



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



With the support of  
**Ford Foundation**





Womaniity  
**INDEX**  
2025 Edition

**invictus**  
AFRICA



# ZAMFARA STATE

Farming is our Pride

*Welcome to Zamfara*



# Zamfara State

Population: 5,832,815

50.7% Female 49.3% Male

Overall Grade **47.5%**

## Respondents Demography (n = 1,106)

### GENDER

Female Male



### AREA

Rural Urban



### AGE

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

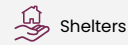


### DISABILITY STATUS

Yes No



1



0

## Ministry of Women Affairs and Social Development

### BUDGET ALLOCATION

**₦2.52bn**

(This accounts for 0.6% of the total state budget)

### BUDGET PERFORMANCE

**₦791.81m**

(This accounts for 31.4% of total allocation to the ministry)



Capital Personnel Overhead (Actual Spend)



Per Capita Spending

**₦267.55**

Indexes	Indicators				Total Grades
Laws and Policies	LP <sub>1</sub>	LP <sub>2</sub>	LP <sub>3</sub>	—	50.0%
Access to Legal Justice	ALJ <sub>1</sub>	ALJ <sub>2</sub>	ALJ <sub>3</sub>	ALJ <sub>4</sub>	43.8%
Support Services	SS <sub>1</sub>	SS <sub>2</sub>	SS <sub>3</sub>	SS <sub>4</sub>	50.0%
Information and Awareness	IA <sub>1</sub>	IA <sub>2</sub>	IA <sub>3</sub>	IA <sub>4</sub>	43.8%
Budget and Spending	BS <sub>1</sub>	BS <sub>2</sub>	BS <sub>3</sub>	—	50.0%

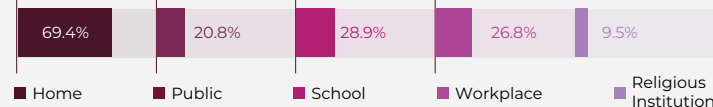
## GBV Context 2025

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

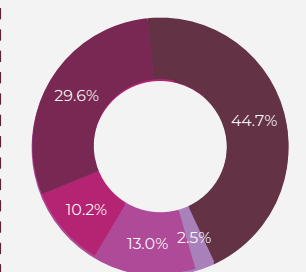
No Yes



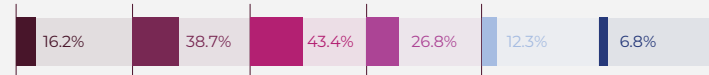
Where did you or the person experience the GBV?



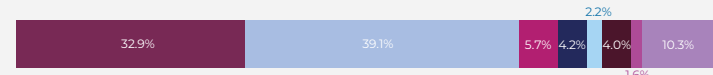
Why did you or the person choose where you sought help?



What form of GBV did you or the person experience?



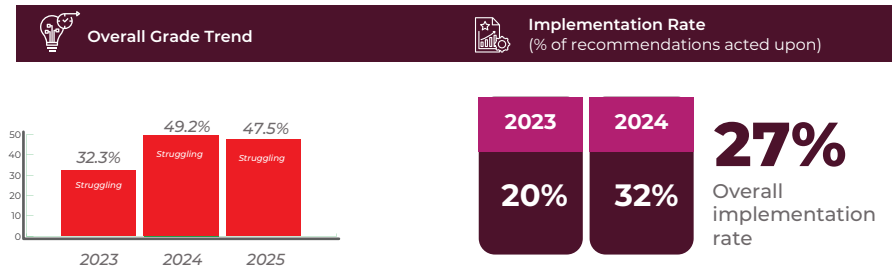
Where did you or the person first seek help?



Domestic Physical Sexual Mental Economic Cultural practices

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

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



**Index Grade Trend**

Index	2023	2024	2025
Laws and Policies	LP 25.0%	+1 ▲ LP 58.3%	+1 ▲ LP 50.0%
Access to Legal Justice	ALJ 25.0%	ALJ 43.8%	ALJ 43.8%
Support Services	SS 61.3%	-1 ▼ SS 43.8%	+1 ▲ SS 50.0%
Information and Awareness	IA 25.0%	+1 ▲ IA 50.0%	-1 ▼ IA 43.8%
Budget and Spending	BS 25.0%	+1 ▲ BS 50.0%	BS 50.0%

### What Has Changed

#### Positive Developments

- High public awareness of GBV laws (84.7%) and confidence in formal legal structures (83.5%)
- Increased awareness of convictions, with 76.6% of residents knowing someone convicted
- Public awareness of legal assistance rose from 37% (2024) to 75% (2025)
- Awareness of GBV information programs increased from 44% (2024) to 80.5% (2025), with 82.5% finding materials useful in 2025

#### Areas of Concern

- Unclear wording in laws around spousal rape creating enforcement ambiguities
- Widespread early/child marriage directly linked to increased GBV risk
- Informal justice systems obstruct formal justice, with frequent settlements and case withdrawals due to stigma and family pressure
- Absence of forensic labs and proper training hampers evidence collection and prosecution

### Key Actions

#### Laws and Policies

- In 2022, Zamfara State domesticated the VAPP Act and enacted its Child Protection Law, creating a legal framework to address physical, sexual, psychological, and economic forms of violence against women and girls.

### Access to Legal Justice

- The state established a GBV desk at the Police Headquarters in Gusau to handle gender-based violence cases, though coverage remains limited to the state capital. Legal aid services are provided through the Legal Aid Council, FIDA's state branch, and CSO pro-bono initiatives.
- FIDA trained paralegals in communities including Makoko, Bariga, and the LASU axis to serve as first responders.

### Support Services

- The Ministry of Health operates one Sexual Assault Referral Centre (SARC) at King Fahad Women and Children Hospital in Gusau, providing medical care, forensic examination, and referrals for survivors.
- The state has piloted mobile legal and medical outreach clinics in collaboration with CSO partners to extend services closer to remote LGAs.

### Information and Awareness

- NGOs and civil society partners conducted sensitization campaigns in Gusau, Tsafe, and Maru in 2024, producing IEC materials in Hausa to improve community understanding of GBV.
- The Ministry of Women Affairs facilitated targeted community sensitization campaigns including radio jingles and community dialogues in local languages, engaging faith and traditional leader networks for messaging.

### Change Spotlight

In 2022, Zamfara State took a significant step forward by domesticating the VAPP law and enacting its Child Protection Law. These legislative instruments represent the state's commitment to creating a comprehensive legal framework that addresses multiple forms of gender-based violence. The laws sit alongside the state's Sharia Penal Code and updated Administration of Criminal Justice Act (2023), creating a suite of GBV-related legal instruments. However, implementation remains a critical challenge. With only two convictions recorded in the past year and widespread case withdrawal due to family pressure and informal settlement practices, the gap between legislation and enforcement continues to undermine survivors' access to justice. The state's next phase must focus on operationalizing these laws through dedicated resources, specialized structures, and sustained political will.

## Zamfara State GBV Assessment Survey

Overall Grade **47.5%**

### 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 ■



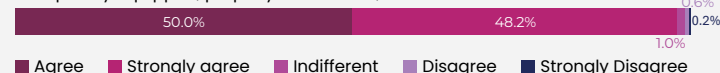
### SUPPORT SERVICES



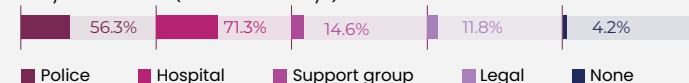
Do you know of, or have you visited, any active shelters and/or Sexual Assault Referral Centres (SARCs) for GBV victims/survivors in the state? Yes ■ No ■



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)



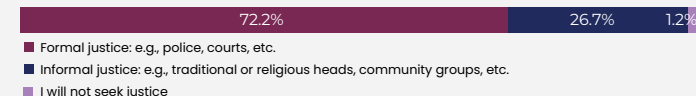
Do you think informal support systems such as family, friends, religious centres, community groups, etc., are helpful to GBV victims/survivors? Yes ■ No ■



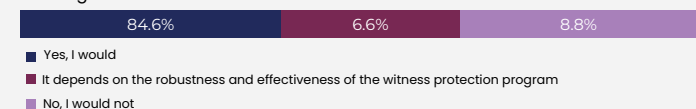
### ACCESS TO LEGAL JUSTICE



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



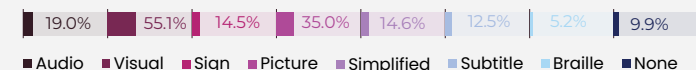
Do you know of any GBV information and/or education programs or materials in the state? Yes ■ No ■



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?



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

Overall Grade **47.5%**

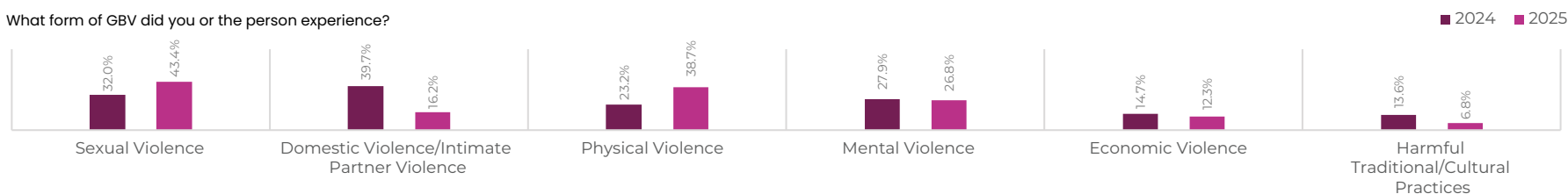
Have you or anyone you know experienced any form of gender-based violence in the last five years?



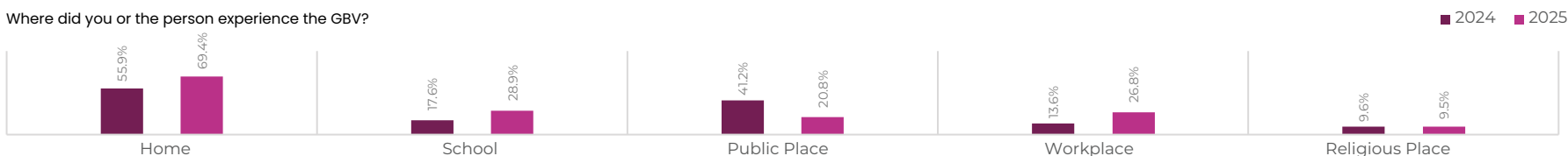
# 82.7%

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

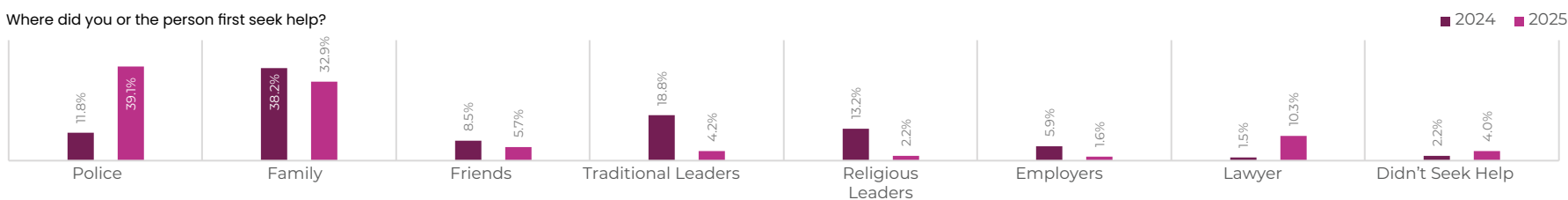
What form of GBV did you or the person experience?



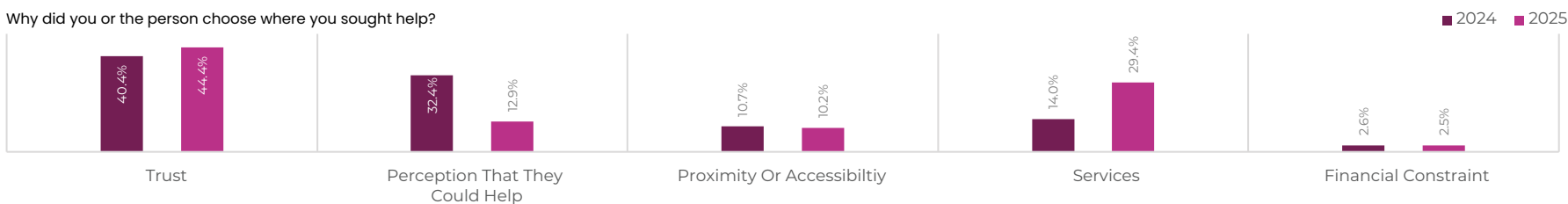
Where did you or the person experience the GBV?



Where did you or the person first seek help?

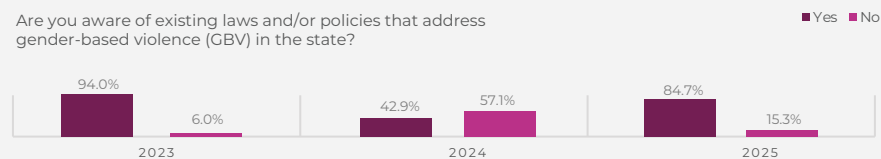


Why did you or the person choose where you sought help?

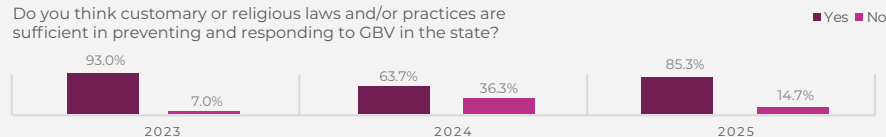


## LAWS AND POLICIES

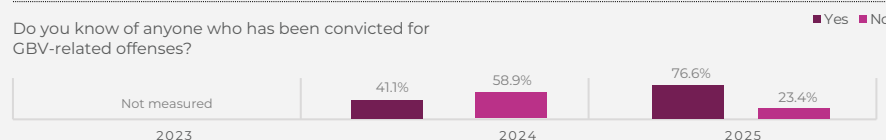
Are you aware of existing laws and/or policies that address gender-based violence (GBV) in the state?



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

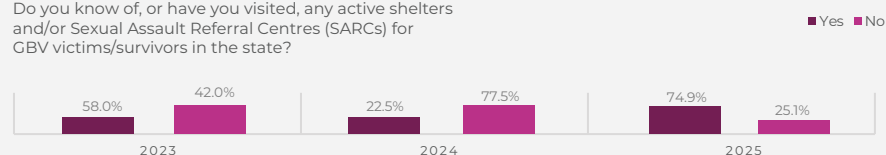


Do you know of anyone who has been convicted for GBV-related offenses?

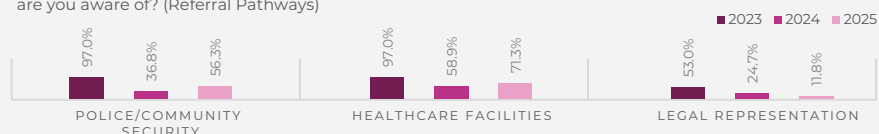


## SUPPORT SERVICES

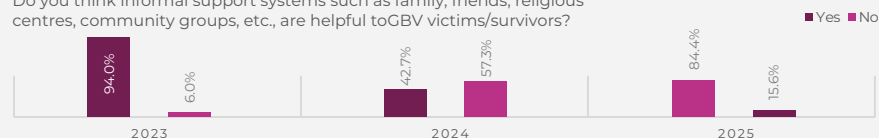
Do you know of, or have you visited, any active shelters and/or Sexual Assault Referral Centres (SARCs) for GBV victims/survivors in the state?



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

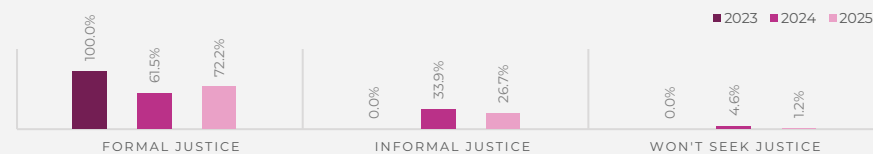


Do you think informal support systems such as family, friends, religious centres, community groups, etc., are helpful to GBV victims/survivors?

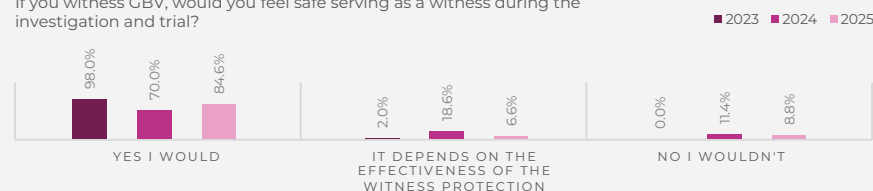


## ACCESS TO LEGAL JUSTICE

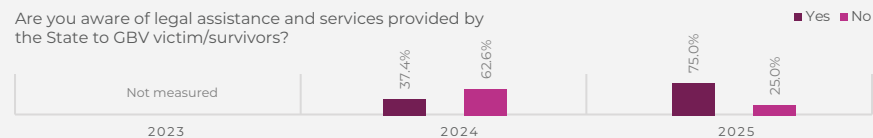
Where would you seek justice if you, or anyone you know, experience GBV?



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

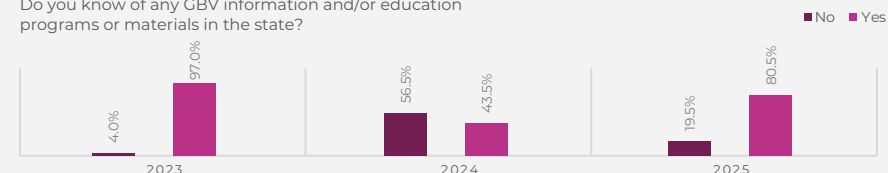


Are you aware of legal assistance and services provided by the State to GBV victim/survivors?

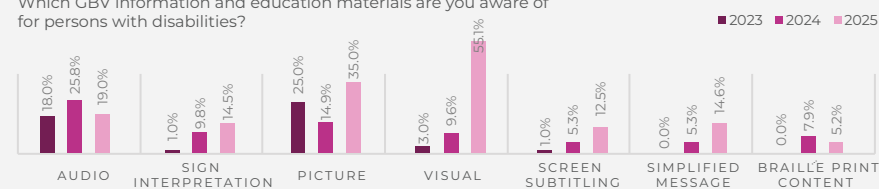


## INFORMATION AND AWARENESS

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

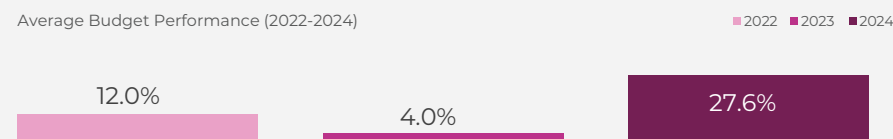


Which GBV information and education materials are you aware of for persons with disabilities?

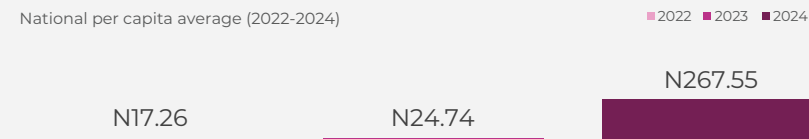


## BUDGET AND SPENDING

Average Budget Performance (2022-2024)



National per capita average (2022-2024)





## KEY INSIGHTS

### Laws and Policies

#### Current State in 2025

Zamfara State's legal framework for addressing GBV has evolved significantly, with the state domesticating the VAPP law in 2022 and enacting the Child Protection Law the same year. These sit alongside updated Administration of Criminal Justice Act from 2023 and the state's long-standing Sharia Penal Code. The Ministry of Justice confirmed active participation in reviewing these laws to ensure they remain responsive to emerging GBV issues.

When compared with the Federal VAPP Act of 2015, the scope is broadly similar in intent, with both frameworks recognizing multiple forms of GBV and providing for protective measures and penalties. However, the practical difference in Zamfara arises from legal pluralism and some drafting gaps in the state instruments that create ambiguities in enforcement. Diagnostics have flagged unclear wording around spousal rape, inconsistencies in the naming and role of the multi-sector response body and limited mandatory operational provisions such as guaranteed budget lines for SARCs and shelters.

Public awareness of GBV laws in Zamfara State is relatively high at 84.7%, and confidence in formal legal structures is strong, with 83.5% of respondents viewing them as effective tools for GBV prevention and response. Awareness of convictions has improved significantly, with 76.6% of residents knowing someone convicted for GBV-related offenses. Yet the stark reality is that only two convictions were recorded in the past year, unchanged from the previous year. This points to a critical disconnect between legal enforcement and actual justice outcomes, with survivors often withdrawing cases due to stigma, family pressure, and the slow pace of court trials.

Customary and religious laws significantly influence GBV outcomes in Zamfara State. About 83.4% of residents are aware of customary and religious laws addressing GBV, and 85.3% believe these systems help prevent and respond to GBV. This high confidence level, however, contrasts sharply with insights from justice sector actors. Multiple stakeholders described how informal systems obstruct formal justice.

Early/child marriage remains widespread across the state and is directly linked to school dropout, early pregnancy, and heightened risk of sexual and domestic violence. Families and community

leaders frequently prefer mediation and monetary compromise for GBV incidents rather than formal criminal prosecution. However, there are signs of gradual change. Some religious leaders now condemn sexual violence in their sermons, which stakeholders noted "was rare before." Civil society organizations (CSOs) have also engaged faith and traditional leaders' networks for messaging, though transformation of deeply rooted social norms requires sustained resourcing and deeper engagement.

#### Changes Over Time (2023–2025)

Public awareness of GBV laws dipped from 94.2% (2023) to 43% (2024), then rebounded to 84.7% (2025), showing inconsistent advocacy efforts. Perception of convictions improved from 64% (2024) to 76.6% (2025), but actual enforcement is weak, as only two convictions in the past year. Attitudes toward informal justice mechanisms also saw shifts during this time.

### Access to Legal Justice

#### Current State in 2025

Zamfara State has established basic structures for GBV response, though these remain concentrated in urban areas with limited reach to rural communities. Survivors typically report first to the police or sometimes to traditional leaders. If cases reach the police, they are opened, investigated, and possibly transferred to court. However, stigma, fear, and lack of belief in the system discourage survivors, with many cases withdrawn midway due to family pressure or community settlement.

Legal aid services are available but geographically limited. FIDA provides free legal aid to survivors of GBV from its office in Gusau, partnering with local NGOs and paralegals to extend coverage. However, FIDA estimates reaching only 30 to 40 percent of local government areas directly, with the rest remaining underserved. The Legal Aid Council is also active mainly in Gusau, with some presence in Shinkafi and Tsafe, but has not significantly expanded in the last year. However, public awareness of legal assistance and services stands at 75%.

Specialized GBV infrastructure remains minimal. The state has one GBV desk at police headquarters in Gusau, but coverage is very poor. Full Family Support Units, modeled on best practices, are not yet established across all commands or divisions. No specialized GBV court exists yet, and judges treat GBV cases alongside other criminal matters, which delays the process. While CSOs and donors have provided training sessions for selected police and judicial officers, training is not universal, and many frontline officers in rural LGAs remain untrained.



A critical weakness is witnessing safety. While 84.6% of residents say they would feel safe serving as witnesses, this represents stated willingness rather than actual protection mechanisms. The reality is that survivors and witnesses face threats and family pressure, contributing to high rates of case withdrawal.

Informal justice systems present a major obstacle to formal justice. Traditional and religious authorities are often the first port of call for families, and these informal systems frequently handle GBV matters through mediation, reconciliation, or customary sanctions. While accessible and sometimes restoring social harmony, they often prioritize compromise over criminal accountability, especially in serious sexual offenses. Despite these challenges, public preference for formal justice has increased. While 72.2% of residents would seek formal justice if they experienced GBV, this represents a more realistic assessment of actual behavior patterns, with 26.7% indicating they would seek informal justice and only 1.2% saying they would not seek justice at all.

### Changes Over Time (2023–2025)

Public confidence in the formal justice system showed volatility over the assessment period. The proportion of residents willing to seek justice through official channels dropped dramatically from 100% in 2023 to 61% in 2024, before recovering to 72.2% in 2025. The corresponding preference for informal justice rose from 0% in 2023 to 34% in 2024, before declining to 26.7% in 2025, indicating persistent ambivalence about the formal system's effectiveness. Willingness to serve as a witness dropped from 98.3% in 2023 to 70% in 2024, confidence rebounded to 84.6% in 2025. Awareness of legal assistance services surged from 37% in 2024 to 75% in 2025, a dramatic increase that reflects intensified outreach by FIDA, the Legal Aid Council, and CSO partners.

## Support Services

### Current State in 2025

In Zamfara State, GBV response relies on a single formal SARC at King Fahad Women and Children Hospital (Gusau), offering medical, forensic, counselling, and referral services, but remote northern/ border areas are severely underserved due to insecurity, poor roads, and no local sites, forcing costly/ insecure journeys to Gusau. No statewide government shelters exist; a few ad-hoc CSO/donor-funded safe houses in select LGAs lack institutional funding. Still, 74.9% of respondents are aware of SARCs, among them, 50% agreed that the facilities are functional, equipped, and sustainable.

Referral pathways exist but are patchy. When survivors experience GBV in Zamfara, they can report to the police, present directly at the King Fahad SARC, approach health centres for initial care, or contact community-based organizations, FIDA, or Legal Aid Council for legal referral. Important informal entry points are religious and traditional leaders and community women's groups who often initiate referrals. The Ministry of Health confirmed that when survivors come to a hospital or clinic at the local level, they are referred to the SARC for special processes and services. However, health workers are not fully trained and lack information materials regarding survivors' needs.

In Zamfara State, 73% of people know about broader GBV support services, with varied awareness of reporting channels: 71.3% know hospitals/healthcare, 56.3% know police/security, but only 14.6% know support groups and 11.8% know about legal aid. Informal support systems, primarily families,

still play the biggest role in supporting survivors. Families provide immediate shelter, moral support, and sometimes local mediation. Their accessibility is an asset, offering immediate, culturally sensitive assistance. Public perception has shifted significantly, with 84.4% of residents viewing informal support systems as helpful to GBV survivors.

### Changes Over Time (2023–2025)

Public awareness of SARCs and shelters dropped from 58.3% in 2023 to just 23% in 2024 and rebounded strongly to 74.9% in 2025. Confidence in facility quality remained relatively stable among those aware of services. In 2024, 48% of residents who are aware agreed these facilities were effective; this figure rose slightly to 50% (agree) and 48.2% (strongly agree) in 2025, representing 98.2% combined confidence. This consistency suggests that the Gusau SARC maintains operational standards even amid resource constraints.

Awareness of referral pathways diverged significantly by type. Healthcare facility pathways gained visibility, rising from 58.9% in 2024 to 71.3% in 2025 (though still below the 96.7% in 2023). Police/ security pathways recovered modestly from 36.8% in 2024 to 56.3% in 2025, remaining far below the 2023 level of 96.7%. Most troubling is the collapse in awareness of legal representation pathways — from 52.5% in 2023 to 24.7% in 2024 to just 11.8% in 2025. This three-year decline indicates a major gap in communicating legal referral options despite stakeholders reporting that legal aid services remain available through FIDA and the Legal Aid Council. The perception of informal support systems fluctuated dramatically. After declining from 94.2% positive perception in 2023 to 43% in 2024, confidence that informal systems are better than formal systems rebounded to 84.4% in 2025.

## Information and Awareness

### Current State in 2025

Public exposure to GBV educational initiatives in Zamfara State shows moderate improvement, with 80.5% of residents indicating familiarity with GBV information and awareness programs. The perceived usefulness of these materials has also increased, with 22.8% of respondents finding content completely or mostly useful in 2025. However, NGOs serve as the main actors in providing awareness and services at the community level. These organizations run sensitization campaigns in schools, markets, and through radio programs, producing materials in Hausa to make messages accessible. In 2024, campaigns were conducted in Gusau, Tsafe, and Maru. Community-based organizations conduct house-to-house visits, offer social support to victims, train community volunteers, and engage religious leaders to speak about GBV.

The Ministry of Women Affairs has also facilitated targeted community sensitization campaigns including radio jingles and community dialogues in local languages explaining where to go for help. The ministry worked with partners to publicize the location of GBV desks at police stations. However, sustained, state-funded outreach and a toll-free or single hotline for the state remain outstanding priorities.

In contrast, the Ministry of Education has not conducted any awareness programs in recent years. Even during special days like International Women's Day, coverage is always low and mostly carried out by NGOs in urban areas. The ministry does not produce its own IEC materials on GBV, with

most materials in schools coming from NGOs or development partners distributed occasionally during awareness campaigns but not regularly. At the school level, GBV is not a formal part of the curriculum. Some NGOs run awareness sessions in secondary schools, but primary schools and tertiary levels are not covered. Teachers lack training to handle these topics.

There is overwhelming public support for GBV education, with 95.2% of residents believing that GBV and Child Sexual Abuse education should be taught in schools at all levels from nursery to tertiary. This support has remained consistent over the years, indicating strong community readiness for formal educational interventions that have not yet materialized.

Accessibility for persons with disabilities remains critically limited, and little progress has been made in ensuring that people with disabilities receive GBV education. The Ministry of Education confirmed: “We don’t have braille materials or full sign interpretation in school services. This is a gap.” Use of disability-inclusive formats shows limited reach — while 55.1% of respondents report using visual content, uptake of other formats remains low. Only 19% use audio or spoken content, 14.6% use simplified messages, 14.5% use sign interpretation, 12.5% use screen subtitling, and just 5.2% use braille-printed materials.

## Changes Over Time (2023–2025)

Awareness of GBV information and awareness programs declined significantly from 96.7% in 2023 to 44% in 2024, before recovering to 80.5% in 2025. Perceived usefulness of GBV materials improved substantially. The proportion finding content “mostly useful” fell from 75.8% in 2023 to 24% in 2024, then rose to 59.7% in 2025, while “completely useful” responses declined from 21.7% in 2023 to 11% in 2024, then increased to 22.8% in 2025. Combined useful ratings reached 82.5% in 2025 compared to 97.5% in 2023 and just 35% in 2024.

Use of disability-inclusive formats showed mixed patterns. The proportion of respondents aware of audio or spoken content fluctuated from 18.3% in 2023 to 25.8% in 2024, then declined to 19% in 2025, while awareness of braille materials increased from 0% in 2023 to 7.9% in 2024 and then reduced to 5.2% in 2025. In contrast, awareness of visual content rose sharply from 3.3% in 2023 to 9.6% in 2024 and dramatically to 55.1% in 2025, indicating greater reliance on pictures, posters, and visual media in GBV awareness campaigns. Similarly, awareness of simplified messages increased from 0% in 2023 to 5.3% in 2024 and further increased to 14.6% in 2025, and screen-subtitled content grew from 0.83% in 2023 to 5.3% in 2024 and further to 12.5% in 2025. Use of sign interpretation also improved modestly, reaching 14.5% in 2025. These trends suggest growing adoption of visual and simplified formats but continuing underutilization of formats that specifically serve persons with hearing or visual impairments.

## Budget and Spending

### Budget Analysis 2024

₦2.87 billion is earmarked for gender-based violence (GBV) interventions, representing 0.66% of the state’s total budget. This allocation, while modest relative to the state’s population and ongoing security challenges, demonstrates a commitment to addressing GBV. However, the actual expenditure of ₦791.8 million accounts for only 27.6% of the budgeted amount, leaving approximately ₦2.08 billion unutilized. Although the per capita spending of ₦267.55 may appear adequate at first

glance, it underscores the need for improved resource mobilization to ensure that the majority of allocated funds lead to effective and tangible services.

### Changes Over Time (2022–2024)

In both the 2023 and 2024 budget years, Zamfara State, through its Ministry of Women Affairs, allocated ₦50 million annually for “Support for GBV Victims.” In 2024, the state also introduced a major GBV-related capital project under the Ministry of Health: the “Construction of Farida VVF Hospital,” with an allocation of ₦350 million. These allocations indicate a level of commitment to gender-based violence (GBV) response and prevention. However, as with many other states, the major challenge lies in fund releases and implementation. Zamfara recorded 0% execution on all GBV-specific interventions during the period under review.

Budget performance within the Ministry of Women Affairs and other relevant agencies showed some improvement, rising from 4% in 2023 to 27.6% in 2024. Despite this progress, the state remains significantly below the aspirational benchmark of at least 85% and above, highlighting ongoing structural and operational constraints. Per capita spending stood at ₦267.55 in 2024, ₦24.74 in 2023, and ₦17.26 in 2022. The sharp increase in 2024 after two years of extremely low spending reflects a sudden but uneven shift in investment, indicating that GBV-related funding in the state has lacked consistent prioritization over the three-year period.

## KEY GAPS AND RECOMMENDATIONS

Index	Key Gaps	Recommendations
 Laws and Policies	High public awareness of GBV laws (84.7%) contrasts sharply with only two convictions in the past year, revealing a critical enforcement gap despite a comprehensive legal framework.	Establish a dedicated GBV prosecution unit with specialized prosecutors trained in survivor-centred approaches, equipped with clear case management protocols to prevent withdrawals and fast-track trials.
	Early and child marriage remains widespread and directly linked to heightened GBV risk.	Launch a comprehensive state-level campaign against child marriage involving religious leaders, traditional authorities, and community women's groups. Establish economic incentives (conditional cash transfers, scholarships) for families who keep daughters in school past age 18, while simultaneously strengthening enforcement of child protection laws.
 Access to Legal Justice	Only 30-40% of local governments have direct access to legal aid services, with most rural LGAs remaining underserved.	Expand legal aid services to all LGAs, prioritizing rural areas, and strengthen partnerships with NGOs for referral support.
	The state has only one GBV desk at police headquarters in Gusau, with no Family Support Units established across all police commands or divisions, and no specialized GBV courts.	Establish functional Family Support Units in all 14 police divisional headquarters across the state, with at least two trained officers per unit. Create at least one designated GBV court with two specialized judges to hear cases exclusively, ensuring expedited trials and survivor-friendly procedures.
 Support Services	Informal justice systems routinely obstruct formal justice, with multiple documented cases of survivors being pressured to accept reconciliation and monetary compensation instead of prosecution.	Develop and disseminate clear protocols for managing cases where informal settlement is attempted, including mandatory referral to formal justice systems for all serious sexual offenses. Train traditional and religious leaders on the harm of forced reconciliation and the importance of supporting survivors' choices to pursue formal justice.
	Only one operational SARC located in Gusau serves the entire state, with remote rural LGAs in northern and border corridors severely underserved due to distance, insecurity, and poor transport links.	Establish at least two additional SARCs in underserved zones by 2026, prioritizing locations in northern LGAs and border areas. Partner with existing government hospitals to host these facilities, ensuring 24/7 operation with trained medical, psychosocial, and legal personnel.
	No comprehensive statewide network of government-run shelters exists, with only ad-hoc temporary arrangements through CSO and donor-funded pilots.	Establish at least one state-funded shelter with capacity for 15-20 survivors in Gusau within six months, with clear admission protocols, security measures, and wraparound services. Create additional shelter spaces in partnership with CSOs in at least three other LGAs, with guaranteed state budget allocation for operations.
 Information and Awareness	No toll-free or single state hotline exists for GBV reporting, limiting accessibility particularly for survivors in remote areas.	Establish a 24/7 toll-free GBV hotline operated by trained counsellors with capacity to receive reports in Hausa and English, provide immediate information and referrals, and dispatch mobile response teams where necessary. Widely publicize the hotline number through radio, posters in health facilities and police stations, and community announcements.
	Awareness of legal representation pathways declined sharply from 24.7% (2024) to 11.8% (2025), indicating a major knowledge gap despite established referral systems among service providers.	Develop targeted public education campaigns specifically highlighting legal referral options, using radio jingles in Hausa and community dialogues. Ensure all frontline service providers at police stations, hospitals, and health centres actively inform survivors about available legal assistance and display visible information materials at all service points.
	GBV is not a formal part of the school curriculum at any level, with teachers lacking training to handle these topics, despite 95.2% public support for teaching GBV and Child Sexual Abuse education in schools.	Develop and adopt a comprehensive GBV and Child Sexual Abuse curriculum for integration into the state education system by 2026, covering all levels from nursery to tertiary. Train all teachers and school counsellors on GBV prevention, identification, and referral protocols through mandatory professional development programs.
 Information and Awareness	The Ministry of Education has not conducted awareness programs in recent years, with reliance entirely on NGOs and development partners for IEC materials and campaigns.	Allocate specific budget for the Ministry of Education to produce and distribute GBV IEC materials in Hausa and English to all schools quarterly. Mandate participation in annual GBV awareness weeks in all schools with activities tailored to different age groups, complementing NGO efforts with sustained government-led initiatives.
	Awareness of disability-inclusive formats remains critically low, with no braille materials or sign interpretation in school services and no trained officers in government agencies to respond to cases involving persons with disabilities.	Train designated GBV focal officers in all government ministries and agencies on disability-inclusive communication, including sign interpretation, within 12 months. Mandate production of all GBV materials in accessible formats (braille, audio, simplified text, pictorial representation) and ensure at least one sign language interpreter is available at the SARC and police GBV desks during operating hours.
 Budget and Spending	0% execution rate on GBV-specific line items and overall 27.57% budget utilization in 2024 reveals severe implementation failures, with ₦2.08 billion of the ₦2.87 billion allocation remaining unspent despite documented commitments like the ₦350 million Farida VVF Hospital construction.	Strengthen GBV budget execution by establishing clear implementation plans, ensuring timely fund release, and conducting regular performance reviews to translate allocations into impactful interventions.





**invictus**  
AFRICA

Let's interact  
with the directory

08033197588



[www.invictusafrica.org](http://www.invictusafrica.org)

