



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



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WELCOME TO

MODERN MINNA

CENTENARY CELEBRATION
1910 TO 2010

Niger State

The Power State

Kpakungu Roundabout

Niger State

Population: 7,293,058

50.5% Female 49.5% Male

Overall Grade 69.6%

Respondents Demography (n = 1,025)

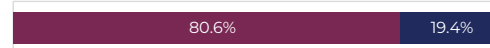
GENDER

Female Male

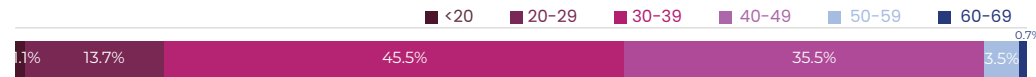


AREA

Rural Urban

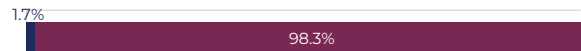


AGE

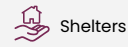


DISABILITY STATUS

Yes No



6



0

Ministry of Women Affairs and Social Development

BUDGET ALLOCATION

₦2.15bn

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

BUDGET PERFORMANCE

₦1.69bn

(This accounts for 78.4% of total allocation to the ministry)



Capital Personnel Overhead Others (Actual Spend)



Per Capita Spending

₦457.71

Indexes	Indicators				Total Grades
Laws and Policies	LP ₁	LP ₂	LP ₃	—	75.0%
Access to Legal Justice	ALJ ₁	ALJ ₂	ALJ ₃	ALJ ₄	62.5%
Support Services	SS ₁	SS ₂	SS ₃	SS ₄	62.5%
Information and Awareness	IA ₁	IA ₂	IA ₃	IA ₄	68.6%
Budget and Spending	BS ₁	BS ₂	BS ₃	—	66.7%

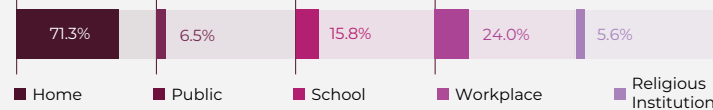
GBV Context 2025

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

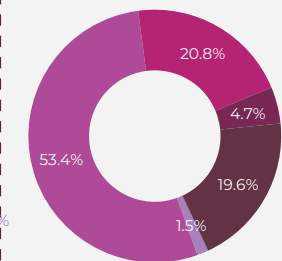
No Yes



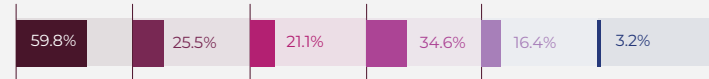
Where did you or the person experience the GBV?



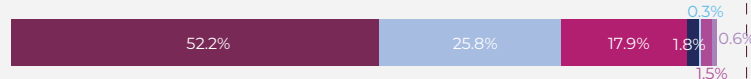
Why did you or the person choose where you sought help?



What form of GBV did you or the person experience?



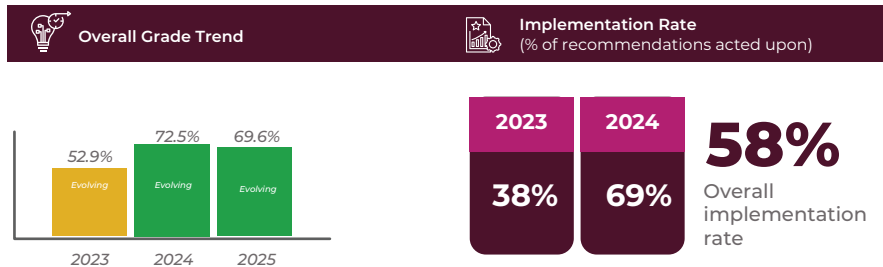
Where did you or the person first seek help?



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) Employer/Work colleague/Labour group I did not seek help Lawyer

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



Index Grade Trend

Index	2023	2024	2025
Laws and Policies	LP 48.3%	LP 58.3%	+1 ▲ LP 75.0%
Access to Legal Justice	ALJ 86.3%	ALJ 81.3%	+1 ▼ ALJ 62.5%
Support Services	SS 61.3%	SS 68.8%	SS 62.5%
Information and Awareness	IA 43.8%	+1 ▲ IA 62.5%	IA 68.8%
Budget and Spending	BS 25.0%	+2 ▲ BS 91.7%	BS 66.7%

What Has Changed

Positive Developments

- GBV cases are now handled quickly – judges sit daily, with over 100 convictions secured and many cases concluded within weeks instead of months.
- All 25 local government areas have access to free legal representation through collaboration between the Ministry of Justice, Legal Aid Council, and NGOs.
- Six SARCs now operate across the state, offering free medical, psychosocial, and legal services in both urban and semi-urban zones.
- 97.2% of residents support teaching GBV and child protection in schools, and anti-GBV clubs are already active in several secondary schools.

Areas of Concern

- Early marriage and patriarchal norms still prevent many women and girls from seeking justice, especially in Zone A where taking offenders to court is seen as taboo.
- Only 30.9% of respondents know that free legal help exist, even though it is available in all LGAs.
- Awareness of SARCs and shelters collapsed from 93% (2023) to just 11% (2025) after donor-funded campaigns ended.
- 98.3% of respondents believe informal community support is better than formal services.

Key Actions

Laws and Policies

- Niger State domesticated the VAPP Act with contextual modifications to accommodate the state's religious and cultural diversity, including provisions for immigrant communities.
- The state introduced amendments including expanded definitions of rape and specific provisions recognizing Almajiri children as inhabitants with full rights to education,

welfare, and human rights protection.

Access to Legal Justice

- Gender focal persons were established at every police station across the state, expanding from previous state-level coverage to local-level presence for improved case management.
- The Child Rights Law was enacted, empowering magistrates to handle GBV cases directly without requiring Director of Public Prosecution's approval, significantly reducing delays.

Support Services

- The state established six Sexual Assault Referral Centres (SARCs) distributed across zones, including facilities in Minna, Suleja, Kontagora, New Bussa, Police Clinic, and Jummai Babangida General Hospital.
- State helplines and helpdesk emails were established as additional entry points for survivors, complementing facility-based reporting pathways.

Information and Awareness

- Anti-GBV clubs were established in secondary schools across the state, with plans to expand to all educational levels for youth engagement in prevention efforts.
- The state engaged traditional rulers, religious leaders, and community groups through structured advocacy sessions to address harmful cultural practices and improve referral of cases to formal systems.

Change Spotlight

Niger State has achieved significant progress in prosecution efficiency through legislative and judicial reforms. The enactment of the Child Rights Law now allows magistrates to handle GBV cases directly without referral to the Director of Public Prosecutions (DPP), drastically reducing processing time. As one Ministry of Justice official emphasized: "With the invention of the Child Rights Law, right now a magistrate can handle cases of GBV without being taken to the DPP for their approval. So, in that way, we have seen justice being served more strictly and going faster." This reform, combined with the Chief Judge's practice direction requiring daily sittings for GBV cases, has enabled Niger State to secure over 100 convictions with fast-tracked trials completing within weeks rather than months.

Niger 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 ■



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



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



SUPPORT SERVICES



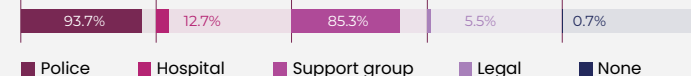
Do you know of, or have you visited, any active shelters and/or Sexual Assault Referral Centres (SARCs) for GBV victims/survivors in the state? Yes ■ No ■



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



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



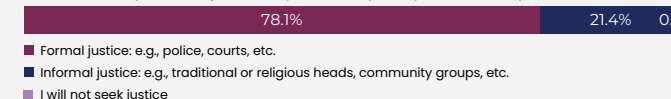
Do you think informal support systems such as family, friends, religious centres, community groups, etc., are helpful to GBV victims/survivors? Yes ■ No ■



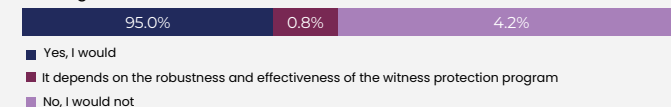
ACCESS TO LEGAL JUSTICE



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? ■ Yes ■ No



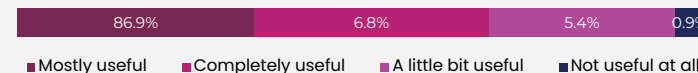
INFORMATION AND AWARENESS



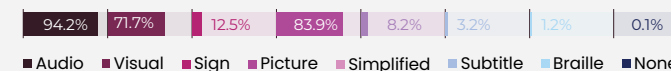
Do you know of any GBV information and/or education programs or materials in the state? Yes ■ No ■



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



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



Niger State GBV Context Trend (2024-2025)

Overall Grade **69.6%**

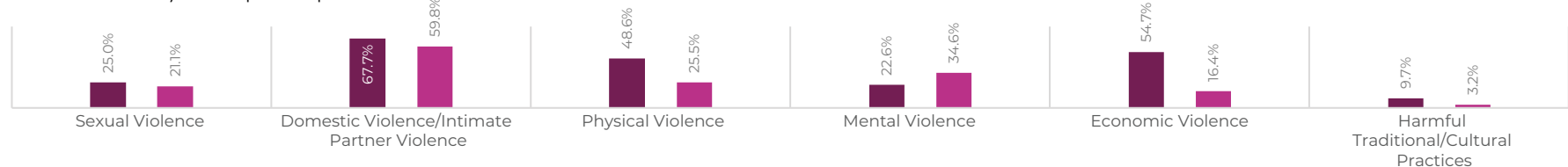
Have you or anyone you know experienced any form of gender-based violence in the last five years?



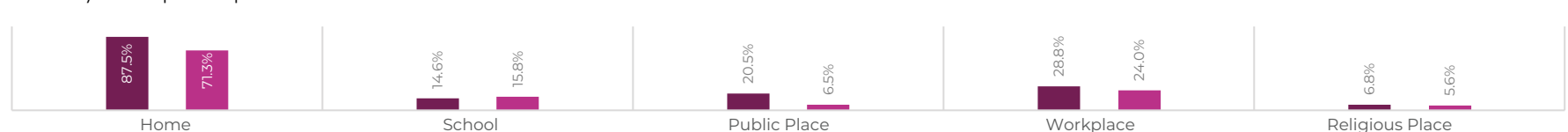
33.3%

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

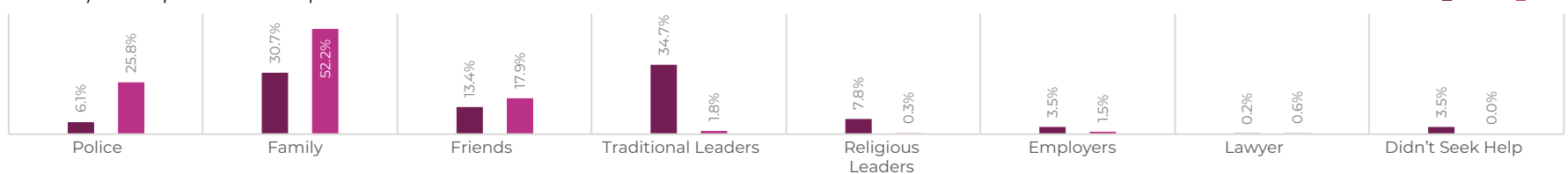
What form of GBV did you or the person experience?



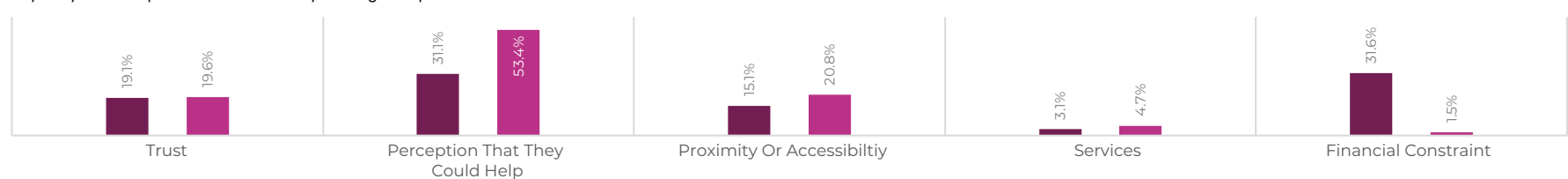
Where did you or the person experience the GBV?



Where did you or the person first seek help?

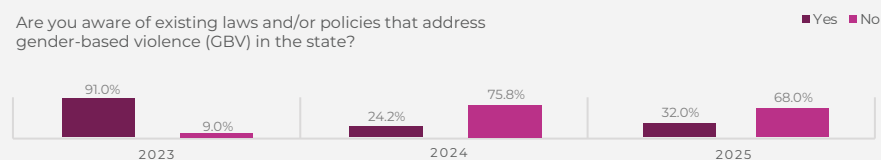


Why did you or the person choose where you sought help?

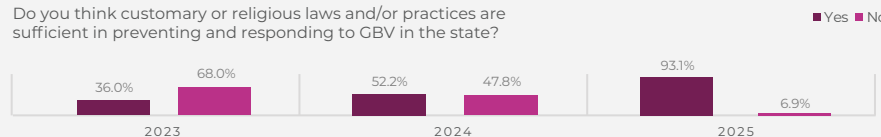


LAWS AND POLICIES

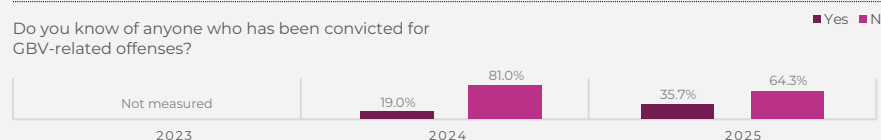
Are you aware of existing laws and/or policies that address gender-based violence (GBV) in the state?



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

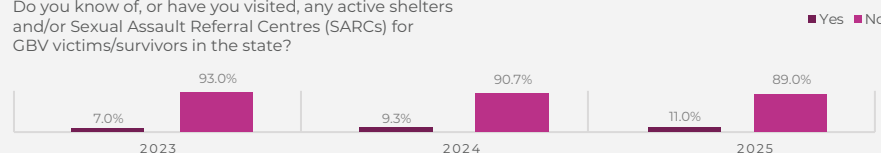


Do you know of anyone who has been convicted for GBV-related offenses?

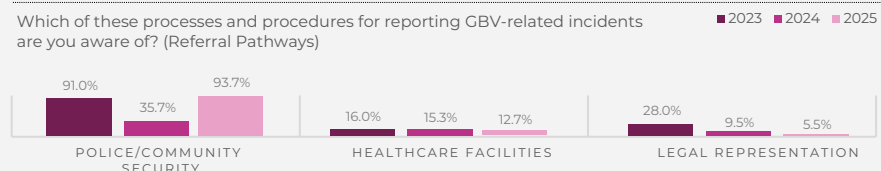


SUPPORT SERVICES

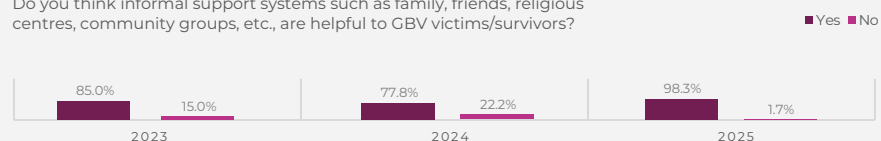
Do you know of, or have you visited, any active shelters and/or Sexual Assault Referral Centres (SARCs) for GBV victims/survivors in the state?



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

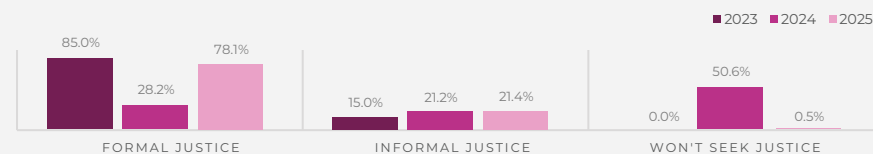


Do you think informal support systems such as family, friends, religious centres, community groups, etc., are helpful to GBV victims/survivors?

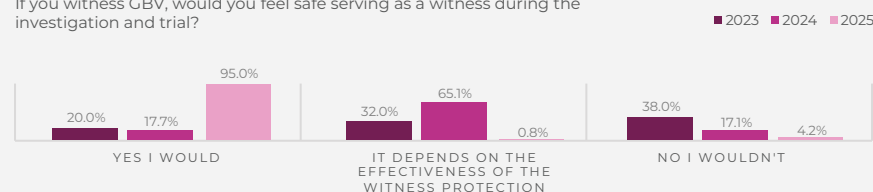


ACCESS TO LEGAL JUSTICE

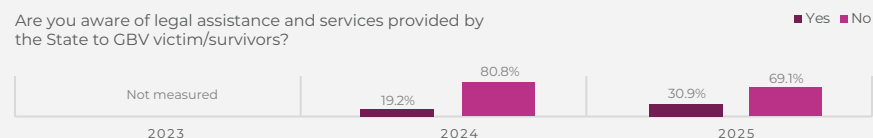
Where would you seek justice if you, or anyone you know, experience GBV?



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

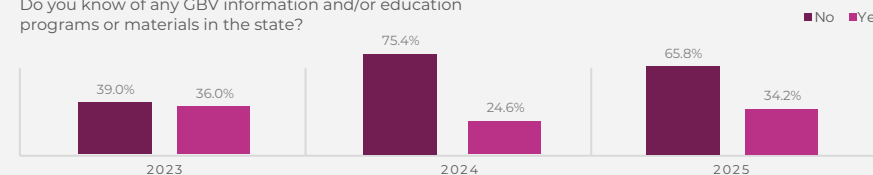


Are you aware of legal assistance and services provided by the State to GBV victim/survivors?

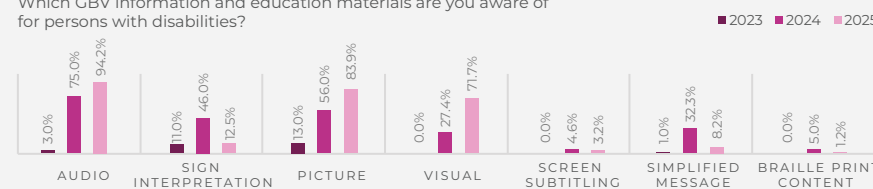


INFORMATION AND AWARENESS

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

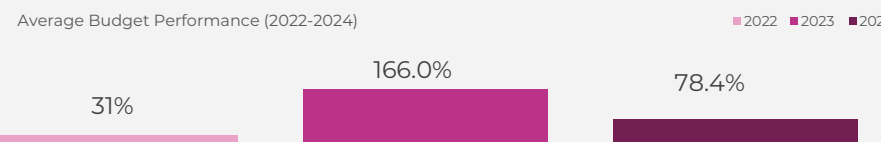


Which GBV information and education materials are you aware of for persons with disabilities?

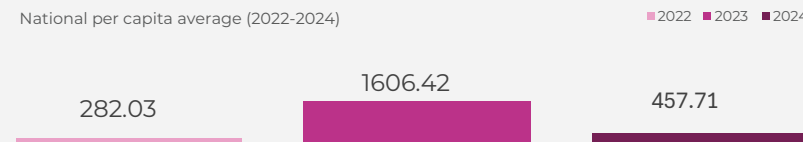


BUDGET AND SPENDING

Average Budget Performance (2022-2024)



National per capita average (2022-2024)





KEY INSIGHTS

Laws and Policies

Current State in 2025

Niger State has established a comprehensive legal framework addressing GBV through its domesticated VAPP law, contextualized to accommodate the state's religious, cultural, and demographic diversity. This contextualization resulted in meaningful modifications, including a redefined scope of rape and additional offenses not present in federal legislations. Notably, Niger State's law includes provisions specifically for Almajiri children, recognizing them as inhabitants entitled to education, welfare, and human rights protection, a significant departure from treating them merely as street children.

The state has demonstrated strong enforcement capacity, with the Ministry of Justice reporting that "we have handled more than 100 cases, and I can sincerely say we have many success stories because of the practice direction." This conviction record reflects not only legislative strength but also judicial commitment to GBV prosecution. The practice direction issued by the Chief Judge allows presiding judges to sit daily on GBV cases, ensuring swift trials that would otherwise face the delays characteristic of Nigeria's overburdened court system.

Despite this robust legal foundation, awareness of GBV-related laws and policies remains limited. The quantitative data reveals that only 32% of respondents are aware of existing GBV laws, with radio (82.6%) and television (75%) serving as primary information sources among those who are aware. Notably, traditional leaders (0.3%) and religious centres (0.6%) have negligible roles in legal awareness dissemination, despite their cultural influence. Furthermore, only 35.7% of respondents know someone convicted for GBV offenses, indicating a significant gap between the state's strong institutional performance and public knowledge of justice outcomes.

Customary and religious practices continue to pose challenges despite legal prohibitions. The Ministry of Justice noted that "in some areas, like Zone A, society sees it as taboo for a woman or child who has been violated to take the perpetrator to court." Also, early marriage and religious teachings that emphasize male authority remains particularly problematic and further limit women's agency in seeking justice. Interestingly, the quantitative data shows that 96% of respondents are aware of customary and religious laws addressing GBV, and 93.1% believe these practices help prevent and respond to GBV, revealing a disconnect between institutional assessments and community

perceptions of traditional systems.

Changes Over Time (2023–2025)

Public awareness of GBV laws showed concerning fluctuations between 2023 and 2025. Awareness plummeted from 91% in 2023 to 24% in 2024, before recovering modestly to 32% in 2025. The partial recovery in 2025 indicates renewed efforts but insufficient to regain previous levels.

Perceptions of customary and religious laws shifted dramatically. The proportion of respondents believing these practices help prevent GBV increased from 32% in 2023 to 96% in 2025, suggesting either improved traditional leadership engagement following sensitization efforts or growing community preference for familiar cultural mechanisms over formal systems. As an NGO coordinator noted, efforts to reform traditional practices include working "through forums like the League of Imams and CAN, and with support from the National Orientation Agency, we educate religious leaders on human rights and the need to improve." This intensive engagement with religious leaders appears to have influenced community perceptions.

Awareness of convictions emerged as a tracked indicator in 2024 at 52%, declining to 35.7% in 2025. This reduction, despite the Ministry of Justice reporting over 100 successful prosecutions, highlights inadequate communication of justice outcomes to communities. The gap between actual convictions and public awareness undermines the deterrent effect of prosecution.

Access to Legal Justice

Current State in 2025

Niger State has established multiple pathways for reporting and prosecuting GBV cases, with varying degrees of effectiveness across regions. Survivors can report incidents through police stations, the Ministry of Women Affairs, hospitals, the Child Rights Agency, or traditional and religious leaders. The Ministry of Health explained that "people know to report to the nearest police station, SARCs, Child Rights Agency, or social workers at the Ministry of Women Affairs," demonstrating public awareness of formal reporting channels.

The prosecution of GBV cases follows a structured pathway: victims are taken to a police clinic for medical assessment, statements are obtained from suspects with caution and relatives present, and prosecutors follow up in court to ensure justice. Fast-track trials have improved speed, with judges sitting daily for swift hearings, and survivors now reporting more freely. However, cost remains a key barrier, as parties struggle to pay for services like summons, especially for out-of-town defendants.

Legal aid services demonstrate comprehensive geographic coverage. Stakeholders confirmed unequivocally that all 25 LGAs in the state are covered by NGOs. There are LGA focal persons, customary courts, family courts, and SARC across the state, providing multiple entry points for legal services. The Ministry of Justice confirmed that “major LGAs such as Suleja, Lapai, Kontagora, Bida, and Minna are covered. NGOs have groups within local areas that assist in resolving domestic violence cases.” However, quantitative data reveals low awareness of these services; only 30.9% of respondents know about legal assistance available to survivors.

Informal justice systems have mixed effects as sometimes they help resolve cases but other times, they hinder justice by pressuring victims to settle or condoning violence. 78.1% of respondents would seek formal justice, while 21.4% would seek informal justice. Regarding witness protection, 95% of respondents would feel safe serving as witnesses, suggesting successful confidence-building measures.

Changes Over Time (2023–2025)

Preference for formal justice systems showed volatility between 2023 and 2025. Awareness of legal aid services appeared at 19% in 2024 and increased to 30.9% in 2025. Formal justice preference dropped drastically from 85% in 2023 to 28% in 2024, before recovering strongly to 78.1% in 2025. The 2025 recovery suggests renewed trust in formal mechanisms, possibly due to the fast-track reforms and increased conviction rates becoming more visible to communities.

Correspondingly, reliance on informal systems increased from 15% in 2023 to 21% in 2024, settling at 21.4% in 2025. While informal system use remains a minority preference, it represents persistent confidence in traditional mechanisms among one-fifth of the population. As the Ministry of Women Affairs noted, informal systems “have improved significantly due to increased awareness among traditional leaders who now take action against harmful practices.”

Willingness to serve as witnesses transformed dramatically. In 2023, only 20% would feel safe testifying, 38% would not, and 32% said it depends on witness protection effectiveness. By 2024, hesitancy increased (18% yes, 17% no, 65% depends). In 2025, confidence surged to 95% willing to testify, with only 4.2% refusing and 0.8% conditional. This remarkable shift suggests successful implementation of protection measures or effective communication about existing protections.

Support Services

Current State in 2025

Niger State provides GBV support through a dual system comprising Sexual Assault Referral Centres and dedicated support structures. The Ministry of Women Affairs reported: “We currently have six SARCs distributed across zones: two in Zone B (including the police clinic and Jummai Babangida General Hospital), one in Minna, one in Suleja, one in Kontagora, and one in New Bussa. All are government-run.” These centres deliver comprehensive services. The SARC case manager explained: “We provide good psychosocial support and free medical examinations including tests for HIV, hepatitis B, and pregnancy at low cost. Doctors diagnose and prescribe drugs, often free or at low cost.”

Economic empowerment is also taken as a priority, but survivors often lack sufficient support. However, data reveals significant awareness challenges. Only 11% of respondents know of or have visited SARCs or shelters. Among those aware, 55.8% believe the facilities are effectively functional and adequately equipped, with 43.4% strongly agreeing. Regarding support services broadly, 30.9% are aware of available medical, legal, psychosocial, or economic services for survivors, primarily learning through radio (82.6%) and television (77.3%).

The GBV reporting and referral system is accessible and user-friendly, offering multiple reporting options including the Ministry of Women Affairs, police stations with gender focal points, a state helpline, and SARCs. The process is coordinated with services like interpreters for persons with disabilities and collaboration with agencies such as the Education and Child Rights Agency. Confidential information is shared securely among stakeholders. However, challenges remain, including overburdened hospital doctors, pointing to the need for dedicated SARC staff to improve support services. Awareness of specific referral pathways shows striking disparities. Police or community security pathways are known to 93.7% of respondents, healthcare facilities to only 12.7%, support groups to 85.3%, and legal representation to just 5.5%. Strikingly, 98.3% of respondents believe informal support systems are better than formal systems, indicating either deep cultural preference or perceived inadequacy of formal mechanisms.

In Niger State, service accessibility for GBV survivors varies. Urban areas (Suleja, Minna, Bida) have better counselling and justice services, while rural areas (especially Niger town) are underserved due to security restrictions and resource gaps, with economic support notably limited. Informal systems complement formal care by providing moral/financial aid, reducing stigma, and boosting awareness. Traditional leaders now act against harm, and engagement with families and communities emphasizes universal human rights, encouraging survivors to speak up.

Changes Over Time (2023–2025)

Knowledge of SARCs or shelters plummeted from 93% in 2023 to 9% in 2024, recovering slightly to 11% in 2025. This collapse likely reflects the end of donor-funded awareness campaigns mentioned by the SARC respondent: “Previously, when donor funding was available, activities and awareness were fantastic, and reporting was massive. Continuous awareness is needed.” The failure to sustain 2023 awareness levels suggests over-reliance on temporary project-based outreach rather than institutionalized communication.

Confidence in SARC functionality among those aware remained relatively stable, rising from 40% in 2024 to 55.8% in 2025. This suggests that while fewer people know about these facilities, those who do have growing confidence in their effectiveness. Awareness of specific referral pathways showed mixed trends. Police pathway recognition declined from 91% (2023) to 35.7% (2024) then surged to 93.7% (2025), demonstrating successful sustained sensitization on law enforcement channels despite the 2024 dip. Healthcare pathway awareness sharply declined from 58% (2023) to 15.3% (2024) to 12.7% (2025), indicating persistent neglect of health sector communication. Legal representation awareness collapsed from 85% (2023) to 9.5% (2024) to 5.5% (2025), representing a critical failure in legal literacy outreach.

Reliance on informal support systems increased from 80% (2023) to 78% (2024) to 98.3% (2025) which

may be attributed to the Ministry of Women Affairs' efforts to strengthen informal networks through training, retraining, advocacy, and sensitization through town hall meetings, market squares, and other community gatherings.

Information and Awareness

Current State in 2025

Niger State adopts a multi-channel approach to GBV awareness through radio, TV, print materials, and community engagement. The Ministry of Women Affairs uses IEC materials, banners, and quarterly jingles in English and Hausa, though most new content is tied to the 16 Days of Activism, indicating campaign-driven rather than continuous messaging. Radio remains the most effective medium, complemented by roadshows, role plays, and short dramas produced by the Ministry of Education for all LGAs.

Community support for school-based GBV and child sexual abuse education is strong (97.2%), but implementation is inconsistent. While anti-GBV clubs exist in some secondary schools, standardized curricula are lacking, and challenges persist, including parental resistance, poor coordination between parents and teachers, and cases of staff misconduct discouraging reporting.

Public sensitization relies heavily on annual campaigns like the 16 Days of Activism and programs such as "Talk Your Own," which engage communities via local FM stations. Awareness gaps remain—only 34.2% of respondents know of GBV programs, mainly through radio (84.6%) and TV (74.6%), while NGOs and CSOs account for just 5.4%. Disability inclusion is prioritized through PWD representation in GBV committees, but accessible formats like sign language (12.5%), simplified messaging (8.2%), and braille (1.2%) are rarely used. Outreach also targets marginalized groups like Almajiri and Mai Angwas via community leaders.

Changes Over Time (2023–2025)

GBV awareness showed volatile patterns from 2023 to 2025. Knowledge of information programs declined from 36% in 2023 to 25% in 2024, before recovering to 34.2% in 2025. This fluctuation suggests inconsistent campaign intensity, likely tied to donor funding cycles and government budget allocations for awareness activities. The perceived usefulness of materials improved among those exposed. The proportion finding content "completely useful" dropped from 21% in 2024 to 6.8% in 2025. The "mostly useful" category increased from 6% in 2023 to 59% (2024) to 86.9% (2025). This suggests that while fewer people encountered awareness materials in some years, those who did find them increasingly valuable, indicating improved content quality even as dissemination fluctuated.

Use of disability-inclusive materials peaked in 2024 before declining in 2025. Audio or spoken content awareness rose from 4% in 2023 to 75% in 2024, surging to 94.2% in 2025 — a remarkably positive trend. Visual content awareness increased from 3% (2023) to 27.4% (2024) to 71.7% (2025). However, braille usage showed regression: 4% (2023), 5% (2024), 1.2% (2025). Screen subtitling remained consistently low: 3% (2023), 4.6% (2024), and 3.2% (2025). Simplified messages declined from 32.3% (2024) to 8.2% (2025).

Budget and Spending

Budget Analysis 2024

Niger State stands out as one of the stronger performers in GBV budget execution for 2024. The state allocated ₦2.15 billion to GBV programs (0.27% of total budget) and demonstrated impressive follow-through by spending ₦1.69 billion, achieving a 78.4% execution rate. This resulted in a per capita expenditure of ₦457.71. The high implementation rate suggests that Niger has developed effective coordination mechanisms enabling efficient fund disbursement and program execution. This performance is particularly noteworthy given that many states with similar or higher initial allocations struggled to achieve even half of Niger's execution rate.

Changes Over Time (2022–2024)

Across the three years under review, Niger State consistently included gender-based violence (GBV) specific line items, such as the "Provision of Shelter and Nutrition for Abused Children," which appeared annually. However, implementation remained weak. In 2022, only 15% (₦1.5 million) of the ₦10 million allocation was spent, while the 2023 and 2024 allocations of ₦5 million and ₦30 million respectively recorded 0% expenditure. Budget performance within the Ministry of Women Affairs was relatively strong in the last two years. In 2022, the ministry received ₦3.08 billion but achieved an implementation rate of only 31% (₦970.80 million). In 2023, the allocation rose to ₦3.45 billion, and the state recorded an exceptional performance rate of 166% (₦5.72 billion). However, the allocation fell to ₦2.15 billion in 2024, with actual performance at 78.4% (₦1.69 billion). Per capita spending stood at ₦457.71 in 2024, ₦1,606.42 in 2023, and ₦282.03 in 2022. The exceptionally high level of spending in 2023, followed by a steep decline in 2024, reflects volatile investment patterns and inconsistent prioritization of GBV-related interventions across the three-year period.

Human Angle Stories

20-year-old Amina was raped by someone she trusted. "I felt shame and was afraid of other people's opinions," she recalled.

One evening, she heard a radio broadcast about the VAPP Act and support services for survivors. "The woman on the radio said it wasn't my fault and that there were people who could help me," Amina said. Encouraged, she reached out to a local women's group, which referred her to a Sexual Assault Referral Centre for counselling. Amina's story demonstrates the impact of survivor-centred awareness campaigns and the importance of accessible media messaging in breaking cycles of silence.

KEY GAPS AND RECOMMENDATIONS

Index	Key Gaps	Recommendations
 Laws and Policies	Only 32% of respondents are aware of existing GBV laws despite strong legislative framework and over 100 convictions.	Launch a systematic, year-round legal awareness campaign through multiple channels and existing government outreach programs to ensure sustained visibility beyond donor-funded projects.
	Early marriage continues despite legal prohibitions, with cultural and religious teachings emphasizing male authority limiting women's agency in seeking justice.	Launch culturally-sensitive dialogue programs with community leaders, Imams, pastors, and health professionals to challenge harmful practices and promote alternative ceremonies.
	Traditional leaders and religious centres have negligible roles (0.3% and 0.6% respectively) in legal awareness dissemination despite their cultural influence and community trust.	Formalize traditional/religious leaders as legal awareness ambassadors with materials, briefings, and awards, leveraging their influence to boost legal literacy in hard-to-reach communities.
 Access to Legal Justice	Only 30.9% are aware of legal assistance services despite comprehensive coverage across all 25 LGAs through Legal Aid Council, NGOs, customary courts, and family courts.	Launch "Know Your Rights" campaigns with survivor testimonials, targeting vulnerable populations through women's groups, youth organizations, and community health workers
	Informal justice mechanisms present a paradox, as some traditional leaders appropriately refer cases, while others obstruct justice through forced settlements that deny survivors medical evidence collection and prosecution.	Implement quarterly reporting for traditional leaders on GBV cases, with awards for high performers and sanctions for underreporting or harmful practices.
	Legal representation awareness collapsed from 85% (2023) to 5.5% (2025), representing a critical failure in legal literacy outreach despite services being available.	Establish permanent legal aid awareness roles in the Ministry of Justice, with performance metrics tied to community outreach and survey results, ensuring sustained awareness beyond donor funding.
 Support Services	Six SARC exist across zones but awareness plummeted from 93% (2023) to 11% (2025), with stakeholders explicitly linking the decline to end of donor-funded awareness in 2018, indicating over-reliance on temporary project funding.	Institutionalize SARC awareness as a permanent government function with dedicated staff in the Ministry of Women Affairs responsible for year-round campaigns, including SARC location signage at major intersections, regular radio announcements.
	Services are more accessible in urban areas (Suleja, Minna, Chanchaga, Mokwa, Bida) than rural areas, with some areas like Niger town underserved due to security issues restricting movement.	Explore alternative GBV service models: mobile SARC teams, telemedicine consultations, and partnerships with humanitarian organizations in underserved areas.
	98.3% of respondents believe informal support systems are better than formal systems, despite institutional improvements in formal services.	Integrate trained community support persons into GBV referral pathways with standardized training, tools, and accountability to SARCs, bridging formal and informal support systems.
	The SARC case manager noted "doctors are often overworked, so having a dedicated doctor for each SARC would help," indicating staffing gaps affecting service quality.	Partner with Ministry of Health to deploy dedicated SARC medical officers, trained in GBV response, with protected workload for specialized survivor care.
 Information and Awareness	GBV awareness materials are produced and distributed "only for the 16 Days of Activism," indicating campaign-concentrated rather than continuous communication, contributing to awareness volatility.	Implement continuous GBV awareness through permanent IEC material displays in public spaces, refreshed quarterly, making awareness a constant presence.
	97.2% support teaching GBV in schools, yet implementation is inconsistent. Stakeholders acknowledged GBV is "not a formal subject," only covered through clubs in some secondary schools.	Develop and implement a comprehensive, age-appropriate GBV curriculum for all education levels through the Ministry of Education, training teachers as facilitators, and integrating content into existing subjects (Social Studies, Civic Education, Health Education, Religious Studies).
	Traditional leaders (0%) and religious centres (0%) have no reported impact as sources of GBV information despite their cultural influence, while radio (84.6%) and television (74.6%) dominate, missing opportunities to leverage trusted community voices.	Formalize religious/traditional leaders as GBV awareness partners with talking points, updates, and sermon integration, recognizing consistent GBV messaging in communities.
	Awareness of specialized disability formats remains critically low — braille (1.2%), screen subtitling (3.2%), simplified messages (8.2%) — despite government commitment to disability inclusion and materials reportedly being produced.	Partner with disability organizations to disseminate tailored materials and train service providers in disability communication, boosting GBV support accessibility.
Budget and Spending	Despite high implementation efficiency, specific GBV line items like "Provision of Shelter and Nutrition for Abused Children" recorded 0% expenditure in 2023 and 2024.	Strengthen monitoring of earmarked GBV line items to ensure funds reach intended programs, particularly shelter and child protection services that currently show zero implementation despite allocations.



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