



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



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Ford Foundation



Sokoto State

Seat of the Caliphate

Palace of Sultan of Sokoto

Sokoto State

Population: 6,353,817

50.7% Female 49.3% Male

Overall Grade 63.3%

Respondents Demography (n = 1,086)



Ministry of Women Affairs and Social Development

BUDGET ALLOCATION

₦7.39bn

(This accounts for 1.6% of the total state budget)

BUDGET PERFORMANCE

₦1.94bn

(This accounts for 26.3% of total allocation to the ministry)

26.3%

Capital Personnel Overhead (Actual Spend)

92.8% 5.5% 1.7%



Per Capita Spending

₦603.16

Indexes

Laws and Policies

Access to Legal Justice

Support Services

Information and Awareness

Budget and Spending

Indicators

LP₁

ALJ₁

SS₁

IA₁

BS₁

LP₂

ALJ₂

SS₂

IA₂

BS₂

LP₃

ALJ₃

SS₃

IA₃

BS₃

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SS₄

IA₄

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Total Grades

58.3%

62.5%

68.8%

68.8%

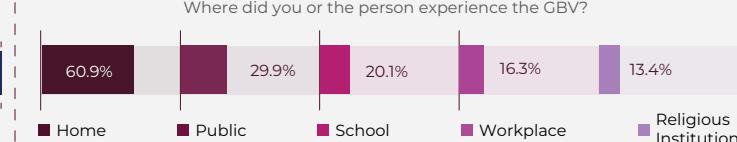
58.3%

GBV Context 2025

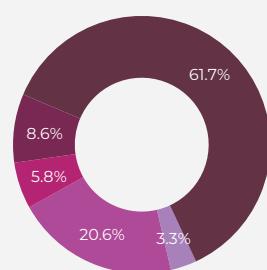
Have you or anyone you know experienced any form of gender-based violence in the last five years?



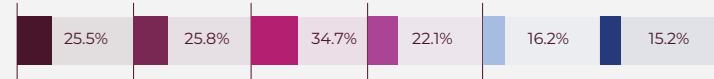
Where did you or the person experience the GBV?



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



What form of GBV did you or the person experience?



Family/relatives

Police/law enforcement authority

Friends/neighbors

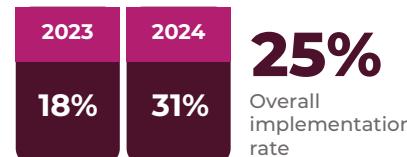
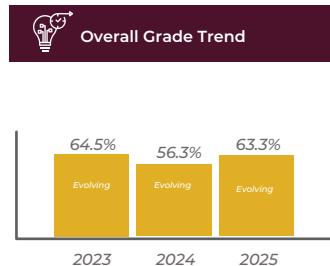
Traditional/community leader or group

Religious leader (Pastor, Ulama, Imam, Deity)

Employer/Work colleague/Labour group

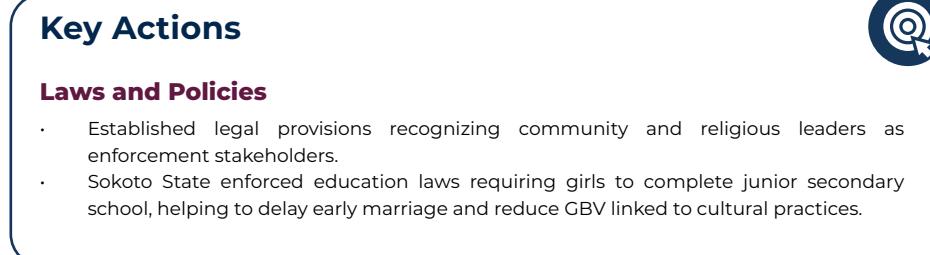
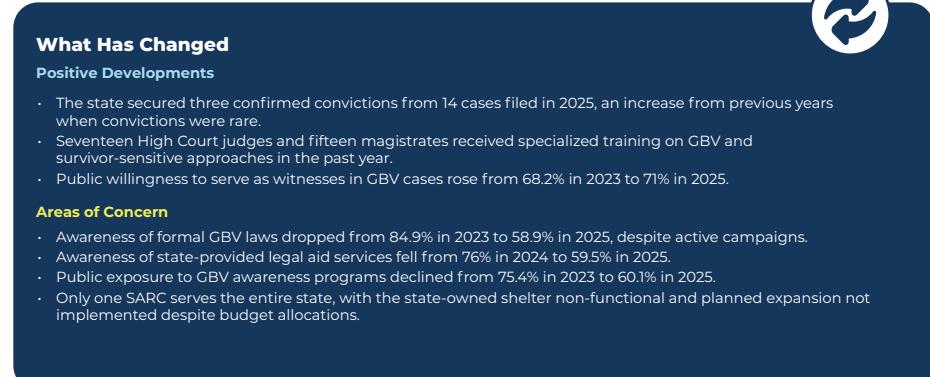
I did not seek help

Lawyer



Index Grade Trend

Index	2023	2024	2025
Laws and Policies	LP 75.0%	-1 ▼ LP 50.0%	LP 58.3%
Access to Legal Justice	ALJ 86.3%	-1 ▼ ALJ 56.3	ALJ 62.5%
Support Services	SS 75.0%	-1 ▼ SS 62.5%	SS 68.3%
Information and Awareness	IA 61.3%	IA 62.5%	IA 68.3%
Budget and Spending	BS 25.0%	+1 ▲ BS 50.0%	BS 58.3%



Access to Legal Justice



- Established surveillance teams at ward level across 19 LGAs to monitor, report GBV cases and make referrals to the state as needed.
- Appointed a GBV Desk Officer in the Ministry of Justice to manage cases in collaboration with police family units and the CID's Family Unit.

Support Services

- Renovated and equipped the Nana Khadija SARC with partner support.
- Assigned ward-level GBV representatives with shared contact lines, supported by a survivor services directory and a hotline managed by the Ministry of Women Affairs.
- Established 244 GBV focal persons at primary health centers across the state, trained on case identification and first-line support.

Information and Awareness

- Leveraged AGILE project in over 100 schools to implement GBV sensitization providing life skills training to girls on GBV, sexual health, and reporting.
- Provided annual budget support to NGOs and CSOs for GBV programming through Ministry of Women Affairs and Social Welfare.

Change Spotlight

Sokoto State has established a comprehensive surveillance and response system that operates across three levels: ward, local government, and state. This structure creates a direct link between communities and formal justice institutions. At the ward level, trained representatives receive and assess GBV cases, providing immediate support and determining next steps. Cases requiring medical attention are referred to the SARC for investigation and evidence collection. Simultaneously, survivors receive social support and counselling. The local government surveillance team monitors case progression, while the state response team, comprising the Ministry of Justice, Police, NAPTIP, Civil Defence, FIDA, health officials, and traditional leaders, coordinates final action. All stakeholders meet quarterly to track progress and address challenges.

This system has improved case reporting and follow-through. The Ministry of Justice reports that the reporting and prosecution process now operates at approximately 90% effectiveness. Civil society representatives confirm that the collaborative structure enables coordinated responses, with different actors speaking "in one voice" to support survivors from initial report through conviction. Traditional and religious leaders, once settling cases informally, now actively refer serious offenses to formal authorities after receiving training on their role within the system, demonstrating how formal and informal systems can work together effectively.



Sokoto State GBV Assessment Survey

Overall Grade 63.3%

LAWS AND POLICIES



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

Yes ■ No ■

58.9% 41.1%



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

Yes ■ No ■

80.7% 19.3%



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

Yes ■ No ■

61.0% 39.0%

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 ■

58.6% 41.4%



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

Yes ■ Strongly agree ■ Indifferent ■ Disagree ■ Strongly Disagree ■

44.3% 37.9% 7.1% 9.3% 1.4%



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

Yes ■ No ■

66.6% 35.2% 15.7% 22.0% 12.1%

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 ■

61.5% 38.5%

ACCESS TO LEGAL JUSTICE



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

62.2% 37.3% 0.6%

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?

71.1% 15.8% 13.1%

Yes, I would
It depends on the robustness and effectiveness of the witness protection program
No, I would not



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

Yes ■ No ■

59.5% 40.5%

INFORMATION AND AWARENESS



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

Yes ■ No ■

60.1% 39.9%



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

Mostly useful ■ Completely useful ■ A little bit useful ■ Not useful at all ■

27.3% 31.4% 35.1% 1.4%



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

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

63.2% 16.8% 27.3% 30.4% 10.2% 16.3% 21.5% 24.5%

Sokoto State GBV Context Trend (2024-2025)

Overall Grade 63.3%

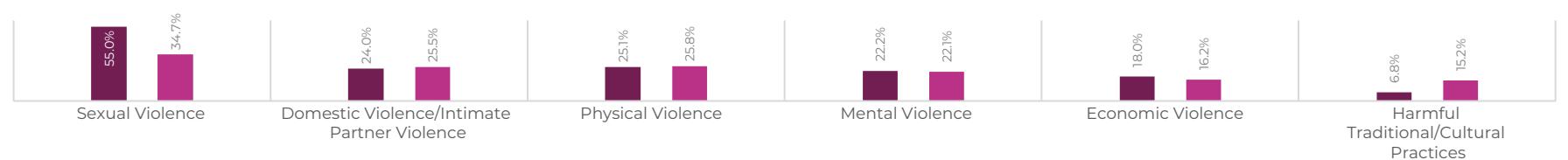
Have you or anyone you know experienced any form of gender-based violence in the last five years?



72.9%

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

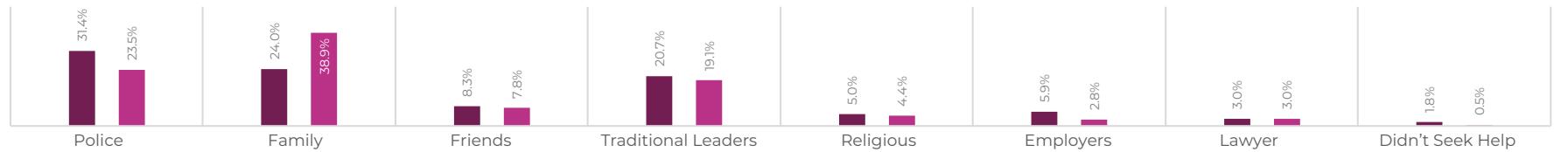
What form of GBV did you or the person experience?



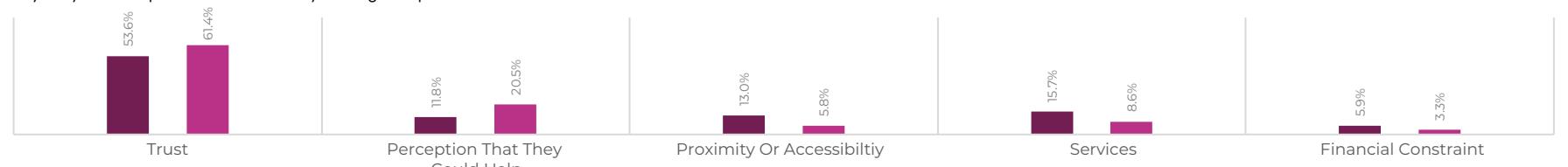
Where did you or the person experience the GBV?



Where did you or the person first seek help?

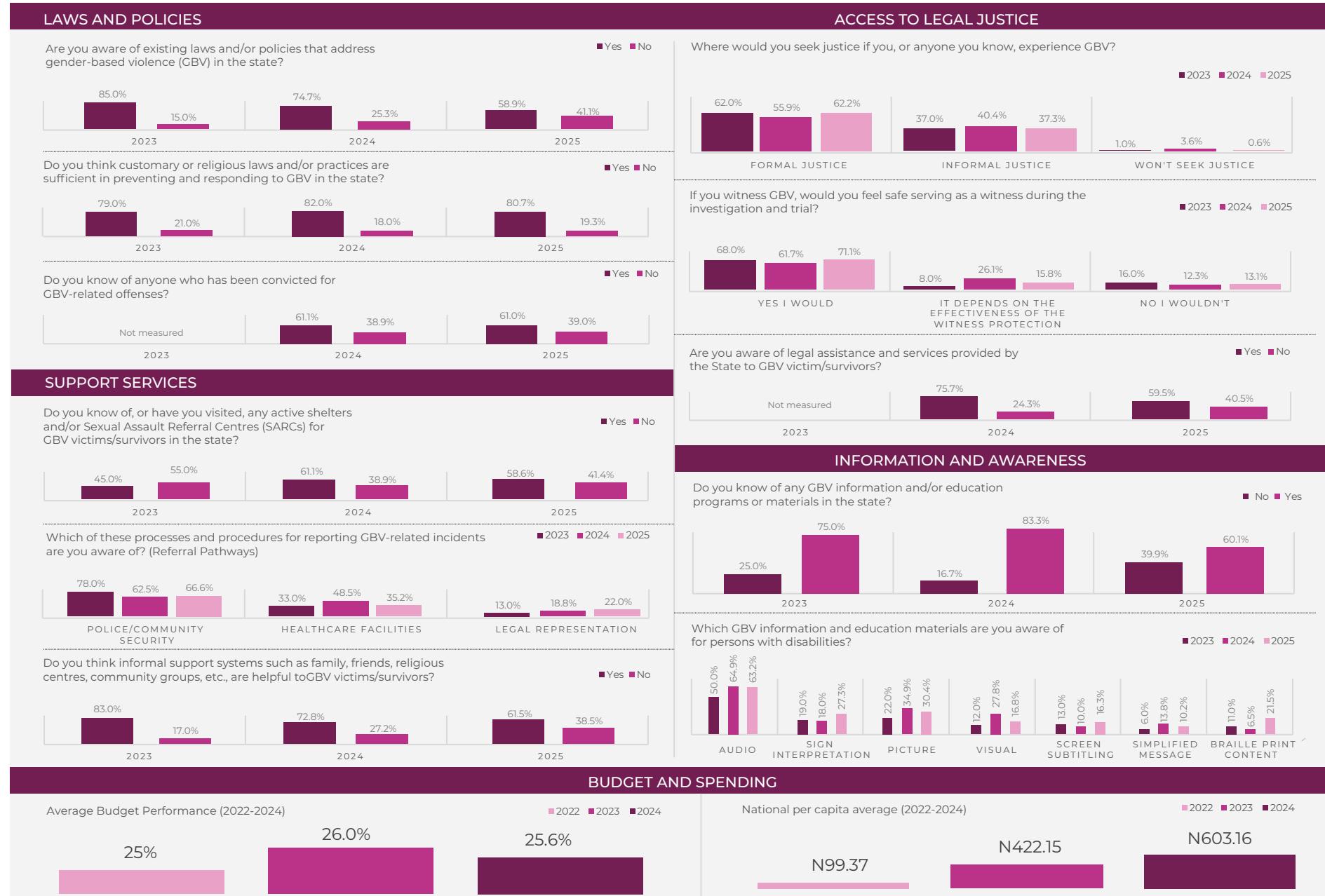


Why did you or the person choose where you sought help?



Sokoto State GBV Trend (2023-2025)

Overall Grade 63.3%





KEY INSIGHTS

Laws and Policies

Current State in 2025

The Sokoto State VAPP Law serves as the main legal framework for addressing GBV in the state. It is a localized version of the federal act, adapted to reflect cultural and religious values. Although the law covers major GBV concerns and recognizes community and religious leaders as key stakeholders in enforcement, it excludes certain provisions, such as those related to marital rape. The law also intentionally avoided clearly defining the age bracket of a minor, as confirmed by civil society representatives.

In the past year, Sokoto State recorded three GBV-related convictions under the VAPP Law, which the Ministry of Justice considers an improvement over previous years. A key factor behind this progress is the training of judges on relevant legal provisions. As noted by the Ministry, "with interventions such as training judges on the laws and their provisions regarding punishment, the rate of convictions has improved." Public awareness of these convictions is also relatively high, with 61% of residents reporting they know someone who was convicted for GBV. This visibility reflects growing legal accountability, though further efforts are needed to strengthen the justice system.

Customary laws continue to play a vital role in community-level responses. A slightly higher proportion of residents (80.7%) expressed confidence in their effectiveness in preventing and addressing GBV, and 80.7% were familiar with specific customary practices that support GBV prevention. However, some customary practices persist, though, not widespread. Civil society representatives confirmed that early marriage has been "drastically reduced" through education policies requiring completion of Junior Secondary School (JSS), and traditional barbers practicing female genital mutilation "have been trained and enlightened on the risks attached to it."

Changes Over Time (2023–2025)

Public awareness of formal GBV laws and policies declined steadily between 2023 and 2025, dropping from 84.9% to 75% in 2024 and 58.9% in 2025. Awareness of GBV-related convictions also dropped, falling from 61.1% in 2024 to 61% in 2025, even though stakeholders reported an increase in actual convictions. In contrast, confidence in customary and religious laws rose slightly over the same period. After dipping from 78.57% in 2023 to 61% in 2024, public trust rebounded to 80.7% in 2025.

These shifts suggest a growing information gap that may weaken the impact of formal legal protection. At the same time, informal systems remain widely trusted and may be filling the void left by declining public engagement with formal structures. Expanding access to information about prosecutions and convictions could strengthen deterrence and rebuild trust in formal justice mechanisms.

Access to Legal Justice

Current State in 2025

GBV cases in Sokoto State are handled by a network of actors including community surveillance teams, the Ministry of Justice, police Family Units, and the State CID. These are supported by NGOs, FIDA, and traditional and religious leaders, creating a multi-layered response system. Stakeholders assessed the system as "very effective." This structure has contributed to improved case reporting, especially in areas where residents are more aware of formal legal frameworks. A majority of residents (62.2%) said they would seek justice through formal mechanisms such as the police or courts.

Engagement in justice processes is also growing. Over 71% of respondents said they are willing to serve as witnesses in GBV investigations or trials, while another 15.8% expressed conditional willingness if protection mechanisms are provided. This reflects a positive shift in public confidence, though concerns around safety and adequate support still remain.

State-supported legal assistance is available through pro bono lawyers, the Ministry of Justice, NAPITIP, and Legal Aid. Awareness of these services stands at 59.5%, showing moderate public knowledge. Stakeholders noted that while legal assistance is available, coverage is limited to Sokoto city metropolis, leaving remote areas such as Gada, Isa, Sabon Birni, and Kebbe, underserved due to insecurity and scarce resources.

Though there are no dedicated GBV courts, trained prosecutors and judges now handle such cases, supported by ongoing training for justice actors and community leaders. Family Support Units (FSUs) are present at both divisional and state levels in Sokoto, with the Ministry of Justice reporting active operations across all police stations. Traditional and religious leaders increasingly refer cases to formal institutions, although informal settlements still take place.

Alongside growing use of formal justice systems, there remains a strong reliance on informal mechanisms. A significant 80.6% of residents believe that traditional and religious systems play a helpful role in securing justice for survivors. This trust seems to stem from their accessibility,

cultural relevance, and perceived fairness, especially in areas where formal institutions are less present. Some stakeholders report that Informal justice systems, while widely used, can hinder accountability. When cases are resolved privately without court oversight, there is no formal record or legal consequence for perpetrators. This undermines the justice process and allows offenders to avoid prosecution, weakening the overall response to GBV.

Changes Over Time (2023–2025)

Public preference for formal justice mechanisms in GBV cases remained steady over the three-year period, with 61.9% in 2023, 56% in 2024, and 62% in 2025 indicating they would seek redress through the police or courts. At the same time, willingness to serve as a witness in GBV cases dropped from 68.2% in 2023 to 62% in 2024 and rise to 71% in 2025. Together, these trends suggest a stable commitment to formal justice and a growing public confidence in the system's ability to protect and support those who come forward. This drop highlights a communication gap and underscores the need for more consistent outreach. If the state hopes to maintain or increase public engagement with formal justice channels, it must ensure that legal support services are visible, accessible, and well understood.

Support Services

Current State in 2025

Sokoto has one main SARC: the Nana Khadija Centre at Specialist Hospital, managed by the Ministry of Women and Children Affairs with support from partners. It provides medical, legal, and social services to survivors. Additional shelters are operated by NAPTIP and NGOs, but state-owned shelters remain non-functional, and planned new centers have yet to be established. Public awareness of survivor support structures is relatively high (58.6%), and awareness of broader services, including medical, psychological, and economic support, is slightly higher (61.1%). With only one SARC in the entire state, survivors, especially from remote areas, face delays and financial challenges in accessing care, often resulting in loss of critical evidence and reduced chances of justice.

These services are supported by a referral system that includes ward representatives, a state hotline, and directories managed by the Ministry of Women Affairs. Awareness of GBV reporting pathways is highest for police and community security channels (66.6%), followed by healthcare facilities (35.2%). However, awareness of support groups (15.7%) and legal representation pathways (22%) remains low.

Traditional and religious leaders play a central role in GBV response. They help raise awareness, support survivors, and refer cases to formal services. These leaders work within community surveillance and state response teams, which include civil society groups, youth and women's organizations, and government agencies such as the police, NAPTIP, and FIDA. Quarterly meetings help track progress, and strong collaboration has made the system effective in prevention, monitoring, and case referral.

Despite these formal mechanisms, many residents (61.5%) still rely more on informal support networks, such as family, friends, religious centers, and community groups. This preference reflects gaps in formal services, including limited availability, poor access in remote areas, and insufficient staffing. Strengthening formal services, especially by expanding coverage, improving staffing, and

increasing visibility, will be essential to shift public trust and usage toward institutional support.

Changes Over Time (2023–2025)

Public awareness of shelters and SARCs improved slightly between 2023 and 2025, rising from 45% in 2023 to 61% in 2024 and 58.6% in 2025. Despite this modest gain, over 40% of the population still lacks knowledge of these services. Without broader awareness, many survivors may not know where to seek specialized care and support. At the same time, public trust in informal support systems, such as family, friends, and religious groups, declined. In 2023, 83.3% of residents considered these systems helpful, this increased to 73% in 2024 but fell to 61.5% by 2025. Although many residents still prefer informal support, the decline may reflect growing recognition of its limitations, especially in addressing serious or complex GBV cases that require formal intervention.

Awareness of referral pathways for reporting GBV incidents shifted over the period. Police-based reporting remained the most recognized, although it dropped from 77.8% in 2023 to 62.5% in 2023, and 66.6% in 2025. Legal referral awareness, while consistently low, showed gradual improvement, rising from 12.7% in 2023 to 18.8% in 2024 and 22% in 2025. These trends suggest fluctuating public understanding and emphasize the need for ongoing education on all available reporting options.

Information and Awareness

Current State in 2025

In Sokoto State, GBV awareness is promoted through a range of community-led and institutional efforts. Religious and traditional leaders, women's groups, and community structures use pamphlets, rallies, events, and radio programs to spread key messages. The Ministry of Education carry out awareness in schools and tertiary institutions through lectures, symposiums, videos, and IEC materials, focusing largely on girls but reaching broader student populations.

A majority of residents (60.1%) reported exposure to GBV information and awareness programs, with more than half of those finding the content useful. Radio (47%) and NGOs/CSOs (28%) were the most common sources of information, followed by social media (27.4%), television (25.3%), and traditional leaders (17.9%). In contrast, schools (7.2%) and workplaces (5.5%) were the least cited, highlighting missed opportunities within formal institutions.

Although public support for GBV and child sexual abuse education in schools is high (77.6%), it is not yet part of the formal curriculum. Projects like AGILE have filled some of this gap, equipping thousands of girls with life skills related to GBV, sexual health, and reporting. Initial resistance has eased with sustained sensitization, and NGO and government programs have expanded coverage across most LGAs, boosting community support for prevention efforts.

While some inclusive formats like sign language and audio are being used in GBV awareness efforts, accessibility for persons with disabilities remains inconsistent and limited in scope. Audio content had the highest reach (63.2%). However, awareness of more inclusive formats such as simplified messages (10.2%), screen subtitling (16.3%), and visual aids (16.8%) was much lower. Stakeholders noted the need for broader use of diverse formats, such as simplified messages, Hausa translations, subtitles, and greater participation of persons with disabilities, to ensure that awareness programs

truly serve people with diverse disability needs.

Changes Over Time (2023–2025)

Between 2023 and 2025, public awareness of gender-based violence (GBV) information and education programs in the state increased from 75.4% to 83%, then declined 60.1%. Although the majority of respondents were still aware, the drop suggests that a significant portion of the population remains uninformed. This decline raises concerns about the consistency and reach of awareness efforts, possibly linked to reduced campaign intensity or changes in program funding.

There was gradual progress in making GBV messaging more inclusive, especially through disability-friendly formats. Audio content had the widest reach across all three years, with 63.2% of respondents aware in 2025. However, awareness of other formats, such as screen subtitling, simplified messages, and picture-based content, remained low.

Budget and Spending

Budget Analysis 2024

Sokoto State allocated ₦7.59 billion to GBV programs in 2024, representing 1.68% of its total state budget. Of the allocated amount, only ₦1.94 billion was actually spent, achieving a 26% implementation rate. This means nearly three-quarters of the budgeted resources remained unutilized by the end of the fiscal year. The actual GBV expenditure constituted 0.78% of the state's total spending, slightly lower than the budget allocation share. On a per capita basis, Sokoto State spent approximately ₦603.16 per woman on GBV-related programs.

Changes Over Time (2022–2024)

Sokoto State has shown minimal growth in budget execution over the review period. In 2022, the state recorded a performance rate of 25%, which increased slightly to 26% in 2023 and then to 25.6% in 2024. Although the fluctuations were not drastic, the state's performance has remained low throughout the assessment period. Sokoto State also recorded several recurring GBV-specific line items over the review period. Notable among them was the "Procurement of Internet-Based Platforms for VVF and GBV Case Management at MAWCH and GBV Situation Room," with allocations of ₦40 million, ₦50 million, and ₦60 million in 2022, 2023, and 2024 respectively. Despite these repeated allocations, no implementation was recorded in any of the years. Additionally, the "Construction of One Central Shelter and Three Transit Shelters Across the State" was introduced in 2024 with an allocation of ₦100 million, yet no expenditure was documented. Per capita spending stood at ₦603.16 in 2024, ₦422.15 in 2023, and ₦99.37 in 2022. The marked year-on-year increases reflect a significant expansion in GBV-related investment, although the steep jumps also indicate uneven and rapidly shifting prioritization across the three-year period.

Human Angle Stories

Displaced by persistent insecurity in her community, 14-year-old Bashariyya sought shelter at an internally displaced persons (IDP) camp in Sokoto, where she later met a woman who promised her schooling and fair wages for domestic work in Abuja.

Instead, Bashariyya was subjected to degrading treatment, including starvation, physical assault, confinement in a dark room, and harmful ritual practices that left multiple burns and scars on her body. When her situation came to light, officials from the National Agency for the Prohibition of Trafficking in Persons intervened to secure her safety and provide immediate care.

Her experience provides a critical learning moment for policymakers, response agencies, and traditional institutions to reinforce prevention systems, enhance cross-state coordination, and build stronger safeguards for vulnerable children.

KEY GAPS AND RECOMMENDATIONS

Index	Key Gaps	Recommendations
 Laws and Policies	The Sokoto State VAPP Law retains most federal provisions but excludes marital rape and does not clearly define the age of a minor. Public awareness of formal GBV laws dropped from 84.9% to 75% in 2024 and 58.9% in 2025.	Review and update the VAPP law to include clearer definitions and omitted provisions like marital rape, in line with national standards, and intensify targeted public sensitization to improve legal awareness.
	Despite progress through education and training, traditional beliefs still hinder reporting. Families often avoid reporting rape due to stigma concerns and fear that victims will be unmarried.	Intensify community engagement programs with traditional and religious leaders to address stigma and cultural barriers to reporting. Document and disseminate success stories where formal justice led to positive outcomes.
 Access to Legal Justice	Legal aid services are available through multiple channels but remain concentrated in urban areas, with remote communities underserved due to insecurity and limited resources. Public awareness of legal aid services declined from 76% in 2024 to 59.5% in 2025.	Expand Legal Aid Council offices to establish at least three additional satellite offices in underserved zones with dedicated staff and resources. Publish contact numbers and service locations across radio and posters, in all 23 LGAs.
	The state has no specialized GBV courts, and no judges have been officially designated to handle GBV cases.	Appoint 2 – 3 designated judges across the state within the next 12 months to prioritize GBV cases and ensure balanced distribution of caseloads.
 Support Services	Sokoto has only one functional SARC (Nana Khadija Centre) serving the entire state, while the state shelter remains non-functional. Survivors from remote LGAs face access barriers such as transportation costs.	Establish at least two additional SARCs in underserved zones within the next 12 months. Rehabilitate and operationalize the state-owned shelter with trained staff and operational budgets for survivor intake and support.
	Public confidence in informal support systems dropped from 83.3% in 2023 to 73% in 2024, then 61.5% in 2025, possibly reflecting growing recognition of their limitations. However, 61.5% of residents still rely primarily on informal networks due to gaps in formal services.	Expand and intensify training of religious and traditional leaders to recognize the limits of informal mediation and encourage timely referrals to formal mechanisms. Use radio and community forums to promote awareness of available formal services.
 Information and Awareness	Public exposure to GBV information programs increased from 75.4% to 83%, then declined 60.1%.	Pending the development of formal GBV curriculum, create and distribute state-level supplementary teaching guides and train teachers on integrating GBV topics into existing subjects.
	This could be partially attributed to the lack of comprehensive government-led awareness campaigns and absence of monitoring from the state leadership.	Establish an annual calendar of GBV awareness activities led by the Governor's office and Ministry of Women Affairs, with clear targets for LGA coverage, audience reach, and message penetration.
 Budget and Spending	Sokoto State consistently fails to implement budgeted GBV programs, with a persistent 74% non-utilization rate over three years. Critical initiatives like the internet-based case management platform (allocated ₦150 million cumulatively across 2022-2024) and shelter construction (₦100 million in 2024) recorded zero implementation despite repeated budget allocations.	Establish a quarterly GBV budget tracking and accountability mechanism involving the Ministry of Women Affairs, Budget Office, and civil society organizations to identify implementation bottlenecks early and enforce expenditure of allocated funds. Prioritize completion of the shelter infrastructure and case management platform as immediate proof-of-concept projects to demonstrate commitment to GBV response.

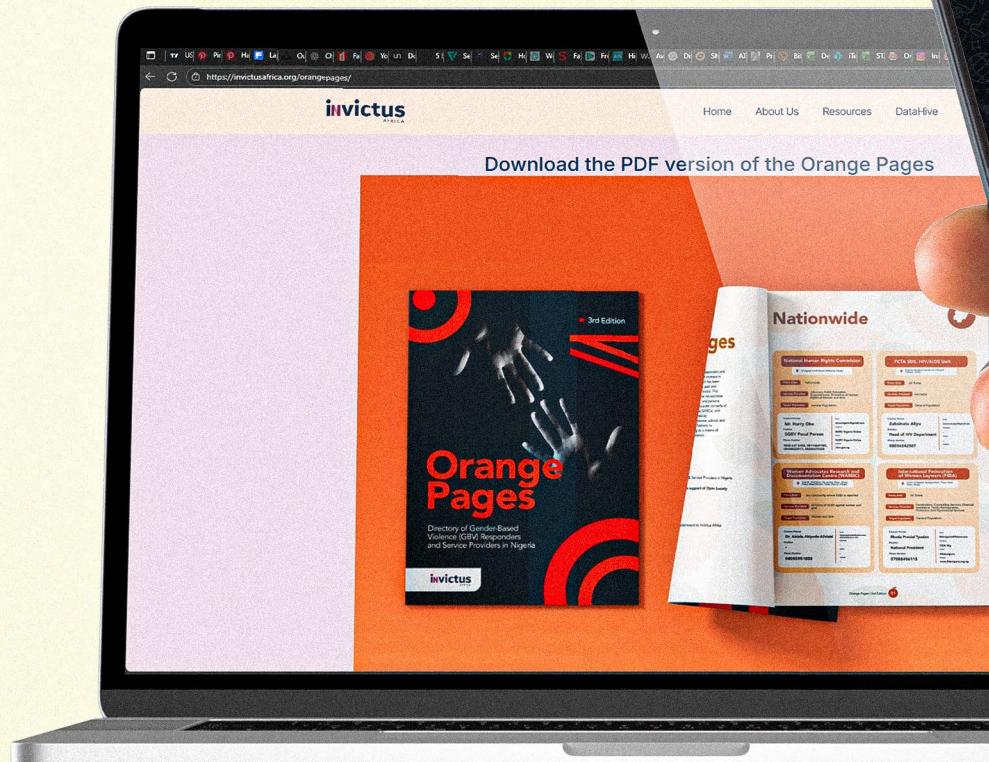


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