Womanity INDEX
2025 Edition

Invictus AFRICA

Gender-Based Violence Prevention and Response:

What Has Changed?

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Ford Foundation believes in the inherent dignity of all people and is guided by a vision of social justice. Across eight decades, Ford Foundation's mission has sought to reduce poverty, injustice and inequality, strengthen democratic values, promote international cooperation, and advance human achievement. This project is supported by the Ford Foundation.

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Definition of Terms

Terms	Definitions
Access to Legal Justice:	One of the five Womanity Index domains that assesses how easy, timely, and equitable it is for GBV survivors to access legal justice through effective reporting, prosecution, and enforcement processes that are free from discrimination and bureaucracy. It entails the existence of specialized GBV courts with trained officials, designated judges, accessible legal aid, effective witness protection, enforcement of court judgments, and the regular publication of a Sex Offenders' Register. The index also examines community-level informal justice systems, evaluating their overall effectiveness and alignment with justice principles.
Accessibility:	The ease with which survivors, especially those with disabilities or in remote areas, can reach GBV services, legal support, and justice mechanisms without physical, financial, or social barriers.
Advancing:	The highest performance category in the Womanity Index, represented by the color blue. States or indices in this category are making strong progress toward the aspirational target.
Budget Allocation:	The amount of money officially assigned or designated in a government budget for specific purposes, programs, or ministries. In the Womanity Index, this refers to funds earmarked for GBV prevention and response activities in annual state budgets.
Budget Performance:	The ratio of actual spending to budget allocation, expressed as a percentage. It measures how much of the allocated budget was actually released and spent during the fiscal year, indicating the government's effectiveness in translating financial commitments into action.
Budget and Spending:	One of the five Womanity Index domains that assesses specific budget lines and allocation to address GBV by the state's Ministry of Women Affairs, including actual release and spend as a percentage of the state's female population.
Conviction Rate:	The proportion of prosecuted GBV cases that result in convictions under a state's legal framework, demonstrating effective application of the law.
Customary Laws:	Traditional rules and practices that govern community behavior, often based on cultural norms and administered by traditional leaders. In the GBV context, these may include practices related to marriage, inheritance, and dispute resolution.
Domestication:	The process by which a federal law is adapted and adopted at the state level in Nigeria's federal system. States must pass their own versions of federal legislation for it to be enforceable within their jurisdiction.
Evolving:	A performance category in the Womanity Index, represented by the color amber. States or indices in this category are taking gradual steps toward improved performance in reaching the aspirational target.
Family Support Unit (FSU):	A specialized unit within police formations dedicated to handling cases involving domestic violence, child abuse, sexual assault, and other family-related offenses. FSUs provide survivor-centered support and coordinate with other agencies.
Gender-Based Violence (GBV):	ny harmful act directed against individuals based on their gender. This includes physical, sexual, psychological, and economic violence, as well as threats, coercion, and deprivation of liberty, whether occurring in public or private life.
GBV Courts:	Specialized courts or designated judges with specific training and jurisdiction to handle gender-based violence cases, aimed at expediting justice and providing trauma-informed approaches to survivors.
Informal Justice System:	Community-level mechanisms for resolving disputes and addressing grievances, typically administered by traditional, religious, or community leaders outside formal legal structures. These may include traditional councils, religious courts, and family mediation.
Informal Support Systems:	Non-institutional networks that provide assistance to GBV survivors, including family members, friends, neighbors, religious leaders, traditional leaders, and community groups. These systems operate outside formal service delivery structures.
Information and Awareness:	One of the five Womanity Index domains that assesses the regular provision and wide dissemination of clear, user-friendly, and equally accessible information, education, and communication (IEC) materials about GBV. It also assesses the availability and usage of a comprehensive sex education curriculum in schools in the state.
Information, Education, and Communication (IEC) Materials:	Educational resources designed to raise awareness and provide information about GBV, including flyers, posters, radio programs, social media content, and other communication tools aimed at diverse audiences.

Terms	Definitions
International Federation of Women Lawyers (FIDA):	A non-governmental organization that provides free legal services, advocacy, and support to women and children, particularly in cases of gender-based violence, discrimination, and human rights violations.
Laws and Policies:	One of the five Womanity Index domains that assesses the existence and quality of state laws and policies that criminalizes GBV, with regular reviews to remove provisions that inadvertently perpetuate GBV, while addressing harmful customary norms and socio-cultural practices that enable GBV.
Legal Aid:	Free or subsidized legal services provided to individuals who cannot afford legal representation, including consultation, court representation, and assistance with legal documentation. In Nigeria, legal aid is provided by government agencies, NGOs, and organizations like FIDA.
Per Capita Spending:	Total expenditure divided by the female population of a state, measuring investment per woman or girl. The Womanity Index uses this indicator to assess the adequacy of GBV-related spending relative to the population served.
Performing:	A performance category in the Womanity Index, represented by the color green. States or indices in this category are performing reasonably well, but gaps remain that hinder full achievement of the aspirational target.
Persons with Disabilities (PWDs):	Individuals with long-term physical, mental, intellectual, or sensory impairments that may hinder their full and effective participation in society. The Womanity Index assesses whether GBV information and services are accessible to this population.
Referral Pathway:	A coordinated system that guides GBV survivors through various services and institutions, ensuring they receive comprehensive support including medical care, legal assistance, psychosocial support, and shelter. Effective pathways involve clear protocols and communication between service providers.
Sexual Assault Referral Centre (SARC):	A specialized facility that provides comprehensive, coordinated services to survivors of sexual violence, including medical examination, forensic evidence collection, psychosocial support, legal assistance, and referrals to additional services.
Shelter:	A safe accommodation facility for GBV survivors and their children, providing temporary housing, security, counseling, legal support, and assistance with economic empowerment and reintegration.
Struggling:	The lowest performance category in the Womanity Index, represented by the color red. States or indices in this category are facing major challenges that prevent progress toward the aspirational target.
Support Services:	One of the five Womanity Index domains that assesses the availability of comprehensive support services—medical, mental health, legal, and economic—for all GBV survivors, provided through state-run SARCs and/or shelters that are governed by Standard Operating Procedures, including being accessible across the state and proportionate to the state's population. The index also assesses the presence of user-friendly, subnational-level reporting and referral pathways, including strengthening informal support networks.
Survivor:	A person who has experienced gender-based violence. The term "survivor" rather than "victim" is used to emphasize agency, resilience, and the ongoing journey toward recovery, while avoiding language that may be disempowering.
Violence Against Persons Prohibition (VAPP) Act:	Federal legislation enacted in 2015 that criminalizes various forms of violence including domestic violence, sexual assault, harmful traditional practices, and other forms of violence against persons. States are expected to domesticate (adapt and adopt) this law at the subnational level.
Witness Protection:	Legal and practical measures to ensure the safety of individuals who testify in GBV cases, protecting them from intimidation, harassment, or harm. Weak witness protection mechanisms reduce survivors' willingness to engage with formal justice systems.
Womanity Index:	An annual assessment tool produced by Invictus Africa that measures how well state governments across Nigeria are preventing and responding to gender-based violence, using 18 indicators organized under five domains: Laws and Policies, Access to Legal Justice, Support Services, Information and Awareness, and Budget and Spending.

Abbreviations and Acronyms

ADR	Alternative Dispute Resolution
AGILE	Adolescent Girls Initiative for Learning and Empowerment
CCT	Central Coordinating Team
CID	Criminal Investigation Department
CSA	Child Sexual Abuse
CSO	Civil Society Organization
FGM	Female Genital Mutilation
FIDA	International Federation of Women Lawyers
FSU	Family Support Unit
GBV	Gender-Based Violence
IEC	Information, Education, and Communication
IPV	Intimate Partner Violence
JONAPWD	Joint National Association of Persons with Disabilities
KII	Key Informant Interview
LGA	Local Government Area
MDA	Ministries, Departments, and Agencies
MoWA	Ministry of Women Affairs
NAPTIP	National Agency for Prohibition of Trafficking in Persons
NBA	Nigeria Bar Association
NGO	Non-Governmental Organization
NHRC	National Human Rights Commission
NPF	Nigerian Police Force
PADVL	Protection Against Domestic Violence Law
PWD	Persons with Disabilities
SARC	Sexual Assault Referral Centre
SOP	Standard Operating Procedure
SRC	State Research Consultant
URPRP	Unified Response Protocol and Referral Pathway
VAPP	Violence Against Persons Prohibition

Executive

Summary

About the Womanity Index

The Womanity Index is an annual assessment tool that measures how well state governments across Nigeria are preventing and responding to gender-based violence (GBV). The Index evaluates all 36 states and the Federal Capital Territory (FCT) using 18 indicators organized under five key indices: Laws and Policies, Access to Legal Justice, Support Services, Information and Awareness, and Budget and Spending. Each state receives a score that places it into one of four colour-coded performance categories: Advancing (blue), Performing (green), Evolving (amber), or Struggling (red). This scoring system allows for clear comparison across states and helps identify where improvements are most needed.

The 2025 Womanity Index is based on data from 40,111 survey respondents across 399 (51.6%) out of the 774 Local Government Area (LGAs), and 321 interviews with government officials, service providers, and GBV stakeholders, complemented by reviews of policy documents and budget data. The Womanity Index 2025 is the third edition, enabling tracking progress and setbacks over time. By providing evidence-based insights into state-level GBV systems, the Womanity Index serves as both an accountability tool for government actions and a resource for advocacy, policy reform, and targeted interventions.

What Happened in 2025

The Scale of GBV in Nigeria

The 2025 assessment reveals that GBV remains a pervasive reality across Nigeria. Three in five Nigerians (59%) have either experienced GBV themselves or know someone who has. GBV rates vary significantly across states. Eight states report rates above 70%: Lagos (99%), Kwara (96%), Plateau (89%), Enugu (85%), Zamfara (83%), Nasarawa (76%), Ogun (74%), and Sokoto (73%). Regional patterns show northern states averaging 64% compared to 54% in southern regions, with the North Central zone leading at 71%, followed by North West (61%) and North East (60%).

Domestic or intimate partner violence remain the most common form of GBV in Nigeria, affecting 51% of those who report GBV experiences. This is followed closely by physical violence (44%), sexual violence (36%), and psychological or mental violence (36%). Physical, emotional, and sexual violence often occur together, creating compounded trauma that requires comprehensive, multi-faceted support.

The home remains the primary site of violence in Nigeria: three out of every four (76%) GBV incidents occur in domestic settings. Beyond the home, violence follows Nigerians into every aspect of daily life: 29% experience it in public places such as markets, parties, and streets; 25% in schools; and 20.3% in workplaces.

When seeking help, survivors face difficult choices about whom to trust. They are approximately twice as likely to turn to informal sources such as family (34%), friends or neighbours (10%), employers or colleagues (3%), and religious or traditional leaders (9%), with a combined total of 61%, compared to formal institutions like the police (34%). Notably, only 3% of survivors reported not seeking help at all. Trust emerges as the primary factor influencing these decisions: 40% of survivors choose where to seek help first based on trust in the person or institution. Other considerations include perceived effectiveness (24%), proximity or accessibility (16%), the range of services available (14%), and financial constraints (3%).

These patterns reveal both the scale of the challenge and the critical importance of building accessible and effective GBV response systems. Equally vital is sustained investment in prevention. The findings that follow assess how well Nigerian states are meeting this dual responsibility.

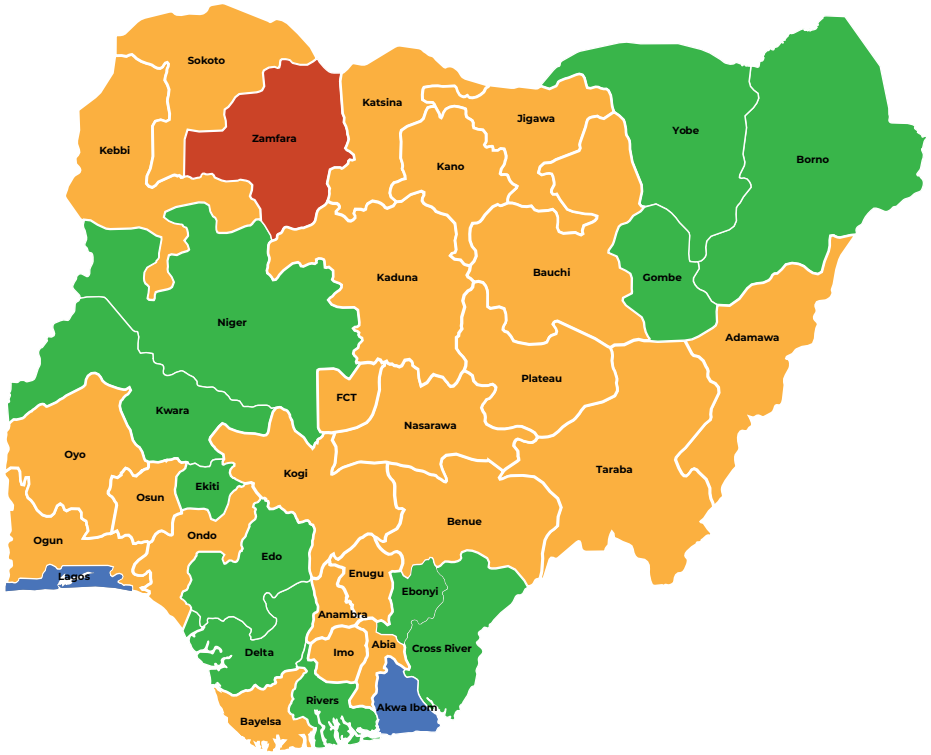
State Grades and Rankings

The 2025 Womanity Index reveals significant variation in how Nigerian states are addressing GBV. Of the 36 states and FCT assessed, only two states achieved the advancing category (blue): Lagos and Akwa Ibom, ranking first and second on the index, scoring a cumulative score of 91.2% and 80.0%, respectively. Despite gaps in these two states, when compared with others, they demonstrated comprehensive and effective GBV prevention and response systems.

Thirteen states attained performing (green) status, indicating strong but improvable frameworks. These states include Kwara, ranked 4th (69.6%); Cross River, 5th (68.8%); Borno and Yobe, both 6th (67.5%); Niger, 7th (67.1%); Edo and Delta, tied at 8th (66.3%); Ebonyi and Bayelsa, sharing 9th place (65.8%); and Gombe, Ogun, and Rivers, all ranked 10th (65.0%).

The majority of states, 21 in total, were classified as evolving (amber). These states have established basic GBV systems but face substantial gaps in implementation, accessibility, and effectiveness. At the bottom of the rankings, Zamfara was the only state in the struggling (red) category, ranked 27th with a score of 47.5%. This low score points to major gaps in GBV prevention and response, and highlights the urgent need for stronger policies, better services, and more support for survivors.

2025 Womanity Index Overall Grade



Performance Across the Five Indices

State performance in the Laws and Policies domain was relatively strong compared to other indices. Lagos was the only state classified as advancing (blue), with a score of 91.7%. Twenty-two states were classified as performing (green), led by Akwa Ibom, Edo, Ekiti, and Kebbi, each scoring 83.3%. The remaining fourteen states fell into the evolving category (amber), and no state was classified as struggling (red).

Access to legal justice remains one of the most challenging areas, with no state reaching advancing (blue) status. Only seven states (Lagos, Ekiti, Cross River, Ebonyi, Edo, Kwara, and Plateau) performed well (green), scoring above 75%. Twenty-eight states fell into the evolving (amber) category, with scores between 50% and 75%. Zamfara and Anambra were the only states classified as struggling (red), both scoring 43.8%.

Support Services showed the weakest performance across all domains. No state reached the advancing category, but four states, Lagos (93.8%), Akwa Ibom, Cross River, and Gombe (all 75.0%), achieved the performing (green) status. Most states (25) were classified as evolving (amber), with scores ranging between 50% and 74.9%, while eight states: Abia, Anambra, Bayelsa, Imo, Katsina, Kebbi, Kogi, and Oyo, scored 43.8% and were classified as struggling (red).

Information and Awareness showed relatively better performance, with eight states achieving performing status: Lagos (93.8%), Kwara (93.8%), Adamawa (87.5%), Akwa Ibom and Ebonyi (81.3% each), and Gombe, FCT, and Ekiti (75.0% each). The majority, 25 states in total, were classified as evolving (amber), while four states were classified as struggling (red): Nasarawa and Zamfara scored 43.8%, while Jigawa and Kogi recorded the lowest at 37.5%.

The budget and spending domain for each edition of Womanity Index is based on the preceding fiscal year's budget. Accordingly, the 2025 assessment relies on the 2024 budget documents for each state. The analysis shows two states (Akwa Ibom and Bayelsa) as advancing (blue), and eleven states as performing (green). With twenty states falling within the evolving (amber) category, four states are struggling (red). For the third consecutive year, the Federal Capital Territory (FCT) could not be assessed because its disaggregated budget documents were unavailable.

2025 Womanity Index Grades

Rank	State	Overall Grade	Laws and Policies	Access to Legal Justice	Support Services	Information and Awareness	Budget and Spending
1st	Lagos	91.3%	91.7%	93.8%	93.8%	93.8%	83.3%
2nd	Akwa Ibom	80.0%	83.3%	68.8%	75.0%	81.3%	91.7%
3rd	Ekiti	72.1%	83.3%	81.3%	62.5%	75.0%	58.3%
4th	Kwara	69.6%	58.3%	75.0%	62.5%	93.8%	58.3%
5th	Cross River	68.8%	75.0%	81.3%	75.0%	62.5%	50.0%
6th	Borno	67.5%	75.0%	62.5%	68.8%	56.3%	75.0%
6th	Yobe	67.5%	75.0%	62.5%	68.8%	56.3%	75.0%
7th	Niger	67.1%	75.0%	62.5%	62.5%	68.8%	66.7%
8th	Edo	66.3%	83.3%	75.0%	62.5%	68.8%	41.7%
8th	Delta	66.3%	75.0%	56.3%	56.3%	68.7%	75.0%
9th	Ebonyi	65.8%	66.7%	81.3%	50.0%	81.3%	50.0%
9th	Bayelsa	65.8%	75.0%	62.5%	43.8%	56.3%	91.7%
10th	Rivers	65.0%	75.0%	68.8%	62.5%	68.8%	50.0%
10th	Gombe	65.0%	75.0%	68.8%	75.0%	75.0%	25.0%
10th	Ogun	65.0%	66.7%	56.3%	62.5%	56.3%	83.3%
11th	Sokoto	63.3%	58.3%	62.5%	68.8%	68.8%	58.3%
12th	Kaduna	62.1%	66.7%	62.5%	62.5%	68.8%	50.0%
12th	Ondo	62.1%	66.7%	68.8%	56.3%	68.8%	50.0%
13th	Jigawa	60.8%	75.0%	56.3%	68.8%	37.5%	66.7%
13th	Enugu	60.8%	50.0%	56.3%	62.5%	68.8%	66.7%
14th	Bauchi	58.8%	58.3%	50.0%	50.0%	68.8%	66.7%
14th	Adamawa	58.8%	50.0%	50.0%	56.3%	87.5%	50.0%
15th	Osun	58.3%	58.3%	56.3%	56.3%	62.5%	58.3%
16th	Kebbi	57.9%	83.3%	50.0%	43.8%	62.5%	50.0%
17th	Plateau	57.1%	58.3%	75.0%	56.3%	62.5%	33.3%
18th	Taraba	56.7%	50.0%	50.0%	50.0%	50.0%	83.3%
19th	FCT	55.8%	66.7%	68.8%	68.8%	75.0%	
20th	Kano	55.0%	50.0%	62.5%	50.0%	62.5%	50.0%
21st	Kogi	54.6%	75.0%	50.0%	43.8%	37.5%	66.7%
22nd	Benue	54.2%	58.3%	62.5%	62.5%	62.5%	25.0%
23rd	Anambra	53.3%	66.7%	43.8%	43.8%	62.5%	50.0%
24th	Abia	52.9%	58.3%	56.3%	43.8%	56.3%	50.0%
25th	Nasarawa	52.1%	66.7%	50.0%	50.0%	43.8%	50.0%
26th	Katsina	50.0%	66.7%	56.3%	43.8%	56.3%	25.0%
26th	Oyo	50.0%	41.7%	50.0%	43.8%	62.5%	50.0%
26th	Imo	50.0%	41.7%	62.5%	43.8%	50.0%	50.0%
27th	Zamfara	47.5%	50.0%	43.8%	50.0%	43.8%	50.0%

Key Findings

Laws and Policies

The VAPP Act remains the main legal framework for addressing GBV in Nigeria, often supported by the Child's Right Law. Most state-level VAPP laws closely follow the federal VAPP Act of 2015, with several states introducing context-specific additions. However, only a few states have translated the law into indigenous languages or developed simplified versions, leaving many citizens with limited knowledge of its provisions. According to the 2025 Womanity Index survey, 49% of Nigerians are unaware of existing GBV laws and policies in their state. This lack of awareness is widespread, ranging from 42% in the North East to 55% in the South East.

Two states (Lagos and Kano) have yet to domesticate the VAPP Act. In Lagos, key GBV provisions are provided in related laws and policies, such as the Protection Against Domestic Violence Law (PADVL), 2007 (which preceded the VAPP Act) and the Unified Response Protocol and Referral Pathway (URPRP). In Kano, GBV cases are prosecuted under the Northern Nigerian Penal Code and Shari'a Law through Shari'a Courts. Advocacy for the domestication of the VAPP Act in Kano is ongoing.

Despite 59% of Nigerians reporting direct or indirect experiences with GBV, 63% have never heard of anyone being convicted for such offenses. This disconnect reflects both weak public communication around enforcement and low conviction rates. Only 14 states recorded at least 15 GBV-related convictions under the VAPP or similar laws in the past year. Nine states recorded between 10 and 15 convictions; five states had between five and ten, and nine states recorded fewer than five convictions. Many states were unable to provide exact figures, offering only estimates or conflicting data from different ministries. In several cases, data was fragmented, with different MDAs providing figures based only on the cases they were aware of. These gaps underscore the need to improve data collection, coordination, and transparency across all relevant institutions. Poor communication of enforcement outcomes can weaken public trust in the justice system.

Customary and religious laws continue to shape community responses to GBV in Nigeria. Public trust in informal systems remains high, as 61% of Nigerians believe customary and religious laws are sufficient for addressing GBV, up from 39% in 2024. Preference for these informal laws and practices is highest in the Northeast (70%), followed by North Central and Northwest (66% each), and lowest in the Southwest, particularly Lagos (38%) and Osun (26%). Key informant interviews revealed ongoing negative GBV-related informal practices such as early and forced marriage, female genital mutilation, monetary settlements for sexual assault, and pressure on survivors to marry perpetrators. However, many states are actively working to address these practices through sensitization and engagement with religious and traditional leaders.

Access to Legal Justice

Nearly all states demonstrated functional reporting and prosecution systems, with Lagos and Kwara standing out for strong enforcement practices. Survivors typically undergo a structured process that includes submitting petitions, receiving medical assessments, and engaging with police through the Family Support Unit (FSU), which ultimately leads to prosecution. However, enforcement faces several obstacles: slow bureaucratic procedures, inadequate funding, external pressures on survivors to withdraw cases, police bureaucracy and corruption, insufficient personnel to manage the growing caseload, and weak witness protection mechanisms.

The 2025 assessment found legal aid services available in all states and the FCT through multiple channels, including legal aid offices, human rights offices, FIDA, offices of the public defender, and various NGOs. However, coverage and geographic accessibility remain significant challenges. In many states, services are concentrated in capital cities and urban areas, leaving rural communities underserved. Only seven states demonstrated extensive coverage across LGAs: Akwa Ibom, Ebonyi, Cross River, Kwara, Lagos, Niger, and Ondo. States with severely limited geographic spread include Adamawa, Anambra, Bauchi, Kebbi, Kogi, and Oyo. This accessibility gap is reflected in survey findings showing that 59% of Nigerians are unaware of state-level legal support, with only 41% aware of available services.

Access to justice for GBV survivors remains constrained by inadequate specialized structures across the country. Only five states, Cross River, Ebonyi, Ekiti, Lagos, and Plateau, have FSUs or Human Rights Desks in all police commands or divisions, as well as designated GBV courts or judges. In 20 states, FSUs or Human Rights Desks exist in only some police formations. The remaining 12 states have yet to establish designated GBV courts or judges, with cases handled within general court systems. This often results in delayed justice and places additional strain on survivors.

Trust in the formal justice system is fragile. Only 55% of Nigerians feel safe engaging with formal justice mechanisms as witnesses in GBV cases. The remaining 45% are either unwilling to participate at all (20%) or would only do so if witness protection is available (25%). This limited confidence is further complicated by reliance on both formal and informal justice systems. While 68% of Nigerians prefer formal justice for GBV cases, 56% simultaneously believe traditional and religious institutions help survivors obtain justice. Informal systems are perceived as faster and more accessible in some areas, particularly where cultural norms discourage reporting to formal authorities. Stakeholders have expressed concern about the effectiveness of these community-based solutions. Without better coordination and oversight, informal systems may continue to operate in ways that reduce accountability and protection for survivors.

Support Services

The 2025 assessment revealed a severe shortage of Sexual Assault Referral Centres (SARCs) and shelters across Nigeria's 36 states and the FCT. No state recorded at least one active SARC or shelter in all LGAs. In many states, these critical facilities are either concentrated in single locations, primarily at state capitals, available but non-functional, or completely absent (as in Abia and Kogi). This scarcity means many survivors cannot access medical care, psychosocial support, or economic support services. The situation is further compounded by poor public visibility, with only 27% of Nigerians aware of or having visited an active shelter or SARC.

Only 18 states have established relatively structured and coordinated GBV reporting and referral pathways involving multiple stakeholders, including the Ministry of Health, Ministry of Women Affairs, Ministry of Justice, Nigerian Police Force, NGOs, and partner agencies. However, knowledge of these pathways remains uneven across the country, particularly in rural communities. While police or community security is the most familiar reporting pathway for GBV (65%), less than half of respondents are aware of hospital-based reporting (41%). Pathways involving support groups (18%) and legal options (17%) are poorly known. Meanwhile, 12% say they are not aware of any pathway, meaning they would not know where to go if they experienced GBV. In the remaining states, GBV reporting and referral pathways are mostly fragmented or lack formal documentation and coordination.

Qualitative findings show that informal support systems offer mixed outcomes for GBV survivors. While present in all states and the FCT, none were found to be holistic, and some are plagued by stigma and harmful cultural practices that hinder effective intervention. This is reflected in survey findings, with fewer Nigerians expressing preference for informal support systems in 2025 (45%) compared to formal ones, down from 52% in 2024 and 67% in 2023. This trend suggests that while informal practices remain widely accepted, many Nigerians are beginning to recognize that informal support systems such as help from family, friends, religious and traditional institutions often lack the structure, accountability, and comprehensiveness required for survivors' long-term recovery. This underscores the growing need to increase access to formal, professional, and structured care.

Information and Awareness

All Nigerian states and the FCT have undertaken efforts to address GBV through sensitization and awareness programs delivered via radio, flyers, social media, outreaches, and public campaigns. These initiatives reach diverse audiences through churches, mosques, markets, schools, community groups, and media platforms. In 29 states, these initiatives achieved over 85% coverage of LGAs.

Despite these efforts, a critical gap persists between program implementation and public impact. Survey data shows that 59% of Nigerians remain unaware of GBV education and awareness campaigns. Only three states have more than 70% of residents who have seen GBV information programs: Yobe (80%), Zamfara (80%), and Lagos (71%). This disconnect stems largely from the event-based nature of most programs: often one-off events tied to occasions such as the 16 Days of Activism, International Women's Day, or Children's Day, heavily concentrated in urban centers, and failing to reach rural communities where awareness is most needed.

Non-governmental organizations (NGOs) and donor agencies play a pivotal role in driving GBV awareness, often filling critical gaps left by government-led efforts and serving as primary vehicles for developing and disseminating GBV information, education, and communication (IEC). While their contributions are invaluable, this has inadvertently fostered donor dependency, with many programs relying heavily on external funding and international partnerships. This concern materialized in 2025 when several major donor-funded GBV interventions concluded or were terminated. The withdrawal of key international support led to a marked decline in awareness activities across numerous states, threatening to reverse previous progress. This underscores the urgent need for a more decentralized, and government-owned approach that ensures continuity and deeper grassroots penetration.

The 2025 survey revealed strong public support for integrating GBV and child sexual abuse education into formal school curriculum, with 88.4% approval. However, most states have yet to develop a standardized curriculum or incorporate GBV education as a standalone subject. Instead, GBV topics are taught through Social Studies and Civic Education, state-level training manuals, and school clubs like Lagos' "King and Queens Clubs." States like Kano, Kwara, and Sokoto have integrated GBV prevention into the World Bank-supported Adolescent Girls Initiative for Learning and Empowerment (AGILE) program, transforming occasional awareness sessions into structured programs reaching thousands of students.

While states have made efforts to promote disability inclusion using audio content, picture-based messages, sign interpretation, and including disability association representatives, other accessible formats remain significantly underutilized. Survey data shows only 12% of Nigerians are aware of braille-printed content, 12% of screen subtitling, and 14% of simplified messages. Stronger efforts are needed to ensure consistent and accessible messaging across all formats.

Budget and Spending

The 2024 budget year reflects notable improvements, particularly in the number of states providing GBV-specific budget lines. Thirty-one states included GBV-related line items in the budgets of relevant MDAs – an increase from the twenty-five captured in both the 2023 and 2022 budget

cycles. Across Nigeria's 36 state budgets for 2024, the average allocation to the Ministry of Women Affairs (MoWA) is 0.60%. Only six states – Adamawa (1.6%), Borno (2.3%), Katsina (1.3%), Kebbi (1.4%), Ondo (1.5%), Sokoto (1.6%) – allocated at least 1% of their total budgets to their respective MoWAs, with Borno recording the highest figure at 2.3%. Thirty states allocated between 0.1% and 0.9% to their MoWAs. However, average budget performance of state MoWAs stands at 39%, while average per capita spending is ₦361.39.

When GBV-specific allocations and spending by relevant state MDAs are combined with MoWAs' figures, the national average GBV allocation rose slightly to 0.66% - a total of ₦120.22bn across the 36 states. However, actual spending remained very low at only ₦42.8bn (37.9%). Only three states (Delta, Lagos, Yobe) met or exceeded the 85% threshold required to be classified as advancing (blue) under the budget performance indicator of the Womanity Index. Nine performing (green) states achieved budget performance above 50% while six evolving (amber) states achieved between 30% and 50%.

Nigeria spent only ₦365.60 on each woman or girl for GBV prevention and response in 2024, compared with ₦310.89 in 2023 and ₦213.27 in 2022. Notably, the highest per capita GBV spending was recorded in Akwa Ibom (₦1,872.18) followed by Bayelsa (₦1,716.00); while the lowest was in Rivers (₦34.41) followed by Anambra (₦46.42). Consequently, in the 2025 Womanity Index, only three states (Akwa Ibom, Bayelsa, Taraba) are categorized as advancing (blue); two (Borno, Ogun) as performing (green); two (Lagos, Sokoto) as evolving (amber); and twenty-nine as struggling (red).

What Has Changed?

State Performance Trends: 2023–2025

Examining ranking changes from 2023 to 2025 reveal significant shifts in state commitment and capacity to address GBV, with some states demonstrating consistent progress while others have experienced notable declines.

Consistent Top Performers

Lagos maintained its position at the top of the Index for the third consecutive year, recording no change in rank from either 2024 or 2023. This sustained leadership reflects the state's continued investment in comprehensive GBV systems across all five domains. However, maintaining the number one position does not indicate perfection or warrant complacency: Lagos continues to demonstrate room for improvement, particularly in Budget and Spending where its per capita spending remains below the benchmark.

Akwa Ibom and Ekiti have similarly demonstrated consistent top-tier performance. Ekiti has remained within the top three since 2023, ranking 2nd in both 2023 and 2024, and 3rd in 2025. Akwa Ibom has also sustained a position in the top four throughout the three-year period, steadily rising from 4th to 2nd place. Notably, Akwa Ibom achieved advancing status in the Budget and Spending domain, recording the highest per capita GBV expenditure at ₦1,872.18.

Remarkable Upward Climbs

Several states demonstrated exceptional progress over the three-year period. Cross River achieved the most dramatic improvement, climbing 15 positions from its 2023 ranking to reach 5th place in 2025. This remarkable ascent, which included a 12-position jump from 2024 alone, indicates substantial reforms and investments in GBV prevention and response systems. Similarly, Gombe rose 13 positions since 2023, with an impressive 18-position leap from 2024. This improvement was reflected in both the information and awareness, and laws and policies indices.

Ebonyi improved by 12 positions overall, rising from 21st in 2023 to 9th in 2025. Jigawa climbed 11 positions since 2023, while Borno advanced 7 positions. Kwara's performance is noteworthy, jumping 8 positions from 2023 and 4 positions from 2024 to reach 4th place nationally.

Other states showing consistent improvement include Niger (up 10 positions from 2023), Kebbi (up 10 positions from 2023), Bayelsa (up 10 positions from 2024), Sokoto (up 9 positions from 2024), Plateau (up 8 positions from 2024), and Bauchi (up 8 positions from 2024).

Concerning Downward Slopes

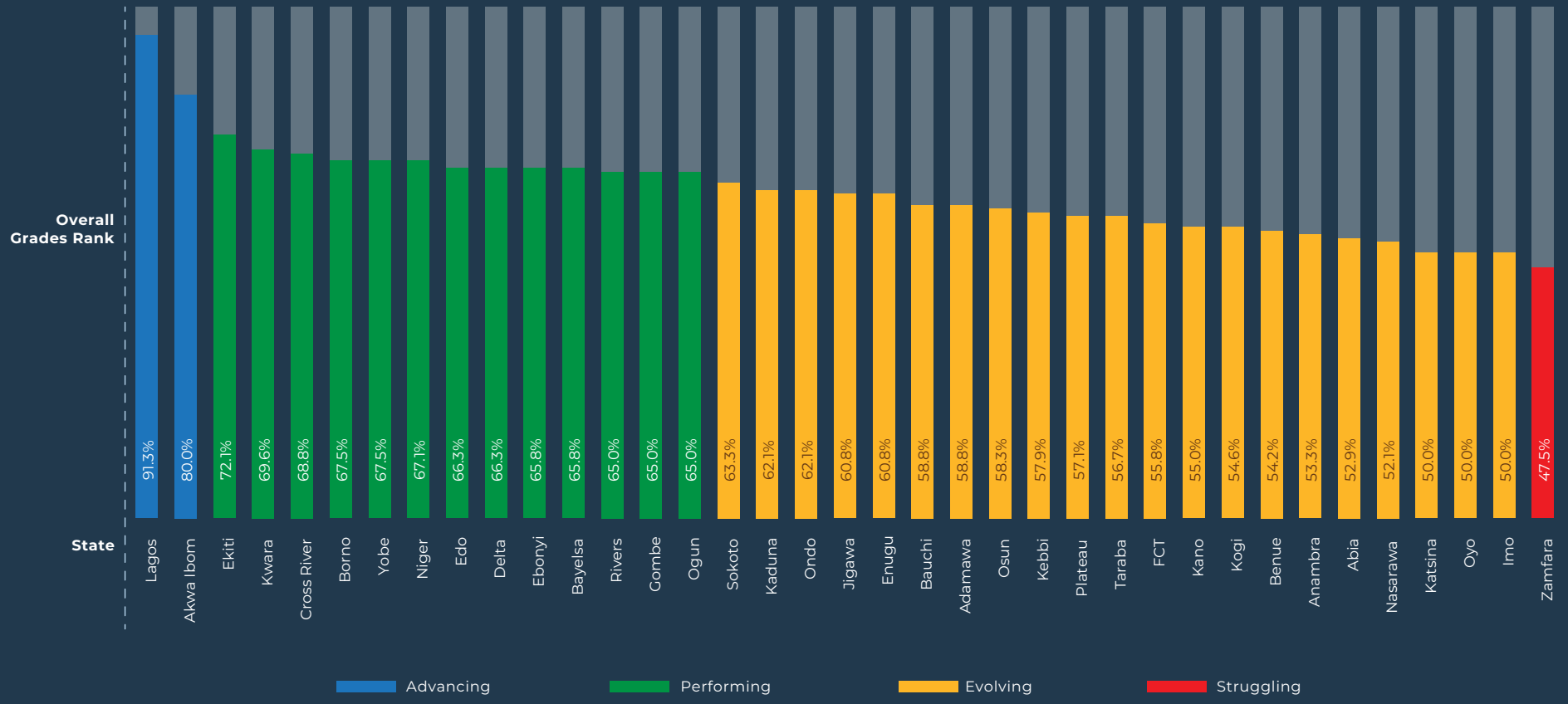
Anambra declined 14 positions from 2023, dropping from 9th to 23rd place. Abia similarly fell 14 positions, declining from 10th in 2023 to 24th in 2025. The FCT experienced a 12-position drop from 2023, falling from 7th to 19th place. Oyo dropped 10 positions from 2023, while Nasarawa fell 9 positions, and Imo declined 8 positions. Rivers fell 7 positions from 2024, moving from 3rd to 10th place despite maintaining a relatively strong overall score of 65.0%, indicating that while the state's absolute performance remained reasonable, other states advanced more rapidly. These downward trends indicate that progress is not automatic and require sustained political will and investment. States that deprioritize GBV or fail to maintain existing systems can quickly lose ground.

Changes in Overall State Rankings (2023-2025)

State	2025 Overall Score	2025 Rank	Change in rank from 2024	Change in rank from 2023
Lagos	91.2%	1	0	0
Akwa Ibom	80.0%	2	2	1
Ekiti	72.1%	3	-1	-1
Kwara	69.6%	4	4	8
Cross River	68.8%	5	12	15
Borno	67.5%	6	11	7
Yobe	67.5%	6	1	7
Niger	67.1%	7	-2	10
Edo	66.3%	8	-3	-4
Delta	66.3%	8	-2	-3
Ebonyi	65.8%	9	2	12
Bayelsa	65.8%	9	10	-1
Gombe	65.0%	10	18	13
Ogun	65.0%	10	-3	-6
Rivers	65.0%	10	-7	-4
Sokoto	63.3%	11	9	-5
Kaduna	62.1%	12	0	7
Ondo	62.1%	12	-2	0
Enugu	60.8%	13	17	-1
Jigawa	60.8%	13	2	11
Adamawa	58.8%	14	-5	-3
Bauchi	58.8%	14	8	0
Osun	58.3%	15	3	1
Kebbi	57.9%	16	-2	10
Plateau	57.1%	17	8	5
Taraba	56.7%	18	3	-3
FCT	55.8%	19	12	-12
Kano	55.0%	20	6	3
Kogi	54.6%	21	-8	-5
Benue	54.2%	22	5	2
Anambra	53.3%	23	4	-14
Abia	52.9%	24	-8	-14
Nasarawa	52.1%	25	-1	-9
Imo	50.0%	26	-1	-8
Katsina	50.0%	26	-3	-1
Oyo	50.0%	26	1	-10
Zamfara	47.5%	27	2	-2

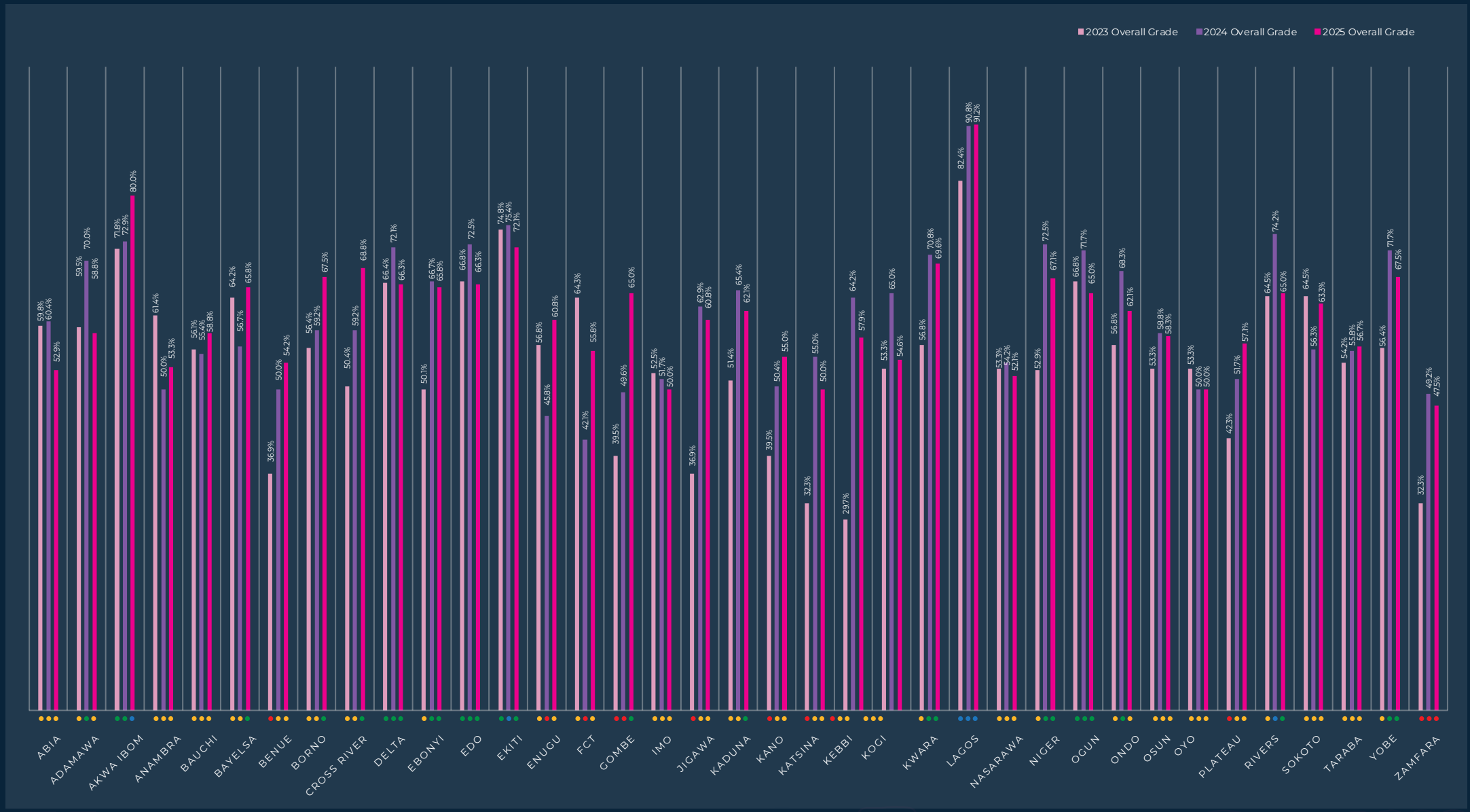
Womanity Index 2025

Overall Grades



Womanity Index 2025

Overall Grades Trend (2023 - 2025)



Key Data Trends: 2023–2025

GBV Context

GBV remains a persistent reality, with violence increasingly concentrated in the home.

3 in 5 Nigerians (59%) have either experienced GBV themselves or know someone who has – a figure consistent with 2024 (63%).

However, domestic violence has intensified: 76% of GBV incidents now occur in the home, up from 69% in 2024.

Laws and Policies

Efforts to educate Nigerians about GBV laws show promise but remain limited in reach, as trust in informal systems continues to rise.

Awareness of existing GBV laws and policies has dropped steadily: from 61% in 2023 to 58% in 2024 and just 51% in 2025.

This decline coincides with growing reliance on and preference for customary and religious laws, with 61% of Nigerians now believing these informal systems are sufficient for addressing GBV, up from 39% in 2024 and 48% in 2023.

Access to Legal Justice

Nigerians increasingly prefer formal justice, but fear for their safety remains a barrier.

The proportion of Nigerians unwilling to seek justice dropped from 5% in 2023 to just 2% in 2025, with formal systems like police and courts remaining the preferred channel (68% in 2025).

However, fear is growing: 25% would only testify in GBV cases if witness protection is available, up from 15% in 2023.

Support Services

Support service infrastructure remains plagued by severe shortages and poor visibility, despite growing public preference for formal support systems.

Awareness of SARCs and shelters has remained consistently low, with only slight fluctuations: 31% in 2023, 29% in 2024, and 26% in 2025.

Despite this, preference for informal support over structured professional care dropped sharply from 67% in 2023 to 45% in 2025, suggesting growing recognition of its limitations.

Information and Awareness

GBV awareness campaigns have suffered a decline following donor withdrawal.

In 2025, only 41% of Nigerians know of GBV information or education programs in their state, down from 52% in 2023 and 49% in 2024.

This decline coincides with the conclusion or termination of several major donor-funded interventions and highlights the fragility of awareness efforts built on external funding rather than sustained government commitment.

Budget and Spending

Budget allocations are increasing, but actual spending continues to lag far behind.

Nigeria's 36 states collectively allocated ₦120.22bn to GBV prevention and response in 2024, however, only 37.9% was actually spent, down from 51.5% in 2023 and 42.9% in 2022.

Average per capita spending for GBV prevention and response was ₦365.60 per woman or girl in 2024, a small rise from ₦310.89 in 2023 and ₦213.27 in 2022.

What Must Happen Next

While some states have demonstrated remarkable improvements, the majority continue to struggle with inadequate systems, limited resources, and weak implementation. Addressing these gaps requires coordinated action from multiple stakeholders. The following recommendations provide a roadmap for strengthening GBV prevention and response across all levels. While not exhaustive, they reflect the most critical priorities identified through the 2025 Womanity Index findings.

Government and Policymakers

1. The Kano State government should prioritize the domestication of the VAPP Act.
2. State governments should translate existing GBV laws into indigenous languages and develop simplified versions accessible to all citizens.
3. Establish unified data management systems that capture GBV cases across all relevant MDAs, ensuring consistency and accuracy. Mandate quarterly reporting on GBV statistics including cases reported, prosecuted, and convicted. Use this data to inform policy decisions and monitor progress.
4. Establish Family Support Units (FSUs) or Human Rights Desks in all police commands and divisions across the state. Create dedicated GBV courts and appoint specialized judges trained in trauma-informed approaches to handling GBV cases.
5. Expand legal aid services beyond state capitals to cover all LGAs, with a focus on rural and underserved communities.
6. Ensure at least one functional SARC or shelter exists in every LGA. Develop and implement coordinated GBV reporting and referral pathways involving the Ministry of Health, Ministry of Women Affairs, Ministry of Justice, Ministry of Education, Nigerian Police Force, and partner governmental and non-governmental institutions.
7. Implement multi-channel communication strategies using radio, television, social media, and community outreach to achieve consistent, widespread awareness across all LGAs. Move beyond event-based campaigns tied to commemorative occasions. Establish year-round, government-owned GBV education programs with dedicated budget lines and clear implementation plans.
8. Allocate at least 3% of total state budgets to Ministries of Women Affairs and ensure dedicated GBV budget lines exist across all relevant MDAs. Improve budget performance by ensuring timely release and utilization of funds and raise per capita GBV spending to a minimum of ₦1,000 per woman or girl.

Civil Society Organizations and Advocacy Groups

1. Use findings from the Womanity Index to engage state governments in targeted policy dialogue. Focus more advocacy efforts on evolving and struggling states, presenting specific, actionable recommendations tailored to their performance gaps.
2. Expand awareness campaigns and service delivery beyond state capital and urban areas. Develop community-based models that bring GBV support directly to rural areas where formal infrastructure is lacking.

Donors and Development Partners

1. Use the Womanity Index rankings to identify states requiring urgent support, particularly those in the struggling and evolving categories. Provide technical and financial assistance for establishing SARCs, training specialized personnel, and developing coordinated referral pathways. Focus resources on states demonstrating political will but lacking capacity.
2. Require rigorous impact assessments for all GBV programs, using data to inform future investments. Support the development of national and subnational GBV data systems that enable real-time tracking of interventions and outcomes. Fund research that identifies what works in the Nigerian context.

Leaders of Faith and Culture

1. Use your platforms in mosques, churches, community gatherings, and traditional councils to educate communities about GBV laws, and available support services. Ensure women and girls are aware of where to seek help.
2. Publicly denounce practices that normalize violence against women and girls such as forced marriages, female genital mutilation, etc. Reject pressure on survivors to withdraw cases, accept monetary settlements, or marry their abusers. Prioritize survivor safety and justice over family reputation or community harmony.

Media and Journalists

1. Move beyond incident reporting to educating the public by providing context about GBV laws, survivor rights, and available support services. Publish explainers on how to access legal aid, SARCs, and referral pathways. Use your platforms to challenge myths and misconceptions about GBV.
2. Use findings from the Womanity Index and similar assessments to hold governments accountable for their GBV commitments. Investigate and report on budget allocations versus actual spending, gaps between policy and implementation. Highlight both successes and failures to create healthy competition among states.

PART 1

Introduction

Understanding Womanity Index

Invictus Africa produces the annual Womanity Index, which uses a structured set of indices and indicators to assess how subnational governments perform in preventing and responding effectively to gender-based violence. Each state's performance is evaluated using 18 indicators, organized under five indices: Laws and Policies, Access to Legal Justice, Support Services, Information and Awareness, and Budget and Spending.

Each indicator is scored on a scale of 0 to 1. The score for each index is calculated by averaging the scores of its indicators, while the overall score is derived from the average of all five index scores. Both index and overall scores are converted to percentages, and performance bands are assigned based on these percentages:

Performance band	Color code	3-Indicator Indices	4-Indicator Indices	Overall Grade
Advancing	Blue	≥ 85%	≥ 95%	≥ 75%
Performing	Green	65% to < 85%	75% to < 95%	65% to < 75%
Evolving	Amber	35% to < 65%	50% to < 75%	50% to < 65%
Struggling	Red	< 35%	< 50%	< 50%

The five indices and 18 indicators for the Womanity Index are:

Index 1 – Laws and Policies

The Laws and Policies domain assesses how **robust and effective** state-level legal frameworks are in preventing and responding to gender-based violence (GBV). It examines whether states have robust laws and policies that criminalize GBV, whether these frameworks are periodically reviewed to reflect evolving GBV trends, and whether they address harmful customary or socio-cultural practices that enable violence.

This index is evaluated through three indicators:

LP_1 – ***Existence and comprehensiveness of GBV laws and policies:*** The state has laws that criminalize various forms of GBV and retain, strengthen, or improve the core components of the parent VAPP Act.

LP_2 – ***Conviction rate under GBV laws*:** The proportion of prosecuted cases that result in convictions under the state's core GBV legal framework, demonstrating effective application of the law.

LP_3 – ***Absence of harmful customary or religious laws or practices*:** No local provisions or practices exist that perpetuate GBV or undermine statutory protections.

The overall score for the Laws and Policies domain is calculated as:

$$\text{Laws and Policies Score} = \frac{LPS_1 + LPS_2 + LPS_3}{3}$$

Where:

- LPS_1 = Score for the existence and comprehensiveness of GBV laws and policies (0–1)
- LPS_2 = Score based on conviction rate under GBV laws (0–1)
- LPS_3 = Score for the non-existence of harmful customary and religious laws or practices (0–1)

Index 2 – Access to Legal Justice

The Access to Legal Justice domain assesses how **easy, timely, and equitable** it is for GBV survivors to access legal justice. It examines the effectiveness of state systems for reporting, prosecuting, and enforcing GBV-related cases, ensuring these processes are free from discrimination, undue bureaucracy, and barriers to access. The index also evaluates the functioning of community-level informal justice systems, ensuring they align with justice principles and do not perpetuate or exacerbate GBV.

This index is evaluated through four indicators:

- ALJ_1 **– Reporting, Prosecution, and Enforcement**: Effectiveness of the GBV reporting system, the prosecution process, and the enforcement of court judgments in the state.
- ALJ_2 **– Legal Aid Services**: Availability, accessibility, and functioning of legal aid services in all Local Government Areas (LGAs).
- ALJ_3 **– Dedicated GBV Units, Courts, and Judges**: Existence and functioning of specialized Family Support Units (FSUs), Gender Desks, or Human Rights Desks in all Police Commands or Divisions, as well as designated GBV courts and judges.
- ALJ_4 **– Informal Justice Practices**: Existence and impact of community-level informal justice mechanisms, ensuring they do not perpetuate or advance GBV or impede survivors' access to justice.

The overall score for the Access to Legal Justice domain is calculated as:

$$\text{Access to Legal Justice Score} = \frac{ALJ_1 + ALJ_2 + ALJ_3 + ALJ_4}{4}$$

Where:

- ALJ_1 = Score for Reporting, Prosecution, and Enforcement (0–1)
- ALJ_2 = Score for Legal Aid Services (0–1)
- ALJ_3 = Score for Dedicated GBV Units, Courts, and Judges (0–1)
- ALJ_4 = Score for Informal Justice Practices (0–1)

Index 3 – Support Services

The Support Services domain assesses how **available, accessible, and comprehensive** support systems are for GBV survivors. It examines state-run interventions, including medical, mental health, legal, and economic services, delivered through Sexual Assault Referral Centres (SARCs) and shelters, as well as subnational reporting and referral pathways and informal support networks. The domain evaluates whether these services adhere to Standard Operating Procedures (SOPs), are geographically accessible across the state, and are inclusive of all populations, including persons with disabilities.

This index is evaluated through four indicators:

- SS_1 – **Sexual Assault Referral Centres (SARCs) and Shelters:** Availability and functioning of government-run SARCs and/or shelters, ideally with at least one facility in every LGA.
- SS_2 – **GBV Reporting and Referral Pathways:** Existence and accessibility of user-friendly and inclusive reporting and referral pathways for GBV survivors.
- SS_3 – **Holistic Support Systems:** Existence and accessibility of holistic support services, including medical, psychosocial, legal, and economic assistance, for all GBV survivors.
- SS_4 – **Informal Support Practices:** Existence and functioning of informal support networks and mechanisms, ensuring they operate effectively and holistically, without perpetuating GBV or obstructing survivors' access to justice.

The overall score for the Support Services domain is calculated as:

$$\text{Support Services Score} = \frac{SS_1 + SS_2 + SS_3 + SS_4}{4}$$

Where:

- SS_1 = Score for SARCs and Shelters (0–1)
- SS_2 = Score for GBV Reporting and Referral Pathways (0–1)
- SS_3= Score for Survivor Support Services (0–1)
- SS_4= Score for Informal Support Services (0–1)

Index 4 – Information and Awareness

The Information and Awareness domain assesses how **consistent, accessible, and effective** state-level efforts are in providing and disseminating information, education, and communication (IEC) materials on gender-based violence. It examines how clearly, frequently, and inclusively states communicate GBV-related information to all populations, including pupils and students, persons with disabilities, and marginalized groups. The domain also evaluates the integration and use of age-appropriate guides or curricula in schools to promote GBV awareness, prevention, and early reporting.

This index is evaluated through four indicators:

- IA_1 – ***GBV IEC Materials***: Availability and wide dissemination of robust, accurate, and user-friendly GBV IEC materials across the state.
- IA_2 – ***GBV and Child Sexual Abuse (CSA) Guide***: Existence and use of a guide or curriculum for educating pupils and students about GBV and CSA across all levels of education, including basic/primary, secondary, and tertiary institutions.
- IA_3 – ***Public Sensitization and Awareness***: Existence, frequency, and reach of public awareness initiatives or programs targeting all LGAs, including rural and urban areas, to sensitize communities about GBV.
- IA_4 – ***GBV Information for Persons with Disabilities (PWDs) and Marginalized Groups***: Availability and accessibility of GBV information for persons with disabilities and marginalized populations, provided through formats and mediums that facilitate understanding.

The overall score for the Information and Awareness domain is calculated as:

$$\text{Information and Awareness Score} = \frac{IA_1 + IA_2 + IA_3 + IA_4}{4}$$

Where:

- IA_1 = Score for GBV IEC Materials (0–1)
- IA_2 = Score for GBV and CSA Guide (0–1)
- IA_3 = Score for Public Sensitization and Awareness (0–1)
- IA_4 = Score for GBV Information for PWDs and Marginalized Groups (0–1)

Index 5 – Budget and Spending

The Budget and Spending domain is based on the preceding fiscal year's budget and assesses how committed and effective state governments are in financing GBV prevention and response through the budgeting and expenditure practices of the State Ministry of Women Affairs and other relevant ministries, departments, and agencies (MDAs). It examines the extent to which financial commitments are not only provided for in annual budgets but also translated into actual spending that supports effective GBV prevention and response.

This index is evaluated through three indicators:

- BS_1 – **GBV Budget Lines**: Existence of dedicated budget lines or allocations specifically targeting GBV prevention and response across relevant MDAs.
- BS_2 – **Budget Performance:** Budget allocation and actual spending by the State Ministry of Women Affairs (MoWA) and GBV-related MDAs in the previous fiscal year.
- BS_3 – **Per Capita Spending:** Per capita expenditure, measuring the MoWA and GBV-related MDAs' total actual spending relative to the female population of the state. Using the female

population as the denominator ensures the indicator reflects investment per woman or girl, consistent with the Ministry's primary mandate. By prioritizing actual expenditure rather than allocations, the index captures the degree to which fiscal commitments are converted into real, measurable action.

The overall score for the Budget and Spending domain is calculated as:

$$\text{Budget and Spending Score} = \frac{BS_1 + BS_2 + BS_3}{3}$$

Where:

- BS_1 = Score for Ministry budget allocation and actual expenditure (%) (0–1)
- BS_2 = Score for dedicated budget lines addressing GBV (0–1)
- BS_3 = Score for per capita spending relative to the female population (0–1)

Research Methodology

Team Structure and Roles

The Womanity Index 2025 was implemented through a three-tiered team structure to ensure consistency and quality across all 36 states and the Federal Capital Territory (FCT). The structure included the Central Coordinating Team (CCT), State Research Consultants (SRCs), and Field Enumerators.

At the national level, the CCT, composed primarily of members of the Data and Research Department and relevant staff of Invictus Africa, provided overall leadership and technical support. The CCT developed the research tools and sampling design, trained state teams, monitored data quality, ensured ethical standards, and offered real-time guidance throughout the process.

At the state level, SRCs served as the lead coordinators for all data collection and research activities in their respective states. Selected for their research experience and local knowledge, SRCs managed field logistics, trained and supervised enumerators, conducted interviews, ensured ethical data collection, and submitted weekly reports to the CCT.

At the field level, 263 Enumerators were recruited and trained by SRCs to administer the quantitative survey accross the 36 states and FCT. They were responsible for engaging with respondents, following sampling protocols, and ensuring accurate and credible data collection in line with ethical guidelines.

Study Design and Population

The Womanity Index 2025 employs a mixed-methods approach combining both quantitative and qualitative research to access GBV prevention and response across Nigeria's 36 states and the FCT. This design enables comprehensive evaluation from both demand-side (public experience and perception) and supply-side (institutional capacity and service delivery) perspectives.

The research engaged two distinct populations corresponding to the demand-side and supply-side components of the assessment. The quantitative study population, which comprises adults aged 18 years and above across all 36 states and the FCT. Participants include GBV survivors, their family members and friends, and members of the public. This population provides insights into community-level awareness, experiences, and perceptions of GBV prevention and response systems, capturing the lived realities of those most affected by and exposed to gender-based violence.

The qualitative methodology explores GBV prevention and response through the perspectives of key stakeholders, using Key Informant Interviews (KIIs). This is complemented by a review of policy documents, legal frameworks, approved budgets, and budget implementation reports, to assess institutional efforts. In-Depth Interviews (IDIs) with survivors and their close relations offer firsthand insights into lived experiences and service access. The diverse group of stakeholders engaged include:

Government officials from key Ministries, such as Women Affairs, Justice, Health, Education, Budget and Planning, and Information and Communication.
Law enforcement and legal institutions, including the Nigeria Police Force, Legal Aid Council, International Federation of Women Lawyers (FIDA), and the judiciary.
Advocacy and support organizations, such as Sexual Assault Referral Centres (SARCs), non-governmental organizations (NGOs), the Nigeria Bar Association (NBA), and the International Federation of Women Lawyers (FIDA).
GBV survivors and their close relations, who provide personal accounts that humanize the data and enrich the analysis with lived experience.

Sample Size

Quantitative Sample Size

To ensure state-level insights for evidence-based advocacy, the sample size was calculated independently for each of Nigeria's 36 states and the FCT. This approach supports granular analysis of GBV patterns, policy implementation, and service delivery across diverse contexts.

The calculation was based on a ±4% margin of error at a 95% confidence level, which required a minimum of 600 respondents per state. To account for clustering effects from the multi-stage sampling design, a design effect of 1.5 was applied, increasing the required sample to 900 respondents per state. To further mitigate potential nonresponses, the sample size was rounded up to 1,000 respondents per state, resulting in a target national sample of 37,000 respondents. During fieldwork, a total of 41,236 responses were collected nationwide. After data cleaning and validation, the final dataset comprised 40,111 valid responses. A detailed breakdown of respondents across selected LGAs and wards in each state is provided in the Appendix.

Qualitative Sample Size

The qualitative component was designed to include 10 KIIs per state, targeting representatives from key sectors including relevant government ministries, departments, and agencies (MDAs), law enforcement, legal institutions, advocacy groups, and civil society organizations. Additionally, at least one IDI with a GBV survivor or their close relation was planned per state.

While the target was 370 KIIs and 37 IDIs, actual implementation varied due to logistical constraints and stakeholder availability. In total, 321 KIIs and 37 IDIs were successfully completed nationwide. A state-by-state breakdown of KIIs conducted is provided in the Appendix.

Sampling Strategy

Quantitative Sampling

The quantitative component used a multi-stage stratified cluster sampling method that follows Nigeria's administrative structure. This strategy ensured representative coverage across all 36 states and the FCT, with proportional inclusion of urban and rural populations and demographic diversity in gender.

Sampling Stages

The multi-stage stratified cluster sampling followed four distinct stages:

- **Stage 1** – Senatorial District Selection: All three senatorial districts in each state were included (the FCT has only one). Each district was allocated approximately 333–334 respondents, ensuring equal distribution across districts.
- **Stage 2** – Local Government Area (LGA) Selection: LGAs were selected from each senatorial district using a stratified random sampling approach to ensure proportionate representation of both urban and rural areas. Selection criteria:
  - States with ≤4 LGAs: All LGAs included
  - States with 5–9 LGAs: Half of the LGAs (rounded up)
  - States with ≥10 LGAs: One-third of the LGAs (rounded up)
- The sample per LGA was calculated by dividing the senatorial district allocation by the number of selected LGAs.
- **Stage 3** – Ward Selection: One ward was randomly selected from each chosen LGA using simple random sampling. The full LGA allocation was assigned to the selected ward, ensuring focused data collection within manageable geographical boundaries.
- **Stage 4** – Individual Selection: Within selected wards, respondents were identified using the random walk method. The process aimed for 60–70% female respondents to reflect the disproportionate impact of GBV on women and girls, while also including male perspectives.

Qualitative Sampling

The qualitative component employed purposive sampling to select key informants with relevant expertise and decision-making authority in GBV prevention and response. Participants represented critical institutions and sectors involved in policy, service delivery, and advocacy.

Prior to fieldwork, each SRC conducted a stakeholder mapping exercise to identify relevant MDAs, organizations, and individuals within their state. This involved submitting letters to MDAs, consulting with civil society networks, and engaging preliminary contacts to determine the most appropriate officials to interview.

Selection Criteria

Key informants were selected based on:
Institutional relevance: Officials from MDAs or organizations directly involved in GBV work.
Decision-making authority: Positions involving policy formulation, program implementation, or service delivery oversight.
Expertise and experience: Substantial knowledge in their area of responsibility related to GBV.
Availability and willingness: Confirmed availability and consent to participate.

Each MDA or stakeholder group was mapped to relevant Womanity Index domains to ensure questions aligned with participants' areas of expertise. This mapping ensured that each of the four Womanity Index domains was covered by at least three stakeholders.

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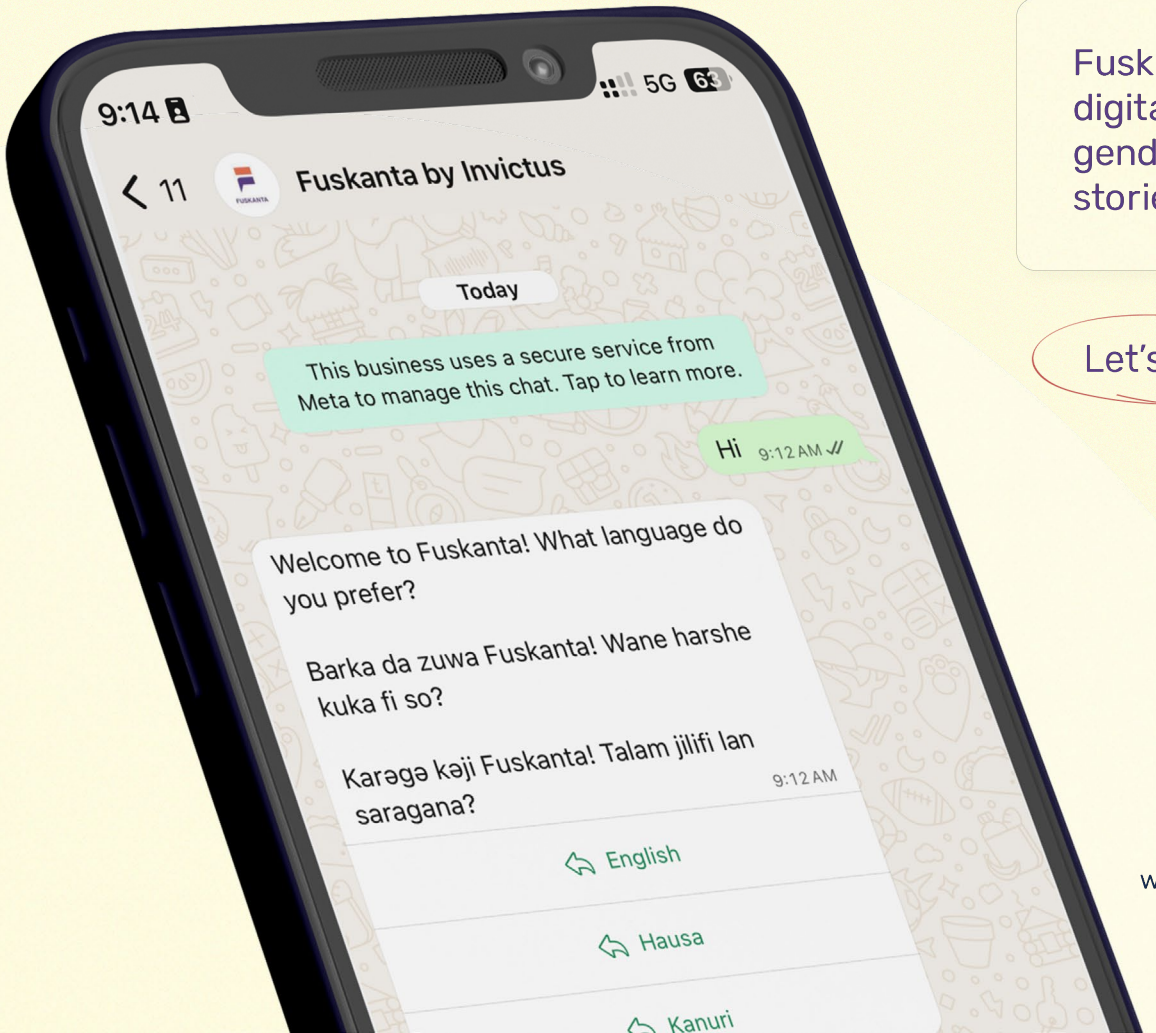

Fuskanta is a safe, sensitive, and supportive digital space where survivors of conflict-related gender-based violence (GBV) can share their stories.

Let's chat **0813 863 7799**

SCAN TO BEGIN

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MDA/Organization	Womanity Index Domains
Ministry of Justice	Laws and Policies; Access to Legal Justice
Legal Aid Council	Laws and Policies; Access to Legal Justice
NBA and/or FIDA	Laws and Policies; Access to Legal Justice
Nigeria Police Force	Access to Legal Justice
Court Officials	Access to Legal Justice
Ministry of Women Affairs	Support Services; Information and Awareness
Ministry of Health	Support Services
SARC Officials	Support Services
Ministry of Education	Information and Awareness
NGOs/CSOs	All five indexes

Data Collection Instruments

Demand-Side Questionnaire

The demand-side component utilized an interviewer-administered survey tool designed to collect quantitative data from respondents across selected LGAs and wards within each state's three senatorial districts. All questions were close-ended, requiring respondents to choose from predefined options.

The questionnaire comprised six sections:

- **Section A** – Demographics: Collected data on location (state, senatorial district, LGA, urban/rural), gender, age, and disability status.
- **Section B** – GBV Experience: Captured personal or witnessed GBV incidents within the past five years, including types, locations, initial help-seeking actions, and motivations.
- **Section C** – Laws and Policies: Assessed awareness and perceptions of formal, customary, and religious GBV-related laws, including their effectiveness and knowledge of convictions.
- **Section D** – Access to Legal Justice: Explored preferences for justice systems, awareness of legal aid, willingness to testify, perceptions of witness protection, and trust in informal justice mechanisms.
- **Section E** – Support Services: Measured awareness and accessibility of SARCs, shelters, and reporting pathways, and evaluated perceptions of service functionality and sustainability.
- **Section F** – Information and Awareness: Evaluated exposure to GBV awareness efforts, usefulness of educational materials, support for school-based GBV education, and awareness of disability-inclusive content.

Key Informant Interview Guide

The supply-side component utilized a semi-structured KII guide to collect qualitative data from government officials and service providers responsible for GBV prevention and response. Unlike the demand-side questionnaire, the KII guide featured open-ended questions that allow for detailed exploration of policies, systems, and service delivery mechanisms.

The interview guide was organized around four thematic areas aligned with the Womanity Index domains:

- **Laws and Policies:** Explored existing legal frameworks, policy gaps, customary and religious practices, recent reform efforts, and statistical data on GBV cases (reported, prosecuted, and convicted). It assessed the legislative and policy environment's adequacy and effectiveness.
- **Access to Legal Justice:** Examined formal and informal justice systems, legal assistance programs, witness protection mechanisms, specialized units (Family Support Units, GBV/Gender/Human Rights Desks), and dedicated judicial structures (courts and judges). It evaluated the accessibility and effectiveness of justice delivery mechanisms.
- **Support Services:** Assessed availability, distribution, and functionality of shelters and SARCs, referral pathways, formal and informal support systems. It evaluated service adequacy, accessibility, and resource allocation for survivor support.
- **Information and Awareness:** Reviewed state-led awareness campaigns, educational materials, school-based GBV education programs, disability-inclusive communication strategies, and public sensitization efforts. It evaluated the reach and effectiveness of information dissemination.

Additionally, the guide included an "Implementation Tracker" to assess the status of recommendations from the 2023 and 2024 editions of the Womanity Index across relevant domains.

Budget Analysis Framework

Unlike the demand-side and supply-side components, the Budget and Spending domain relied on secondary data collection using a standardized framework developed in partnership with BudgIT Foundation. The framework was applied to publicly available state budget documents and implementation reports for the 2024 fiscal year, for all 36 states, exempting the Federal Capital Territory (FCT) as its disaggregated budget documents have been unavailable.

The framework extracted:

- Total budget for each state.
- Dedicated gender-based violence (GBV) budget lines within ministry allocations.
- Total budget allocations to the Ministry of Women Affairs and other GBV-related ministries, departments, and agencies (MDAs).

- Actual expenditure figures for the fiscal year under review.
- Population of each state and the gender distribution.

Data Collection Procedure

Training and Capacity Building

Prior to fieldwork, a comprehensive training programme was conducted at multiple levels to ensure standardization and quality across all states. From June 24 to 26, 2025, the CCT organized a three-day training session for all the SRCs. This workshop covered research objectives, sampling protocols, ethical guidelines, interview techniques, data collection tools, quality control procedures, field logistics, data analysis, and reporting requirements.

Following the central training, each SRC conducted a state-level training workshop for their enumerators. Held between June 27 and July 5, 2025, these sessions covered the demand-side questionnaire, procedures for obtaining informed consent, and protocols for administering the tool using the KoboCollect app on Android smartphones and tablets.

Sampling Protocol Completion

Before fieldwork began, each SRC completed a sampling protocol using a standardized Excel template provided by the CCT. This outlined the multi-stage stratified cluster sampling approach, specifying selected senatorial districts, LGAs, wards, and sample size allocations. All protocols were submitted to the CCT for review and approval to ensure consistency across states before data collection started.

Quantitative Data Collection

Quantitative data collection was conducted between July and August 2025 through face-to-face interviews by trained enumerators using the KoboCollect application. Data was uploaded daily to the KoboToolbox cloud server, accessible only to authorized members of the CCT, ensuring secure and timely transmission. To protect participant confidentiality, the application was configured to automatically delete completed forms from devices upon successful submission.

Qualitative Data Collection

Qualitative interviews were conducted by the SRCs, given the seniority of participants and the technical depth of the discussions. This took place simultaneously with the quantitative fieldwork. Using a semi-structured interview guide, SRCs carried out KIIs, which were audio-recorded with participant consent and supplemented by detailed written notes. In cases where participants declined recording, comprehensive notes were taken during and immediately after the interview to capture key insights and direct quotes. All audio files, consent forms, and transcripts were submitted to the CCT through a designated KoboToolbox form.

Budget Data Collection

Budget data collection was conducted by BudgIT Foundation, which was sourced from state budget offices and official government publications.

Data Monitoring and Quality Assurance

Several mechanisms were used to ensure data quality throughout the collection process, supported by real-time monitoring systems and structured reporting protocols.

Real-Time Data Monitoring Dashboard

To maintain continuous oversight of fieldwork and data quality, the CCT developed a monitoring dashboard in Power BI, directly linked to the KoboToolbox server. The dashboard provided real-time updates on survey completion rates, geographic coverage, demographic distributions of respondents, and data collection patterns across all 37 locations. Both SRCs and CCT members accessed the dashboard, allowing proactive monitoring and quick identification of issues.

Quantitative Data Quality Control

The Kobo Collect application included built-in validation checks that prevented enumerators from skipping questions, reducing missing data at the point of collection. SRCs uploaded completed survey forms daily to the KoboToolbox server, and the CCT reviewed these uploads to confirm successful submissions, monitor consistency, and detect unusual patterns such as rapid completion times or atypical response distributions. The CCT also conducted random spot checks and back-checks in the field to verify adherence to sampling protocols.

Qualitative Data Quality Control

For qualitative data, quality assurance focused on transcription accuracy and completeness. After interviews, SRCs prepared intelligent verbatim transcripts of audio recordings, ensuring accuracy while preserving the original language and meaning. The CCT reviewed transcripts for accuracy, completeness, and clarity, providing feedback to ensure standardization across states.

Progress Monitoring and Reporting

Weekly field reports, submitted every Friday at 6:00 PM via a designated Kobo Collect form, served as the main mechanism for systematic progress tracking. Reports captured both quantitative metrics (number of surveys completed, LGAs and wards covered, projections for the following week) and qualitative progress (number of KIIs completed, MDAs covered, IDI status). This structured reporting enabled the CCT to maintain real-time oversight across all states, identify areas needing additional support, and ensure adherence to timelines.

Data Analysis

Quantitative Data Analysis

Quantitative data were analyzed using descriptive statistics to summarize patterns and trends. Frequency distributions and percentages were calculated for each survey question to show how responses were distributed across categories. Analysis was conducted at national, regional, and state levels, allowing for both broad comparisons and context-specific insights. The CCT produced frequency distribution tables, which SRCs interpreted to identify significant findings. As the third edition of the Womanity Index, the 2025 assessment also included trend analysis comparing results from 2023 and 2024. This helped track progress or setbacks in key indicators over time and assess whether observed changes signaled improvement, regression, fluctuations, or stability.

Qualitative Data Analysis

The qualitative data was analyzed using deductive thematic analysis, organized around the five Womanity Index domains: Laws and Policies, Access to Legal Justice, Support Services, and Information and Awareness. Themes were drawn from a predefined coding framework based on the interview guide. For each theme, findings were informed by at least three key informant interviews to ensure diverse perspectives and avoid reliance on single viewpoints. The analysis also compared qualitative findings with survey results to identify areas of alignment or divergence.

Budget Data Analysis

BudgIT Foundation applied their standardized analytical framework to compute budget performance rates, per capita spending, and other key metrics for both MoWAs independently and combined GBV-related allocations across relevant MDAs. The analyzed data, along with supporting narratives, was submitted to the CCT in structured Excel templates. Upon receipt, the CCT conducted verification checks by cross-referencing figures, reviewing computational methods, and resolving any identified discrepancies in collaboration with BudgIT Foundation before incorporating the data into the Index scoring framework and the report.

Validation of Key Informant Interview Findings

Following data analysis and report drafting, the CCT conducted a validation exercise for the key informant interview findings. Preliminary results, specifically those reflecting the responses of government officials and the assessment of institutional GBV prevention and response, were shared with the respective state Ministries of Women Affairs. Stakeholders were invited to review the findings and provide clarifications or additional input as needed.

Limitations of the Research

The Womanity Index 2025 followed rigorous methods to ensure data quality and broad representation. However, several limitations should be considered when interpreting the findings.

The qualitative component completed 321 key informant interviews out of a target of 370, representing an 87% completion rate. This gap was mainly due to stakeholder unavailability, scheduling conflicts with senior government officials, and logistical constraints across states. In some states, certain MDAs were unresponsive or declined to participate, potentially limiting perspectives from specific sectors. Nevertheless, purposive sampling ensured that each domain was represented by at least three stakeholders per state, supporting the validity of the analysis.

The quantitative survey relied on self-reported data about GBV experiences, awareness, and perceptions. This method carries inherent risks of recall bias, social desirability bias, and underreporting, especially given the sensitive nature of GBV. Although enumerators were trained in interviewing techniques, such biases could not be entirely avoided. Additionally, some remote or insecure areas were difficult to reach, which may have excluded highly vulnerable groups or those living in hard-to-access communities.

The budget and spending analysis relied on publicly available budget documents and expenditure reports, which varied in detail and accessibility across states. Some states provided comprehensive, disaggregated data, while others had limited transparency or delayed publication of expenditure figures. In cases where certain line items were ambiguous or not explicitly labeled as GBV-related, classification decisions were made in consultation between BudgIT Foundation and officials of the relevant MDAs.

Despite these constraints, the study employed several strategies to mitigate limitations, including triangulating qualitative and quantitative findings, applying real-time quality control, and engaging with a diverse set of stakeholders.

Purpose and Application of the Report

The Womanity Index 2025 is designed to serve as a practical tool for improving GBV prevention and response across Nigeria. This report provides evidence-based insights that can guide decision-making, resource allocation, and policy reforms at both state and national levels.

For Policymakers and Government Officials

State governments can use this report to identify strengths and gaps in their GBV systems. The comparative framework allows states to learn from higher-performing peers and adopt proven strategies. The findings also highlight priority areas requiring immediate attention, enabling targeted interventions and more effective use of limited resources.

The domain-specific scores provide a clear roadmap for reform. States can focus on specific areas, such as strengthening legal frameworks, improving access to justice, expanding support services, or enhancing public awareness, based on their performance in each domain.
For Civil Society Organizations and Advocates

This report equips advocacy groups with credible data to support evidence-based campaigns and policy dialogue. Organizations can use the findings to engage government stakeholders, propose specific reforms, and monitor progress over time. The Index also helps identify states where advocacy efforts may have the greatest impact. By comparing trends across the 2023, 2024, and 2025 editions, advocates can track whether their efforts are yielding measurable improvements or if new strategies are needed.

For Development Partners and Donors

International organizations and funding agencies can use this report to inform their programming and investment decisions. The state-level analysis helps identify where technical assistance, capacity building, or financial support is most needed. The Index also provides a baseline for monitoring the effectiveness of donor-funded interventions.

For Researchers and the Media

Researchers can draw on this data for further analysis, academic studies, and policy research on GBV in Nigeria. Media professionals can use the findings to inform public discourse, raise awareness about GBV issues, and hold governments accountable for their commitments to protecting women and girls.

Promoting Accountability and Progress

Ultimately, the Womanity Index serves as an accountability tool that measures government commitment to ending GBV. By publishing state-level performance data annually, the Index creates transparency and encourages healthy competition among states to improve their systems. This report is not merely a documentation of current realities but a call to action. It provides a foundation for collaborative efforts among government, civil society, development partners, and communities to build a Nigeria where every woman and girl can live free from violence.

PART 2

National Analysis and Findings

Nigeria

Population: 249,815,311

50.2% Female | Male 49.8%

Overall Grade 61.9%

Respondents Demography *(n = 40,111)*

GENDER — Female ■ Male ■

66.2% | 33.8%

AREA — Rural ■ Urban ■

54.3% | 45.7%

AGE

<20	20-29	30-39	40-49	50-59	60-69
2.3%	18.7%	34.9%	22.1%	13.8%	8.2%

Ministry of Women Affairs and Social Development

BUDGET ALLOCATION — ₦114.7bn
(This accounts for **0.6%** of total states budgets)

BUDGET PERFORMANCE — ₦41.8bn
(This accounts for **39.0%** of total allocation to the ministry)

39.0%

Capital ■ Personnel ■ Overhead ■ Others ■ (Actual Spend)

35.5% | 30.4% | 30.8% | 3.6%

Per Capita Spending

₦361.39

Index

Index					Total Grade
Laws and Policies	LP_1	LP_2	LP_3	-	66.2%
Access to Legal Justice	ALJ_1	ALJ_2	ALJ_3	ALJ_4	62.2%
Support Services	SS_1	SS_2	SS_3	SS_4	58.3%
Information and Awareness	IA_1	IA_2	IA_3	IA_4	64.4%
Budget and Spending	BS_1	BS_2	BS_3	-	57.6%

National GBV Context

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

No ■ Yes ■

41.1% | 58.9%

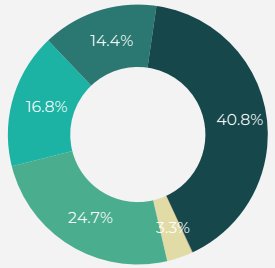
0% 20% 40% 60% 80% 100%

Where did you or the person experience the GBV?

75.8% | 29.3% | 8.6% | 25.0% | 20.3%

Home ■ Public ■ Religious ■ School ■ Workplace ■

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



What form of GBV did you or the person experience?

51.5% | 44.3% | 35.6% | 35.8% | 18.3% | 8.7%

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

Where did you or the person first seek help?

3.0% | 34.4% | 9.6% | 3.1% | 2.4% | 34.0% | 4.9% | 8.6%

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

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

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

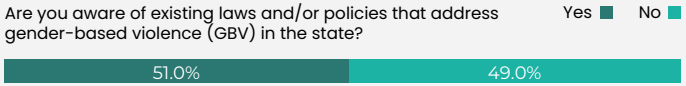
National GBV Assessment Survey

Overall Grade 61.9%

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?

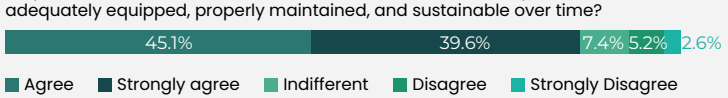
Yes ■ No ■

SUPPORT SERVICES

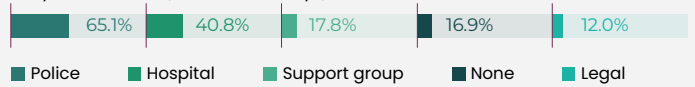
Do you know of, or have you visited, any active shelters and/or Sexual Assault Referral Centres (SARCs) for GBV victims/survivors in the state?

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)

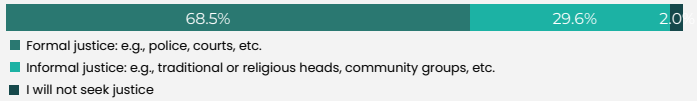


Do you think informal support systems such as family, friends, religious centres, community groups, etc., are helpful to GBV victims/survivors?

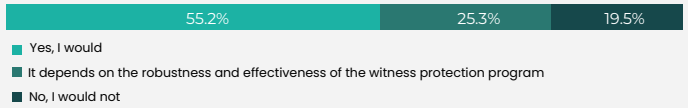
Yes ■ No ■

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 ■

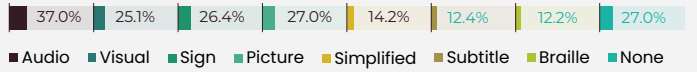
INFORMATION AND AWARENESS

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?



GBV Context

51%

Domestic or intimate partner violence (51%) is the most common form of gender-based violence in Nigeria, followed by physical violence (44%), sexual violence (36%), and psychological violence (36%).

3 in 5

59% of Nigerians – that is, 3 in 5 – have either experienced gender-based violence themselves or know someone who has.

61%

GBV survivors are about twice as likely to seek help from informal sources — family (34%), friends or neighbours (10%), employers or colleagues (3%), religious leaders (5%), or traditional leaders (9%) — adding up to 61%. This is compared to 34% who first turn to the police and 2% to lawyers. Another 3% did not seek help at all.

76%

76% of gender-based violence incidents happen in the home, 29% in public places, 25% in schools, and 20% in workplaces.

GBV Context

40%

40% of GBV survivors choose where to first seek help based on trust. Others choose based on where they think they'll get the help they need (24%), how close or accessible the option is (16%), the services available (14%), or cost (3%).

Laws and Policies

49%

1 in 2 Nigerians (49%) are not aware of the GBV laws and policies in their state. In eight states, unawareness is even higher: Osun (78%), Kwara (76%), Delta (72%), Niger (68%), Katsina (67%), Cross River (67%), Ebonyi (67%), and Kebbi (62%).

Even though 59% of Nigerians have either experienced GBV or know someone who has, 63% say they have never heard of anyone being convicted for it.

63%

Laws and Policies

61%

61% of Nigerians believe customary and religious laws are enough to prevent and respond to GBV. Confidence in these informal legal systems is highest in the north: 70% in the North East, and 66% in both the North Central and North West.

Access to Legal Justice

68%

68% of Nigerians prefer formal justice for GBV cases, yet 59% are unaware of the legal support available in their state. At the same time, 30% prefer to seek justice through traditional or religious institutions, and 2% say they will not seek justice at all.

63% of Nigerians do not know anyone who has been convicted of GBV, meaning nearly 2 out of 3 have never seen or heard of any legal punishment for this crime.

63%

Access to Legal Justice

55%

Fewer Nigerians feel safe testifying in gender-based violence cases – dropping from 61% in 2023 to 55% in 2025. Meanwhile, 25% say they will only engage with formal justice if strong witness protection is guaranteed.

Support Services

74%

74% of Nigerians have not heard of or visited an active shelter or Sexual Assault Referral Centre (SARC). And 45% believe informal support systems are better than formal ones. Preference for informal support is highest in the north-east at 51%, and lowest in the south-south at 37%.

The police or community security (65%) is the most familiar reporting and referral pathway for GBV. This is followed by hospitals or healthcare facilities (41%), support groups (18%), and legal services (17%). About 12% are not aware of any pathway – meaning they would not know where to go if they experienced GBV.

65%

Information and Awareness

59%

59% of Nigerians have not come across any GBV information or education programs. Only three states have more than 70% of residents who have seen such programs: Yobe (80%), Zamfara (80%), and Lagos (71%).

37%

At 37%, audio or spoken content is the most familiar GBV information medium for persons with disabilities. This is followed by picture-based messages (27%), sign interpretation (26%), and visual content (25%). The least used are braille materials (12%), screen subtitling (12%), and simplified messages (14%).

Budget and Spending

0.60%

In 2024, the average share of state budgets allocated to the Ministry of Women Affairs is just 0.6%. Only six states – Adamawa (1.6%), Borno (2.3%), Katsina (1.3%), Kebbi (1.4%), Ondo (1.5%), and Sokoto (1.6%) – allocate at least 1%, with Borno topping the list at 2.3%. Thirty states allocate between 0.1% and 0.9%.

Budget and Spending

39%

The average budget performance of state Ministries of Women Affairs is 39%. Five states performed strongly – Yobe (92.6%), Delta (90.9%), Lagos (87.1%), Niger (78.4%), and Akwa Ibom (77.3%). Four states recorded very low performance: Ondo (7.2%), Anambra (6.8%), Rivers (6.3%), and Adamawa (4.9%). Average per capita spending is ₦361.39.

In 2024, Nigeria's 36 states collectively allocated a total of ₦120.22bn to gender-based violence prevention and response across various ministries, departments, and agencies. However, this amount represents just 0.66% of their combined state budgets.

0.66%

37.9%

Despite the ₦120.22bn allocated to GBV prevention and response by Nigeria's 36 states in 2024, the performance rate was only 37.9%, a decline from 51.5% in 2023 and 42.9% in 2022.

On average, Nigeria spent only ₦365.60 on each woman or girl for GBV prevention and response in 2024. This is a small rise from ₦310.89 in 2023 and ₦213.27 in 2022. Akwa Ibom recorded the highest per capita spending at ₦1,872.18, followed by Bayelsa at ₦1,716.00. The lowest was in Rivers at ₦34.41 and Anambra at ₦46.42.

₦365.60

National GBV Context Trend (2024-2025)

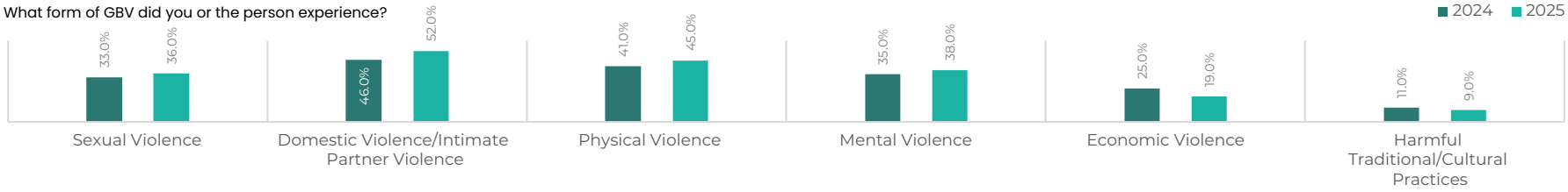
Overall Grade 61.9%

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

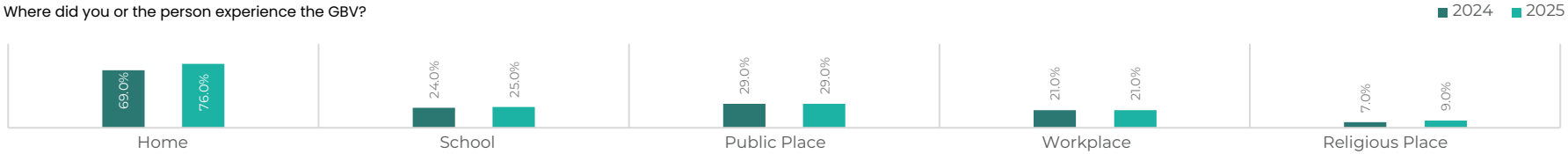
59.0%

of the Nigerian population have either experienced GBV or knows someone who have experienced GBV

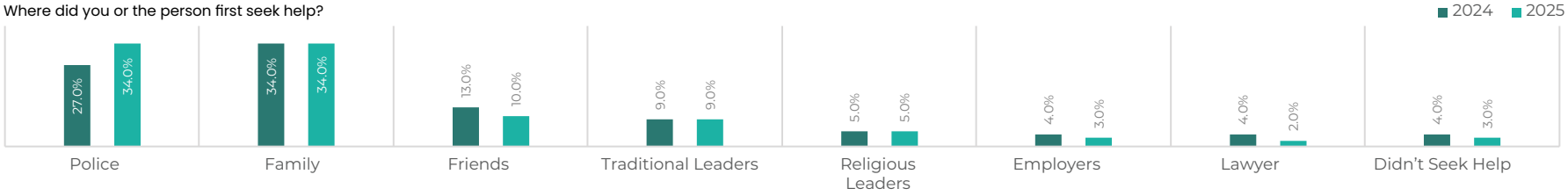
What form of GBV did you or the person experience?



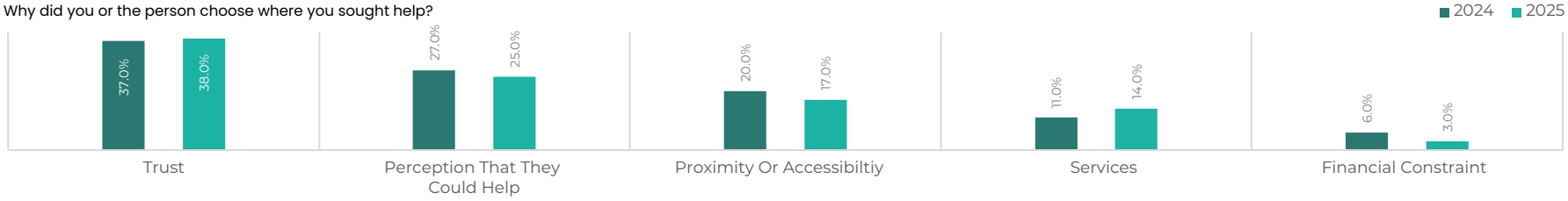
Where did you or the person experience the GBV?



Where did you or the person first seek help?



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

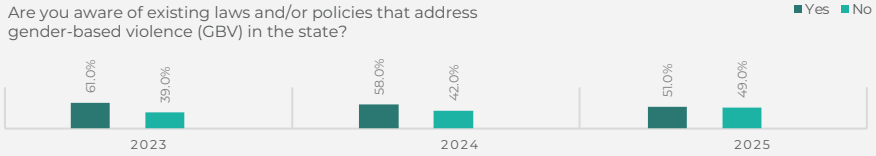


National Trend (Indices and Indicators) (2023-2025)

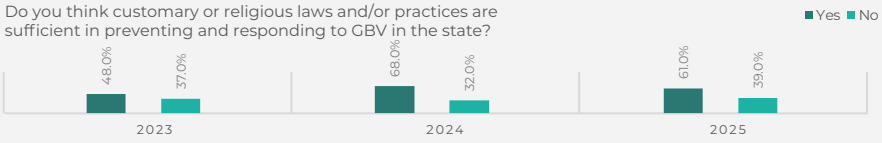
Overall Grade 61.9%

LAWS AND POLICIES

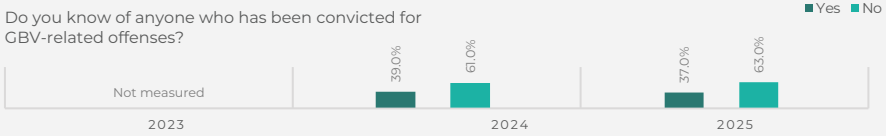
Are you aware of existing laws and/or policies that address gender-based violence (GBV) in the state?



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

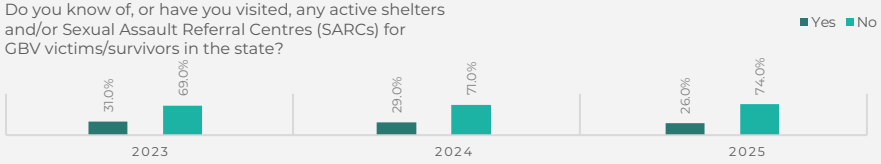


Do you know of anyone who has been convicted for GBV-related offenses?

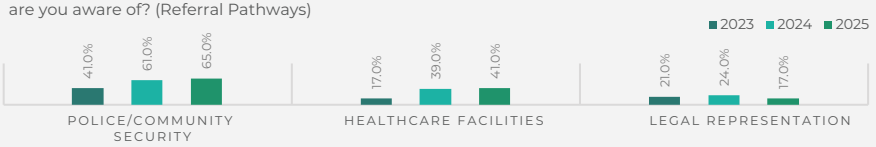


SUPPORT SERVICES

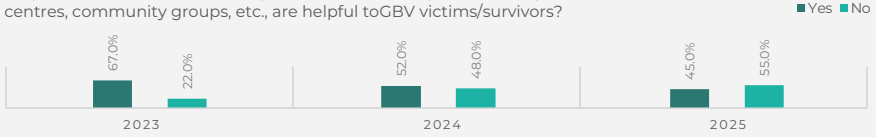
Do you know of, or have you visited, any active shelters and/or Sexual Assault Referral Centres (SARCs) for GBV victims/survivors in the state?



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

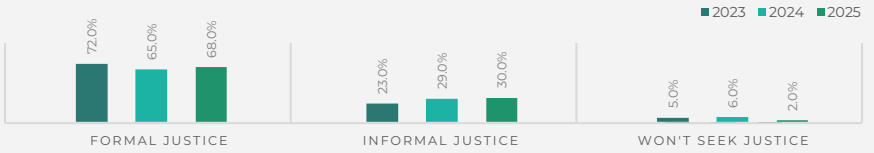


Do you think informal support systems such as family, friends, religious centres, community groups, etc., are helpful toGBV victims/survivors?

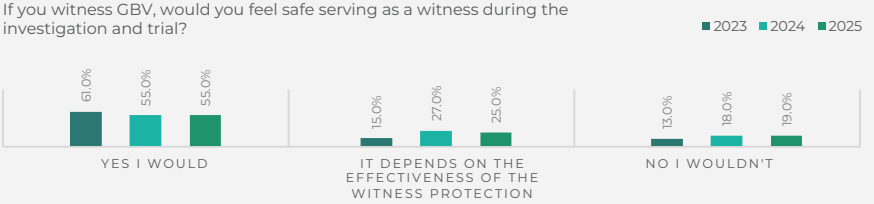


ACCESS TO LEGAL JUSTICE

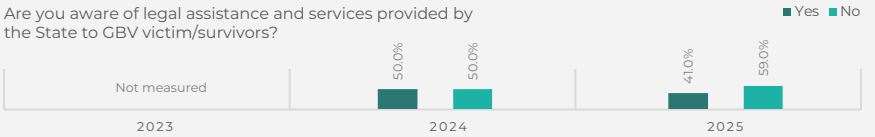
Where would you seek justice if you, or anyone you know, experience GBV?



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

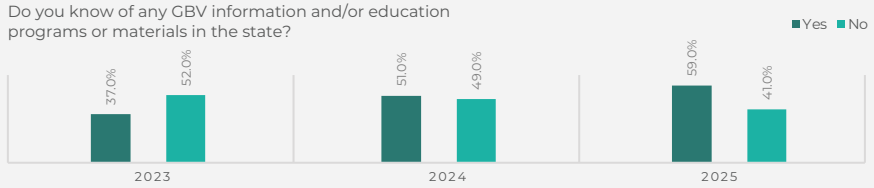


Are you aware of legal assistance and services provided by the State to GBV victim/survivors?

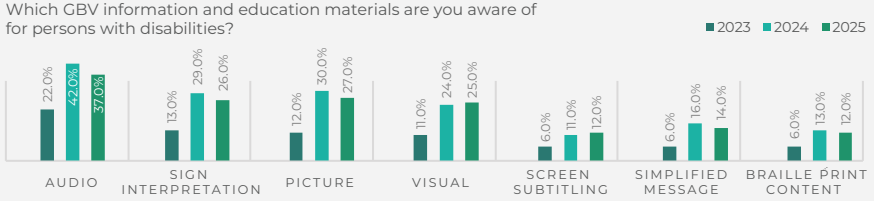


INFORMATION AND AWARENESS

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

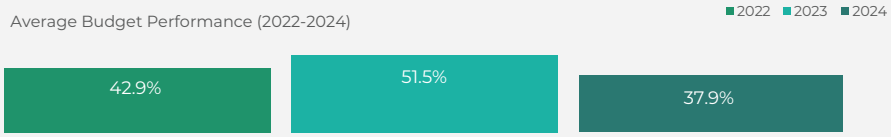


Which GBV information and education materials are you aware of for persons with disabilities?

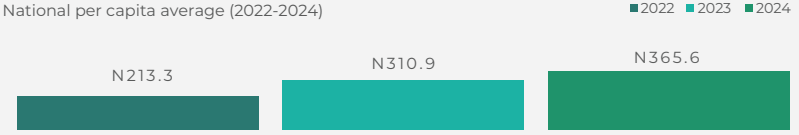


BUDGET AND SPENDING

Average Budget Performance (2022-2024)

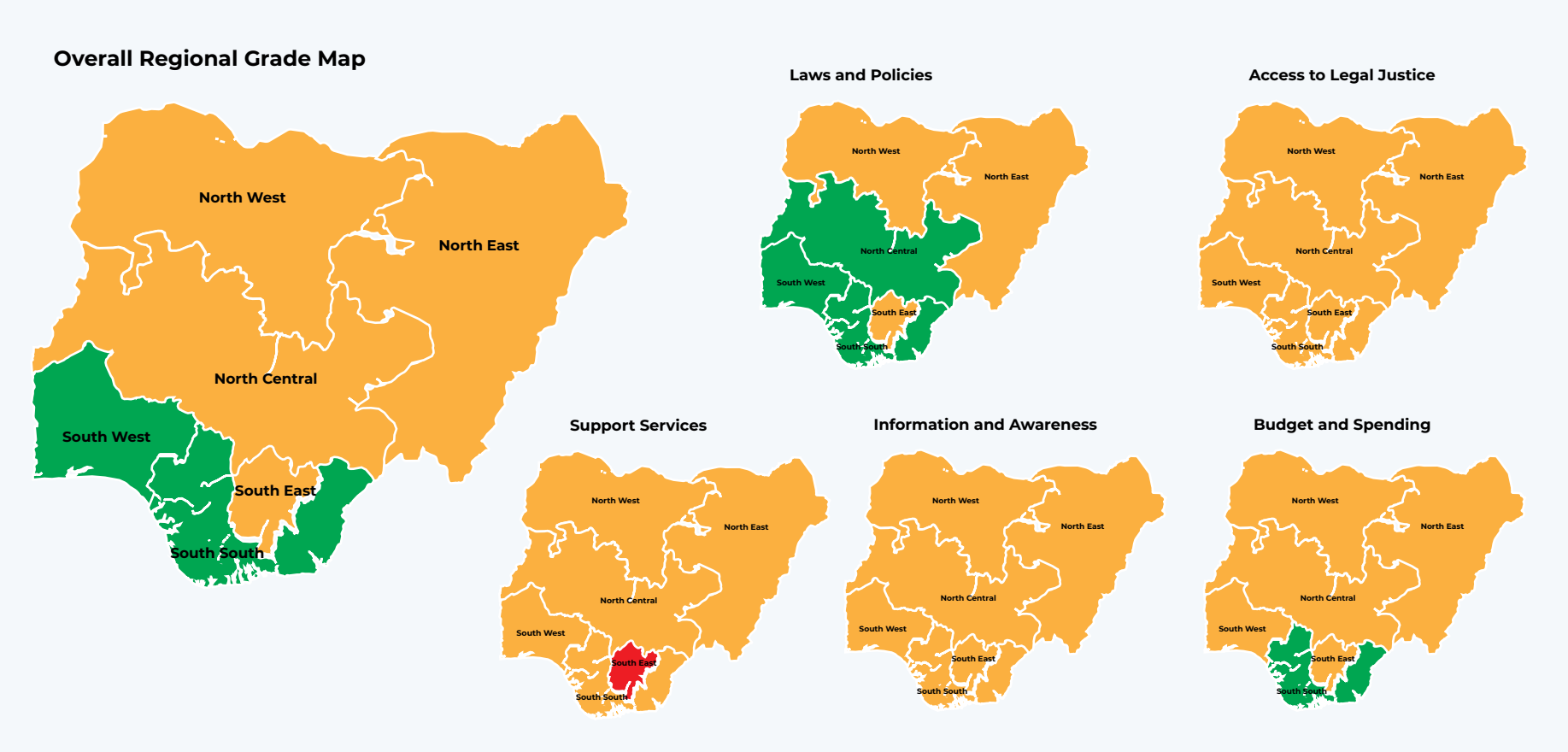


National per capita average (2022-2024)



PART 3

Regional Analysis



Regional Grade Rankings

Region	Rank	Overall	Laws and Policies	Access to Legal Justice	Support Services	Information and Awareness	Budget and Spending
South South	1st	68.7%	77.8%	68.8%	62.5%	67.7%	66.7%
South West	2nd	66.5%	68.1%	67.7%	62.5%	69.8%	63.9%
North East	3rd	62.4%	63.9%	57.3%	61.5%	65.6%	62.5%
North Central	4th	58.6%	65.5%	63.4%	58.0%	63.4%	50.0%
North West	5th	56.7%	64.3%	56.3%	55.4%	57.1%	50.0%
South East	6th	56.6%	56.7%	60.0%	48.8%	63.8%	53.3%

State Rankings (Based on Regions)

North Central

State	Regional Rank	National Rank	Overall	Laws and Policies	Access to Legal Justice	Support Services	Information and Awareness	Budget and Spending
Kwara	1st	4th	69.6%	58.3%	75.0%	62.5%	93.8%	58.3%
Niger	2nd	7th	67.1%	75.0%	62.5%	62.5%	68.8%	66.7%
Plateau	3rd	17th	57.1%	58.3%	75.0%	56.3%	62.5%	33.3%
FCT	4th	19th	55.8%	66.7%	68.8%	68.8%	75.0%	
Kogi	5th	21st	54.6%	75.0%	50.0%	43.8%	37.5%	66.7%
Benue	6th	22nd	54.2%	58.3%	62.5%	62.5%	62.5%	25.0
Nasarawa	7th	25th	52.1%	66.7%	50.0%	50.0%	43.8%	50.0%

North East

State	Regional Rank	National Rank	Overall	Laws and Policies	Access to Legal Justice	Support Services	Information and Awareness	Budget and Spending
Borno	1st	6th	67.5%	75.0%	62.5%	68.8%	56.3%	75.0%
Yobe	1st	6th	67.5%	75.0%	62.5%	68.8%	56.3%	75.0%
Gombe	2nd	10th	65.0%	75.0%	68.8%	75.0%	75.0%	25.0
Adamawa	3rd	14th	58.8%	50.0%	50.0%	56.3%	87.5%	50.0%
Bauchi	3rd	14th	58.8%	58.3%	50.0%	50.0%	68.8%	66.7%
Taraba	4th	18th	56.7%	50.0%	50.0%	50.0%	50.0%	83.3%

North West

State	Regional Rank	National Rank	Overall	Laws and Policies	Access to Legal Justice	Support Services	Information and Awareness	Budget and Spending
Sokoto	1st	11th	63.3%	58.3%	62.5%	68.8%	68.8%	58.3%
Kaduna	2nd	12th	62.1%	66.7%	62.5%	62.5%	68.8%	50.0%
Jigawa	3rd	13th	60.8%	75.0%	56.3%	68.8%	37.5%	66.7%
Kebbi	4th	16th	57.9%	83.3%	50.0%	43.8%	62.5%	50.0%
Kano	5th	20th	55.0%	50.0%	62.5%	50.0%	62.5%	50.0%
Katsina	5th	26th	50.0%	66.7%	56.3%	43.8%	56.3%	25.0%
Zamfara	6th	27th	47.5%	50.0%	43.8%	50.0%	43.8%	50.0%

South East

State	Regional Rank	National Rank	Overall	Laws and Policies	Access to Legal Justice	Support Services	Information and Awareness	Budget and Spending
Ebonyi	1st	9th	65.8%	66.7%	81.3%	50.0%	81.3%	50.0%
Enugu	2nd	13th	60.8%	50.0%	56.3%	62.5%	68.8%	66.7%
Anambra	3rd	23rd	53.3%	66.7%	43.8%	43.8%	62.5%	50.0%
Abia	4th	24th	52.9%	58.3%	56.3%	43.8%	56.3%	50.0%
Imo	5th	26th	50.0%	41.7%	62.5%	43.8%	50.0%	50.0%

South South

State	Regional Rank	National Rank	Overall	Laws and Policies	Access to Legal Justice	Support Services	Information and Awareness	Budget and Spending
Akwa Ibom	1st	2nd	80.0%	83.3%	68.8%	75.0%	81.3%	91.7%
Cross River	2nd	5th	68.8%	75.0%	81.3%	75.0%	62.5%	50.0%
Edo	3rd	8th	66.3%	83.3%	75.0%	62.5%	68.8%	41.7%
Delta	3rd	8th	66.3%	75.0%	56.3%	56.3%	68.7%	75.0%
Bayelsa	4th	9th	65.8%	75.0%	62.5%	43.8%	56.3%	91.7%
Rivers	5th	10th	65.0%	75.0%	68.8%	62.5%	68.8%	50.0%

South West

State	Regional Rank	National Rank	Overall	Laws and Policies	Access to Legal Justice	Support Services	Information and Awareness	Budget and Spending
Lagos	1st	1st	91.3%	91.7%	93.8%	93.8%	93.8%	83.3%
Ekiti	2nd	3rd	72.1%	83.3%	81.3%	62.5%	75.0%	58.3%
Ogun	3rd	10th	65.0%	66.7%	56.3%	62.5%	56.3%	83.3%
Ondo	4th	12th	62.1%	66.7%	68.8%	56.3%	68.8%	50.0%
Osun	5th	15th	58.3%	58.3%	56.3%	56.3%	62.5%	58.3%
Oyo	6th	26th	50.0%	41.7%	50.0%	43.8%	62.5%	50.0%

PART 4

State-By-State Report

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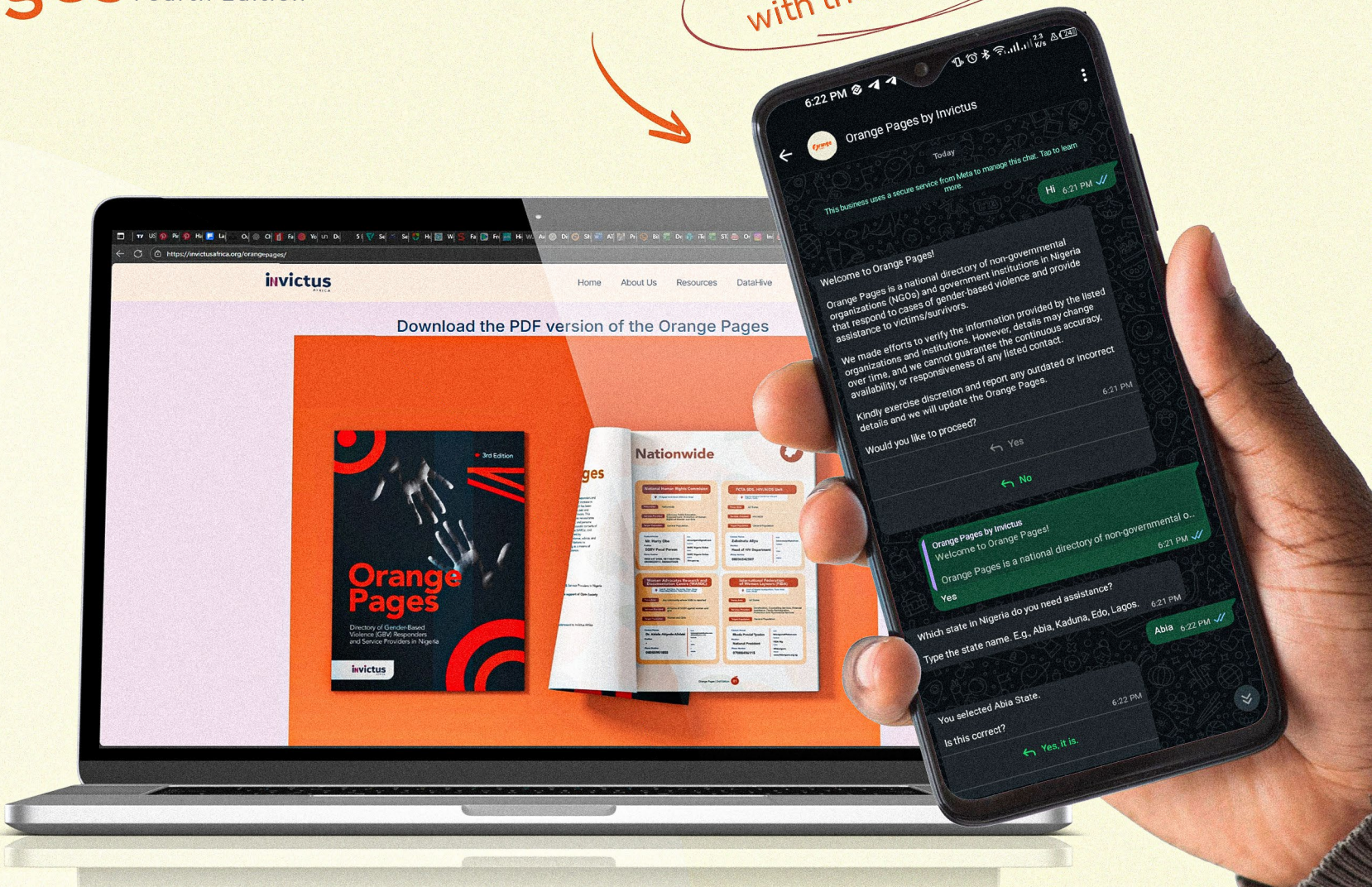
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