting progress in adopting more inclusive communication methods. However, formats like braille, simplified messages, and sign interpretation remain limited in reach and consistency.

## Budget and Spending

### Budget Analysis 2024

Kwara State’s 2024 GBV budget reveals minimal financial commitment to addressing gender-based violence. The state allocated just ₦326.33 million, representing only 0.07% of its total budget, among the lowest proportional allocations nationwide. Actual expenditure of ₦100.54 million reflected a 30.8% execution rate, resulting in a per capita spend of merely ₦49.09, one of the lowest in the country. This dual challenge of inadequate initial allocation combined with modest implementation means that Kwara’s GBV response remains critically underfunded relative to the scale of need, suggesting that gender-based violence has not been prioritized as a significant policy concern despite the state having a specific GBV budget line.

### Changes Over Time (2022–2024)

Across the last three years of the Womanity Index, Kwara State has consistently included gender-based violence (GBV) specific line items in its approved budgets for 2022, 2023, and 2024, thereby earning full marks on this indicator. However, implementation has been uneven. The GBV line item for 2023 recorded no utilization, while the 2022 and 2024 allocations achieved only 10% and 64.70% performance respectively. Funding for the Ministry of Women Affairs and Social Welfare fluctuated significantly over the same period. The ministry received an allocation of ₦135.44 million in 2022, with only ₦47.32 million expended (35%). In 2023, the allocation fell to ₦110.02 million, though performance improved to 57% (₦62.51 million). In 2024, the allocation rose sharply to ₦326.33 million, but actual spending amounted to only ₦100.54 million, representing a performance rate of 30.8%. Per capita spending stood at ₦49.09 in 2024, ₦31.45 in 2023, and ₦24.53 in 2022. Although the figures show gradual year-on-year improvement, the overall levels remain critically low, indicating slow and incremental growth in GBV-related investment rather than sustained prioritization.

## Human Angle Stories

42-year-old Hannah (not real name) was rushed to the hospital after a brutal beating from her abusive husband. Before that day, she never knew that physical violence was a crime, punishable by law. The only people she could confide in were her mother and older siblings. The incident that left her hospitalized was her wake-up call to act; she reported the case to the police, but the case stalled, and nothing was done.

Her husband suddenly disappeared, and there was no trace of him again. Although the Ministry of Justice got involved, nothing came out of it. Hannah notes that more information must reach women in vulnerable communities through radio and other platforms, so they know where to seek help.

## KEY GAPS AND RECOMMENDATIONS

Index	Key Gaps	Recommendations
 <b>Laws and Policies</b>	Only 24.4% of residents are aware of specific GBV laws (down from 53.3% in 2023), despite 57.9% believing formal laws are effective. This demonstrates a significant gap between public confidence and actual legal knowledge.	Scale up multi-channel (radio, community town halls, social media) public sensitization campaigns to educate residents about the VAPP law and their legal rights under it.
	The state VAPP law lacks critical provisions including witness protection, survivor fund, and formal committee structure.	Fast-track the VAPP law amendment, ensure swift passage, and train law enforcement/judicial officers on new provisions, especially witness protection.
	57.2% view customary and religious systems as ineffective in handling GBV cases, yet traditional and religious leaders continue to pressure survivors to settle cases out of court, causing lasting harm.	Continue engagement with traditional and religious leaders through structured training programs to build their capacity as referral agents to formal systems rather than informal arbitrators of GBV cases.
 <b>Access to Legal Justice</b>	Only 17.2% of residents know about state-sponsored legal aid services (down from 56% in 2024), despite high willingness to report GBV (84.7%) and serve as witnesses (74.2%).	Scale up the existing multi-channel awareness campaigns to reach all 16 LGAs systematically, ensuring that information about free legal aid services is delivered quarterly in each local government area rather than only during commemorative events.
	Legal aid services are concentrated in Kwara Central, leaving Kwara North and South underserved. Fuel scarcity and high transport costs create additional barriers to accessing justice in remote areas.	Expand legal aid presence to underserved LGAs in Kwara North and South and provide transportation support or mobile legal clinics to reach remote communities.
	The state lacks dedicated GBV courts and judges at the High Court level, despite having functional Family Support Units and Gender Desks at police stations.	Designate specialized GBV courts and train dedicated judges to handle GBV cases, ensuring faster case resolution and more survivor-centered proceedings.
 <b>Support Services</b>	Only 17.6% of residents are aware of support facilities like SARC and shelters (down from 35.8% in 2023). The Amayo shelter is reportedly in very bad shape, and services are concentrated in only two of sixteen LGAs.	Conduct quarterly community sensitization sessions in all 16 LGAs to increase awareness of available support services and rehabilitate the Amayo shelter to expand access options for survivors. In addition, establish more SARCs and shelters in all the state's LGAs.
	The toll-free GBV helpline has lapsed due to non-renewal by government, leaving only regular hotlines functional.	Reactivate the lapsed toll-free helpline immediately by securing government commitment for annual renewal and integrate it into the existing hotline promotion strategy that has already used radio and social media channels.
	Support services are geographically concentrated and inaccessible due to lack of trained personnel in most LGAs, transportation barriers, and inadequate funding.	Build on the existing PHC training program by expanding it to cover all remaining LGAs and ensure there is at least one trained GBV focal person in each local government area who can provide basic GBV support and referrals.
 <b>Information and Awareness</b>	Awareness of GBV education programs dropped dramatically from 70.8% in 2023 to 16.3% in 2025, despite continued sensitization efforts. Stakeholders acknowledge that "sensitization rates have reduced compared to before," and programs occur "at one time or the other" without consistency.	Develop a structured annual sensitization calendar with monthly activities coordinated across government agencies and NGOs to ensure consistent community engagement throughout the year.
	While 88.2% of residents support GBV education at all school levels, GBV is not taught as a standalone topic, and programs have limited reach to boys, reducing long-term impact.	Integrate GBV prevention into the official school curriculum as a distinct topic within civic education or life skills, ensuring equal participation of both boys and girls.
	Awareness of accessible communication formats for persons with disabilities remains limited: braille (7%), screen subtitling (5.5%), simplified messages (2.6%), and sign interpretation (15.3%), despite their representation on the GBV committee.	Standardize the use of multiple accessible formats in all GBV campaigns and materials, including mandatory sign interpretation at events, captioned videos, and braille versions of key documents distributed through disability organizations.





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