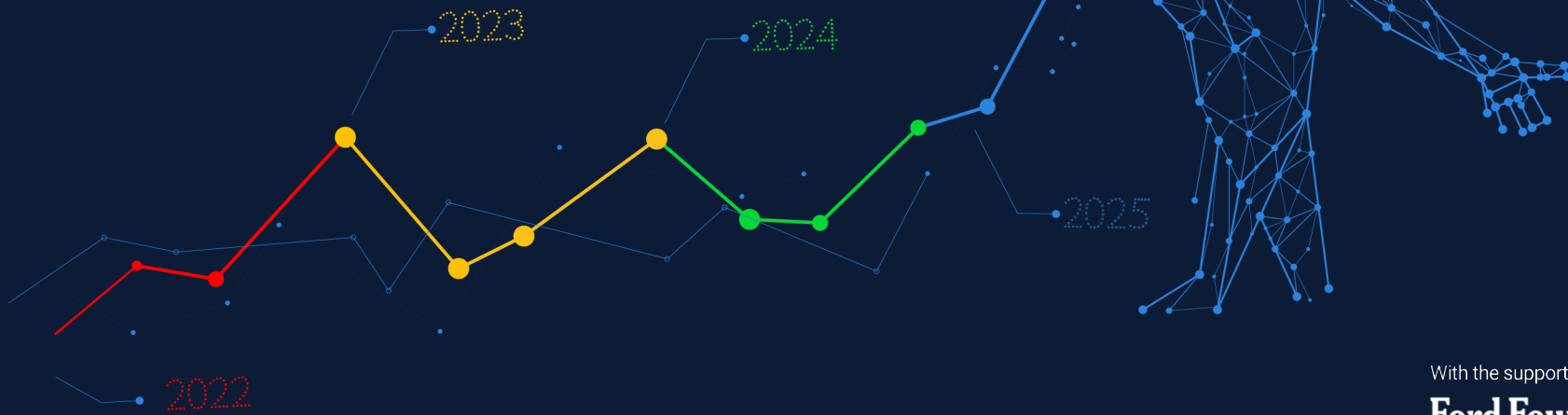




# Gender-Based Violence Prevention and Response: **What Has Changed?**



With the support of  
**Ford Foundation**





# Ondo State

Sunshine State

Oke Maria Hills

# Ondo State

Population: 5,938,889

50.2% Female 49.8% Male

Overall Grade **62.1%**

## Respondents Demography (n = 1,005)

### GENDER

Female Male



### AREA

Rural Urban



### AGE

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

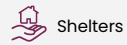


### DISABILITY STATUS

Yes No



2



0

## Ministry of Women Affairs and Social Development

### BUDGET ALLOCATION

**₦7.45bn**

(This accounts for 1.5% of the total state budget)

### BUDGET PERFORMANCE

**₦533.58m**

(This accounts for 7.2% of total allocation to the ministry)



Capital Personnel Overhead



Per Capita Spending

**₦178.84**

Indexes	Indicators				Total Grades
Laws and Policies	LP <sub>1</sub>	LP <sub>2</sub>	LP <sub>3</sub>	—	66.7%
Access to Legal Justice	ALJ <sub>1</sub>	ALJ <sub>2</sub>	ALJ <sub>3</sub>	ALJ <sub>4</sub>	68.8%
Support Services	SS <sub>1</sub>	SS <sub>2</sub>	SS <sub>3</sub>	SS <sub>4</sub>	56.3%
Information and Awareness	IA <sub>1</sub>	IA <sub>2</sub>	IA <sub>3</sub>	IA <sub>4</sub>	68.8%
Budget and Spending	BS <sub>1</sub>	BS <sub>2</sub>	BS <sub>3</sub>	—	50.0%

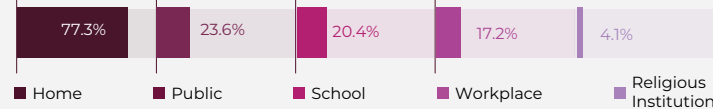
## GBV Context 2025

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

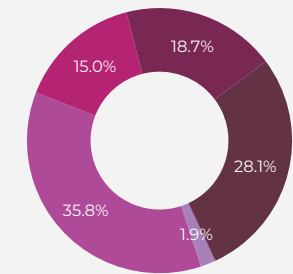
No Yes



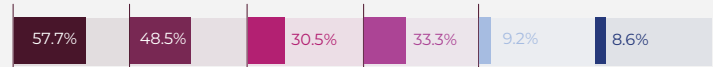
Where did you or the person experience the GBV?



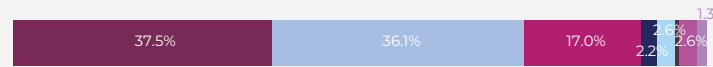
Why did you or the person choose where you sought help?



What form of GBV did you or the person experience?



Where did you or the person first seek help?

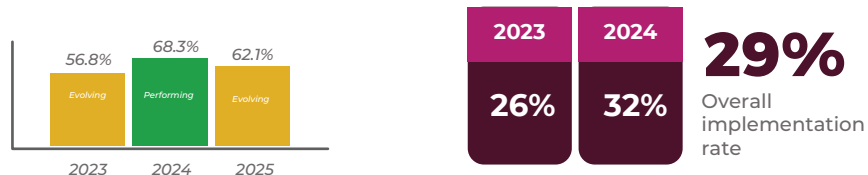


Domestic Physical Sexual Mental Economic Cultural practices

Family/relatives Police/law enforcement authority Friends/neighbors Traditional/community leader or group Religious leader (Pastor, Ulama, Imam, Deity) Employer/Work colleague/Labour group I did not seek help Lawyer

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

**Overall Grade Trend** **Implementation Rate**  
(% of recommendations acted upon)



**Index Grade Trend**

Index	2023	2024	2025
Laws and Policies	LP 75.0%	LP 83.3%	LP 66.7%
Access to Legal Justice	ALJ 61.3%	ALJ 68.8%	ALJ 68.8%
Support Services	SS 61.3%	+1 ▲ SS 75.0%	-1 ▼ SS 56.3%
Information and Awareness	IA 61.3%	SS 56.3%	SS 68.8%
Budget and Spending	BS 25.0%	+1 ▲ BS 58.3%	BS 50.0%

**What Has Changed**

**Positive Developments**

- School-based GBV initiatives: Guidance counsellors use structured materials covering GBV and child sexual abuse in most secondary schools, with public support at 95.7%.
- Functional referral networks: Ministries, OSSAGBV, NGOs, and local leaders coordinate GBV responses through established referral pathways.
- Some improvements in disability inclusion: Awareness of braille materials (11.7%), sign language (25.1%), and visual/audio content show modest gains, demonstrating growing attention to accessibility.

**Areas of Concern**

- Reliance on customary/religious laws: Perception that informal systems are sufficient rose to 58.6%, potentially discouraging formal reporting.
- Limited functional support services: SARCs are largely non-operational; adult shelters do not exist, and awareness of support services remains very low.
- Financial barriers: Survivors face out-of-pocket costs for medical exams, police transport, and documentation, discouraging reporting.

**Key Actions**

**Laws and Policies**

- Ondo State domesticated the VAPP Act in 2021, retaining core federal provisions while introducing community sentencing for minor offenses.
- Translated the VAPP law into Yoruba language and developed simplified versions for improved accessibility.
- Established Ondo State Agency Against Gender-Based Violence (OSSAGBV) as a

dedicated agency for GBV prevention and response.

**Access to Legal Justice**

- GBV units were set up across all 18 LGAs, with gender desk officers at every police division and support from the Civil Defence and Amotekun security outfits.
- Legal Aid Council has branches in all 18 local government areas providing pro bono services, complemented by NBA Human Rights units across six judicial divisions.

**Support Services**

- Three SARCs were established across the three senatorial districts, operated by the Ministry of Health with additional support from private facilities.
- A coordinated referral pathway was developed involving the Ministry of Health, Ministry of Women Affairs, Ministry of Justice, OSSAGBV, police, and partner NGOs.

**Information and Awareness**

- Comprehensive training manuals on GBV were developed and distributed to schools, covering topics such as prevention, gender roles, and decision-making, with guidance counsellors using structured schemes of work from JSS1 to SS3.
- The state established multiple sensitization channels including school programs, market outreaches, community meetings, religious centre engagements, and collaborations with civil society organizations

**Change Spotlight**

Ondo State achieved a significant milestone in GBV prevention through its systematic integration of GBV education into the secondary school system via guidance counsellors. Ondo developed a comprehensive scheme of work that ensures every guidance counsellor address gender-based violence topics throughout the academic year, from JSS1 to SS3. The Ministry of Education created structured guidance counselling programs covering critical topics including self-concept, self-esteem, reproductive health, and specifically, gender-based violence.

This has created multiple reporting pathways. Students now report to counsellors, teachers report to authorities, and parents increasingly support their children rather than covering up abuse. The combination of structured curriculum delivery, trained counsellors, and supportive school leadership has transformed schools from places where abuse might be hidden into active protection sites.

## Ondo State GBV Assessment Survey

Overall Grade **62.1%**

### 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 ■



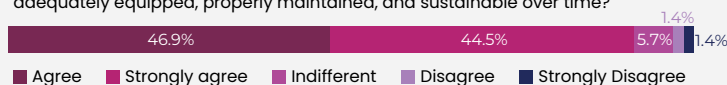
### SUPPORT SERVICES



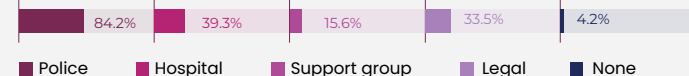
Do you know of, or have you visited, any active shelters and/or Sexual Assault Referral Centres (SARCs) for GBV victims/survivors in the state? Yes ■ No ■



Do you believe that these shelters and/or SARCs are effectively functional, adequately equipped, properly maintained, and sustainable over time? Yes ■ No ■



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



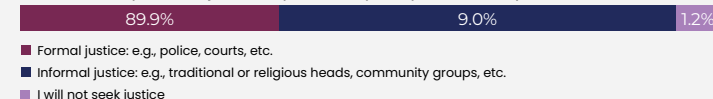
Do you think informal support systems such as family, friends, religious centres, community groups, etc., are helpful to GBV victims/survivors? Yes ■ No ■



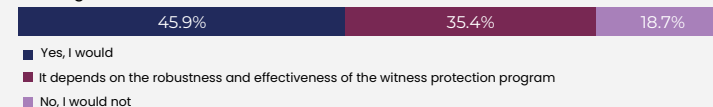
### ACCESS TO LEGAL JUSTICE



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



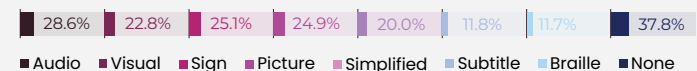
Do you know of any GBV information and/or education programs or materials in the state? Yes ■ No ■



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?



### Ondo State GBV Context Trend (2024-2025)

Overall Grade **62.1%**

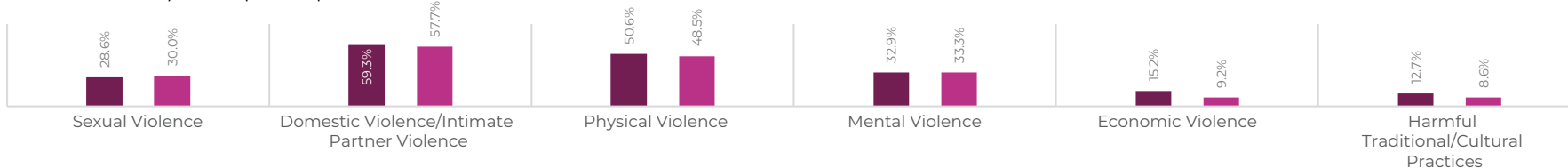
Have you or anyone you know experienced any form of gender-based violence in the last five years?



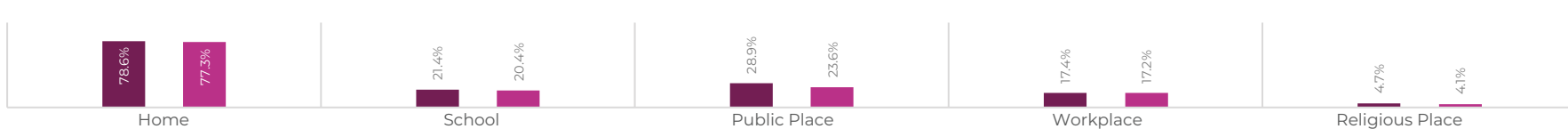
# 53.1%

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

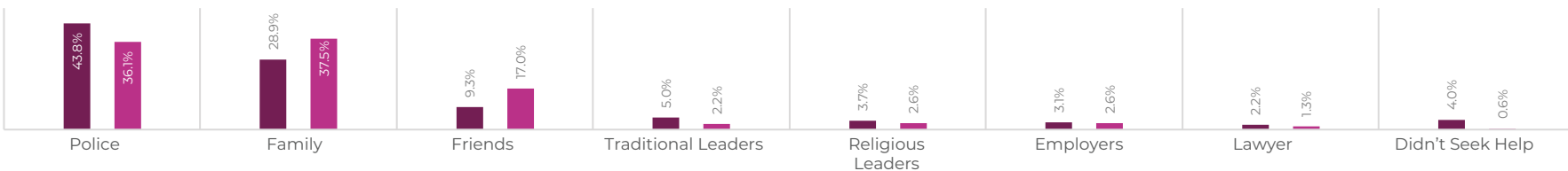
What form of GBV did you or the person experience?



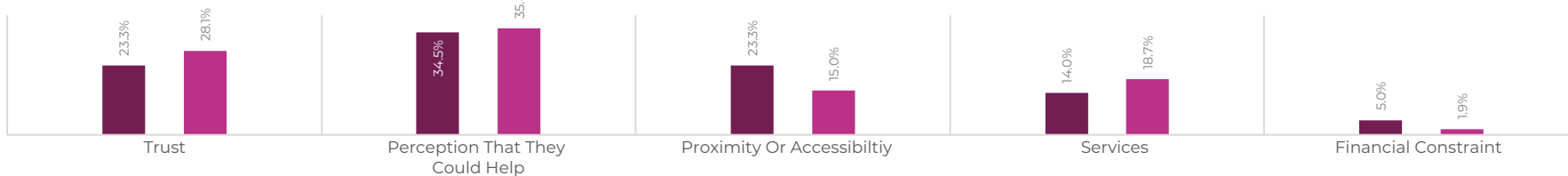
Where did you or the person experience the GBV?



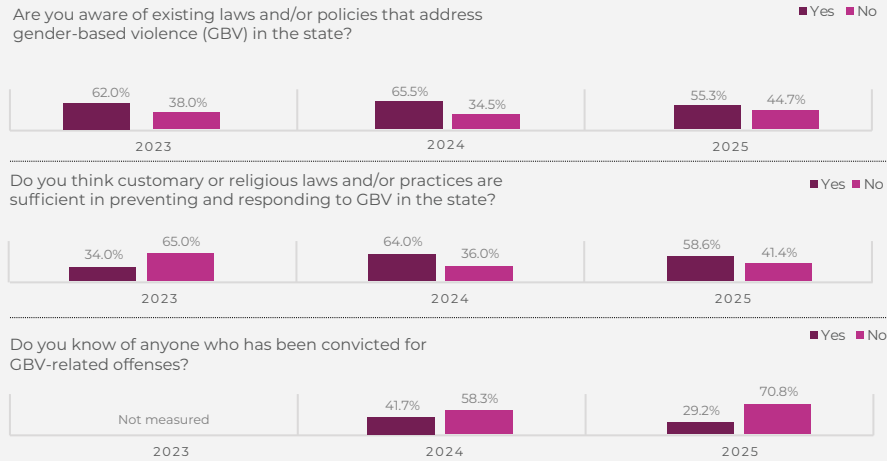
Where did you or the person first seek help?



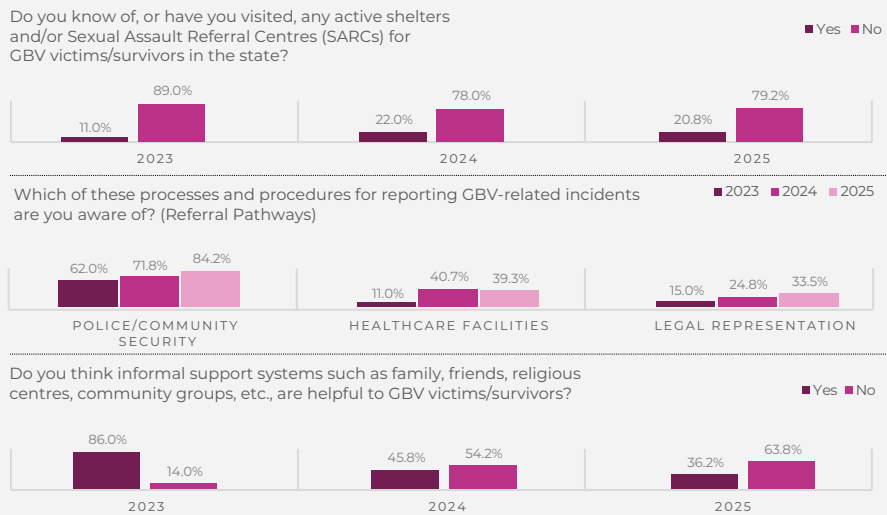
Why did you or the person choose where you sought help?



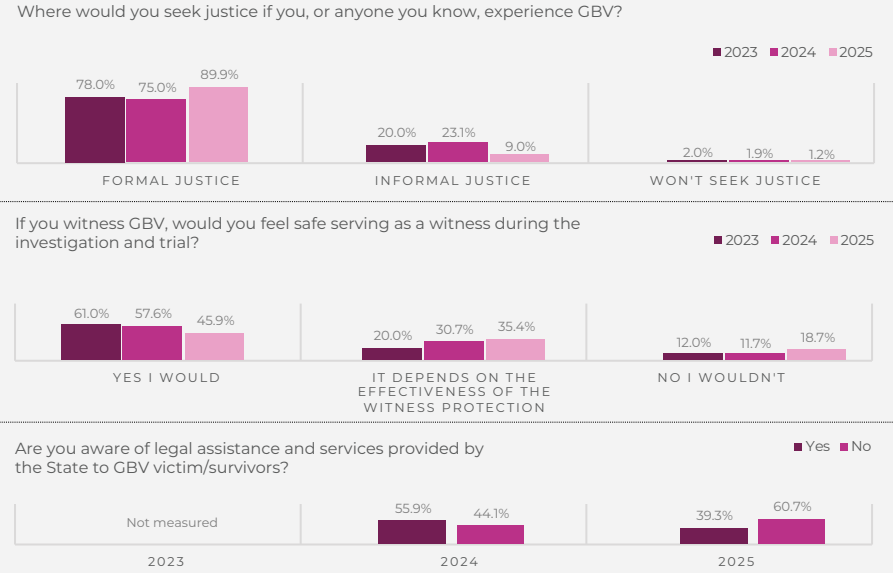
**LAWS AND POLICIES**



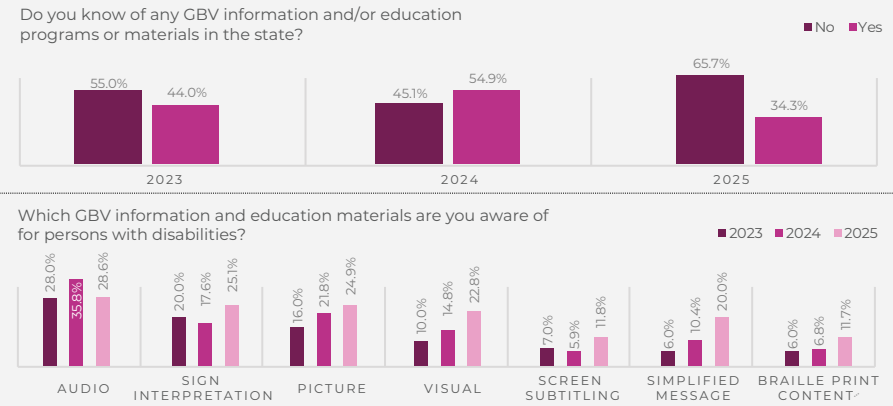
**SUPPORT SERVICES**



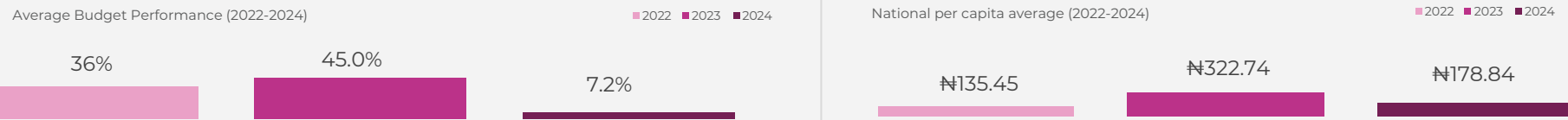
**ACCESS TO LEGAL JUSTICE**



**INFORMATION AND AWARENESS**



**BUDGET AND SPENDING**





## KEY INSIGHTS

### Laws and Policies

#### Current State in 2025

Ondo State has established strong legal frameworks to address GBV, having domesticated the VAPP Act in 2021. The law retained core elements of the federal VAPP Act 2015 while introducing context-specific provisions, including the establishment of OSSAGBV as a dedicated state agency for coordinating GBV response, guidelines for engaging traditional rulers and religious leaders in prevention, and protocols for school-based prevention programs.

The state has taken significant steps to improve accessibility by translating the VAPP law into Yoruba and developing simplified versions for distribution in rural areas. In 2023, OSAA-GBV translated the VAPP law into Braille print for the use of virtually impaired in Ondo state to promote inclusiveness.

These efforts appear to be yielding results: most residents (62.0%) believe the laws are effective tools for preventing and addressing GBV. Overall awareness of the specific laws stands at 55.3%, representing a relatively stable understanding among the population compared to 62.3% in 2023.

However, public awareness of actual GBV-related convictions is notably low, with only 29.2% of residents reporting knowledge of anyone convicted for GBV offences. Stakeholder interviews offer mixed figures but suggest that actual convictions likely fall between 5 and 10 cases in the past year. The Ministry of Justice reported “over 30 convictions” for all violence-related cases but acknowledged that specific GBV conviction data resides with OSSAGBV and is not centrally tracked.

Customary and religious laws continue to significantly influence how communities in Ondo respond to GBV. While 62.5% of residents are aware of these informal practices, 58.6% consider them effective. Multiple sources documented practices including early and forced marriages, resolving sexual assault cases through monetary compensation instead of prosecution, and pressuring survivors to marry their abusers or accept traditional remedies. Some religious leaders were also identified as enablers of GBV, with stakeholders reporting instances where pastors and church leaders counsel survivors to “forgive” abusive spouses rather than pursue justice. Such practices prioritize family honour and religious doctrine over justice, creating significant tension with formal legal systems and preventing survivors from accessing the support and justice they deserve.

#### Changes Over Time (2023–2025)

Between 2023 and 2025, public awareness of formal laws addressing GBV increased slightly from 62.0% in 2023 to 65.6% in 2024, then declined to 55.3% in 2025. However, a far more concerning trend emerged in public knowledge of actual GBV-related convictions, which dropped dramatically from 41.7% in 2024 to just 29.2% in 2025. This sharp decline occurred despite the Family Court magistrate reporting consistent weekly prosecution of GBV cases.

At the same time, significantly more residents now believe that customary and religious laws are sufficient for addressing GBV. This perception increased from 34.0% in 2023 to 64.0% in 2024 and to 58.6% in 2025, raising serious concerns about a shift away from formal justice systems. This trend can be partly attributed to the highly visible presence of traditional and religious leaders in communities, compared to the less visible outcomes of formal justice processes.

### Access to Legal Justice

#### Current State in 2025

Public engagement with the formal justice system in Ondo remains modest, highlighting the need for stronger efforts to build trust and improve access. While 89.9% of residents say they would seek redress through official channels, this reflects expressed willingness rather than actual behaviour, as conviction rates remain low and GBV case attrition high. About 9.0% of residents still consider community-based mechanisms helpful for securing justice, suggesting and the continued reliance on both formal and informal channels.

Limited trust is also evident in residents’ willingness to serve as witnesses. Only 45.9% feel safe doing so without conditions, while 35.4% are willing only if witness protection is available and 18.7% are unwilling to participate at all. Stakeholders noted that fear and intimidation undermine prosecution, with some witnesses requiring court orders to appear. Although the GBV reporting and prosecution process is functional, it remains slow and burdened by financial barriers. Survivors often face significant out-of-pocket costs for medical tests, police transportation, and court documentation despite official claims of free services.

Fees for medical examinations reportedly increased, and some survivors were asked to pay to move case files from the police to the Ministry of Justice. These costs discourage reporting and delay justice, with some survivors abandoning cases due to financial hardship. Legal aid services are available in all 18 local government areas through FIDA clinics in Akure, Ondo, and Owo, the Legal



Aid Council, and GBV units in each LGA, but only 39.3% of residents are aware of these services. The main challenge is not availability but limited awareness and access, especially in remote areas like Ilaje, Ese-Odo, Irele, Ibiono, and Ikono, where transportation barriers are significant.

Family Support Units (FSUs) and gender desks operate across police divisions but face severe resource constraints, including lack of mobility, shelters, and vehicles, which affect service quality at the first-response stage. While family courts exist at the magistrate and high court levels, there are no specialized GBV courts or judges. Consequently, GBV cases compete for attention on crowded dockets, leading to prolonged delays and placing additional strain on survivors. Establishing dedicated GBV courts and strengthening resourcing at first-response units would enhance access to justice and build greater public confidence in formal systems.

### Changes Over Time (2023–2025)

A positive shift observed over the three-year period is the drop in the number of residents unwilling to seek justice, from 2.0% in 2023 to just 1.2% in 2025. This suggests improved willingness to act when GBV occurs. Reliance on informal mechanisms decreased from 20.0% in 2023 to 9% in 2025. The proportion of residents preferring formal justice channels increased notably from 78.0% in 2023 to 89.9% in 2025. This indicates growing confidence in formal systems, though it must be balanced against declining awareness of convictions and persistent operational challenges reported by service providers.

Concerns about safety during the justice process have grown. The proportion of residents who feel unconditionally safe participating in investigations and court proceedings dropped sharply from 61.0% in 2023 to 57.6% in 2024 and further declined to 45.9% in 2025, while those willing to engage only with strong witness protection measures increased from 19.7% in 2023 to 31% in 2024 and 35.4% in 2025. The share of residents unwilling to serve as witnesses also rose from 12.0% in 2023 and 11.7% in 2024 to 18.7% in 2025. As the Ministry of Justice explained, many witnesses face pressure, threats, or intimidation, which often forces complainants to withdraw their cases. The lack of adequate security arrangements for witnesses and legal professionals continues to undermine confidence and contribute to case attrition.

Awareness of state-provided legal aid for GBV survivors has not improved meaningfully, remaining at 55.9% in 2023 but dropping to 39.3% in 2025. This decline, despite reported expansion of services by stakeholders, highlights the urgent need to strengthen legal aid outreach and accessibility. The Legal Aid Council noted efforts to enlist pro bono lawyers through the NBA, but this expansion has not yet translated into greater public awareness or use of available services.

## Support Services

### Current State in 2025

Ondo State operated two SARCs, however, their operational status and capacity vary widely. The Ministry of Health confirmed having at least two referral centres. Officials also noted that none currently operate as full-fledged SARCs. The Ministry of Health's Gender Focal Person explained: "Concerning the SARC and shelters, we don't have any SARC at the moment," suggesting that while facilities exist on paper, they are not functioning comprehensively. The different response

on whether SARCs exist or not points to lack of shared knowledge, limited coordination of data and information, and the likelihood of not differentiating between SARCs and other response organizations (such as NGOs) or facilities (such as PHCs).

Shelter provision remains a major gap. The state operates a government children's home at Oballe, but it only accommodates minors aged 12–15. The Ministry of Women Affairs and FIDA both confirmed that there is no adult shelter in Ondo State, forcing agencies to rely on temporary arrangements such as hotel accommodation for survivors during court proceedings.

Awareness of SARCs and shelters is very low—only 20.8% of residents know about or have visited one. Among those aware, 91.4% believe facilities are functional, suggesting the main challenge is accessibility and awareness, not service quality. While referral pathways link key ministries, OSSAGBV, and NGOs, knowledge gaps persist, especially in rural areas. Most residents know to report via police (84.2%) or hospitals (39.3%), but awareness of support groups (15.6%) and legal aid (33.5%) is limited. Underserved LGAs include Ikono, Ini, Ilaje, Ese-Odo, Irele, and Eastern Obolo (Igbokoda)..

Broader awareness of GBV support services stands at just 34.6%. The Ministry of Health confirmed that medical treatment for survivors is not free, requiring out-of-pocket payment. Although OSSAGBV, the Ministry of Women Affairs, and partners such as FIDA and the Legal Aid Council provide counselling, legal aid, and small grants for survivors, coverage remains limited by funding constraints. This limited access and awareness may explain why 36.2% of residents still believe informal support systems are more effective than formal services. However, stakeholders note that while informal networks can provide emotional support, they often lack the structure, accountability, and protection survivors need for long-term recovery and justice.

### Changes Over Time (2023–2025)

Between 2023 and 2025, public engagement with shelters and SARCs declined dramatically from 11.0% in 2023 to 22% in 2024, before plummeting to just 20.8% in 2025. The sharp variability points to inconsistent visibility, limited accessibility, declining public confidence in these facilities, or possible confusion about what constitutes a SARC versus other health facilities.

Knowledge of police reporting increased from 62.0% in 2023 to 71.8% in 2024 and to 84.2% in 2025, indicating successful efforts to position law enforcement as a primary entry point. Healthcare pathway awareness also improved from 11.0% in 2023 to 40.7% in 2024 and declined slightly to 39.3% in 2025, though it remains below 50%. However, legal representation awareness doubled from 15.0% in 2023 to 24.8% in 2024 and further increased to 33.5% in 2025.

At the same time, public trust in informal support systems appears to be declining significantly. The proportion of residents who viewed these informal systems as more helpful than formal services dropped sharply from 86.0% in 2023 to 45.8% in 2024, and further to 36.2% in 2025.

## Information and Awareness

### Current State in 2025

Ondo State continues to implement robust public sensitization campaigns, with its annual GBV

Month observed every June serving as a major awareness platform. OSSAGBV described the June 2025 GBV Month as a “statewide program” that reached “almost all the local government areas in the state,” with sensitization delivered through stakeholder trainings for village heads and youth councils, radio jingles, television programs, flyers, posters, and even town criers in some communities. These campaigns are implemented in collaboration with key stakeholders such as the Ministry of Justice, FIDA, ROTDOW, and other civil society organizations. Despite these efforts, only 34.3% of residents report having been exposed to GBV-related programs, highlighting the need to extend outreach to underserved communities and deepen public engagement.

The primary channels through which residents learn about GBV laws and programs are social media (61.3% of those aware), television (44.6%), and radio (38.3%), followed by school/educational institutions (30.6%) and friends/family (26.1%). Traditional sources like healthcare facilities (8.1%), religious centers (8.3%), traditional leaders (5%), and workplaces (7.4%) show very low penetration, suggesting missed opportunities to leverage these trusted community institutions for awareness-raising.

School-based GBV initiatives in Ondo have progressed. Guidance counsellors teach GBV as a mandatory topic from JSS1 to SS3 using structured schemes and distributed training materials on prevention, gender roles, and decision-making. IEC materials are reportedly in most of the state’s 2,000 schools, though exact figures were not provided.

However, the long-term sustainability of these interventions is at risk. While public support for integrating GBV and child sexual abuse education into the formal school curriculum is very high (95.7%), these topics remain outside the official curriculum as standalone subjects. This means current progress is heavily reliant on individual guidance counsellors’ commitment and donor-funded programs. Schools not reached by these efforts are less likely to have access to standardized materials and teacher training, leaving gaps in awareness and protection.

Disability inclusion in GBV communication is limited. While sign language interpreters are used in some events, awareness and use of accessible formats remain low—audio (28.6%), sign interpretation (25.1%), picture-based (24.9%), visual content (22.8%), simplified messages (20%), subtitling (11.8%), and braille (11.7%). Accommodations exist but are inconsistently applied, restricting access for many PWDs.

### Changes Over Time (2023–2025)

Awareness of GBV programs over the three years has remained relatively stagnant: 44.0% in 2023, 54.9% in 2024, and 34.3% in 2025. The observed trend suggests that while sensitization programs exist, they need to be scaled up significantly to ensure community-wide penetration and that gains made in one year are not being sustained.

Disability inclusion in awareness materials shows modest improvement in some areas but stagnation in others. Audio/spoken content awareness moved from 28.3% in 2023 to 35.8% in 2024 and dropped to 28.6% in 2025, braille awareness increased from 5.8% in 2023 to 6.7% in 2024 and 11.7% in 2025, and visual content awareness increased from 10% in 2023 to 14.8% in 2024 and further increased to 22.8%. However, screen subtitling awareness decreased from 7.5% in 2023 to 5.9% in 2024 before increasing to 11.8% in 2025, and simplified messages awareness doubled from 5.8% in 2023 to 10.4% in 2024 and

to 20% in 2025. While these represent improvements, the absolute levels remain very low, indicating that much more needs to be done to ensure persons with disabilities have equitable access to GBV information.

## Budget and Spending

### Budget Analysis 2024

Ondo State allocated the substantial sum of ₦7.45 billion to GBV programs in 2024, representing 1.5% of its total budget—one of the highest proportional commitments among all states. However, this ambitious allocation was undermined by poor execution, with only ₦533.58 million actually spent, yielding a meager 7.2% implementation rate. The resulting per capita expenditure of ₦178.84, represents a massive underutilization of resources given the original allocation. This dramatic gap between planning and implementation suggests that Ondo may have overestimated its absorptive capacity or faced significant mid-year constraints that prevented the release and deployment of funds, ultimately leaving over 90% of designated GBV resources unspent.

### Changes Over Time (2022–2024)

Ondo State’s spending performance within the Ministry of Women Affairs and Social Development fluctuated over the three-year period. Actual spending amounted to ₦533.57 million in 2024 (₦375.55 million CAPEX), ₦934.43 million in 2023 (₦338.80 million CAPEX), and ₦380.56 million in 2022 (₦13.34 million CAPEX). These figures translated into overall budget performance rates of 7.2%, 45.0%, and 36.0% respectively. In 2024, the Ondo State Agency Against Gender-Based Violence (OSAA-GBV) received an allocation of ₦352.86 million but implemented only ₦48.54 million, resulting in a performance rate of 13.8%.






Notably, ₦200 million of the allocation was earmarked for capital interventions and programmes, yet no implementation was recorded. Per capita spending stood at ₦178.84 in 2024, ₦322.74 in 2023, and ₦135.45 in 2022. The significant rise in 2023 followed by a decline in 2024 indicates fluctuating

## Human Angle Stories

When Augustina started suffering verbal and physical violence from her husband, she didn’t even think of reporting. According to her, “It was a family matter.” When the violence became too much, her father and in-laws intervened. Her husband was warned, promises were made, and the beatings stopped.

Her story mirrors a common reality in Ondo State, where survivors often rely on informal systems such as family councils, religious leaders, or traditional rulers rather than formal legal channels. Despite the existence of the VAPP Law (2021) and agencies like OSAA-GBV, social norms and fear of stigma continue to silence many women. Augustina herself had heard of these institutions but saw them as “for people with very serious cases.”

**KEY GAPS AND RECOMMENDATIONS**

Index	Key Gaps	Recommendations
 <p><b>Laws and Policies</b></p>	Public awareness declined slightly from 62.0% in 2023 to 65.5% in 2024, then declined to 55.3% in 2025; only 29.2% know of any GBV convictions.	Implement public education campaigns on GBV laws and convictions, using radio, TV, and community leaders to highlight successful prosecutions.
	Residents viewing customary/religious laws as sufficient rose from 34.0% in 2023 to 64.0% in 2024 and to 58.6% in 2025, undermining formal justice.	Engage traditional and religious leaders in GBV sensitization and establish clear protocols to align customary practices with formal legal standards.
 <p><b>Access to Legal Justice</b></p>	Only 45.9% feel safe serving as witnesses; fear, intimidation, and lack of protection hinder reporting.	Introduce witness protection measures and train legal professionals to ensure survivor safety during investigations and trials.
	Only 39.3% of respondents are aware of legal aid services, down from 65% in 2024.	Expand outreach campaigns on legal aid, especially in remote LGAs, and set up mobile legal aid clinics.
	No dedicated GBV courts; cases compete on crowded dockets, delaying justice.	Establish specialized GBV courts/judges and strengthen resourcing of Family Support Units (FSUs) for faster case handling.
 <p><b>Support Services</b></p>	SARCs exist on paper but are not fully operational; Ministry of Health reports no functioning SARCs.	Upgrade SARCs to fully functional centres, with dedicated staff, equipment, and operational protocols.
	Only government children's home exists; adult survivors rely on temporary hotels.	Establish state-funded adult shelters across senatorial districts to provide safe accommodation.
	Only 20.8% know about SARCs/shelters; broader GBV service awareness at 34.6%.	Conduct community outreach campaigns, including rural areas, on SARC and survivor services.
 <p><b>Information and Awareness</b></p>	Only 34.3% report exposure to awareness programs; coverage is inconsistent.	Scale up statewide awareness programs through schools, media, and community-based channels.
	Awareness of accessible formats remains low (braille 11.7%, sign language 25.1%).	Ensure inclusive communication strategies, incorporating braille, sign language, audio, and visual content in all GBV campaigns.
	GBV education is not fully integrated into the formal curriculum; sustainability is at risk.	Institutionalize GBV and CSA education in the official school curriculum with state funding for training and materials.
 <p><b>Budget and Spending</b></p>	Ondo State allocated ₦7.45 billion (1.5% of total budget) to GBV programs in 2024 but spent only ₦533.58 million, achieving a mere 7.2% implementation rate and leaving over 90% of designated GBV resources unspent.	Conduct an immediate administrative and capacity review to identify barriers preventing fund release and utilization. Implement quarterly disbursement schedules with mandatory reporting requirements and consider reallocating unspent funds to agencies with demonstrated execution capacity to ensure resources reach intended beneficiaries.

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