



## Impact of COVID-19 on VAWG in Nigeria

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**Query:** What is the evidence on how trends and patterns of violence against women and girls have been affected by COVID-19 and its secondary effects across Nigeria (evidence from different geopolitical regions)? What is the evidence on entry points and effective strategies to address this in the current context?

*Please look at different forms of VAWG e.g. intimate partner violence, sexual violence, early and forced marriage, sexual exploitation and abuse, online violence, and anti-women's rights narratives and take an intersectional approach.*

Sub-questions we would like this query to cover include:

- What is the evidence on how COVID-19 is affecting violence against different groups of women and girls e.g. those with disabilities, adolescent girls, and those of marginalised sexual orientations, gender identities and gender expressions?
- To what extent are current COVID-19 responses, by the government, civil society and international actors, addressing VAWG?
- What are the key needs, gaps and barriers/ challenges when it comes to service provision (geographically and in terms of types of service)?
- What work is being done on prevention, by whom, and what are the key needs, gaps and barriers/ challenges?
- To what extent are women meaningfully participating in COVID-19 crisis response structures?
- What opportunities / entry points exist to prevent and respond to VAWG, and promote women's voices in COVID-19 crisis response?
- Recommendations for how a short-term (3-6 month) intervention could address the issues raised in this query

### 1. Overview

### 2. Trends and patterns of violence against women and girls

### 3. Women's meaningful participation in COVID-19 crisis response structures

### 4. Current responses

### 5. Key needs, gaps and barriers/ challenges

### 6. Opportunities, entry points, and recommendations

## 1. Overview

**Violence against women and girls (VAWG) was widespread in Nigeria before COVID-19 and there has been a significant increase during the pandemic.** As the evidence base is currently being built, this query relies primarily on interviews with women's rights activists and government officials and data from VAWG services and that released by government ministries, departments and agencies (MDAs). A full list of respondents is provided in the references section. More information is available about particular regions and types of VAWG. However, a number of organisations<sup>1</sup> are currently gathering and analysing data for the period that covers the pandemic and more information should be forthcoming shortly.

**Evidence on how COVID-19 is affecting trends and patterns of violence against different groups of women and girls in Nigeria** is summarised below. It is important to note that there are considerable difficulties in safely and accurately collecting data on VAWG due to the ethical and methodological challenges imposed by COVID-19. There are also challenges around interpreting changes in trends and patterns due to both an increase in awareness of how and where to report, but also increased barriers to reporting (see Section 2 for full discussion of these issues as well as how trends and patterns vary by geopolitical region):

- **Intimate partner violence (IPV):** Women's rights organisations and VAWG services report that intra-household tensions have risen during the lockdown and subsequent economic crisis, increasing the likelihood, frequency, and severity of IPV. Husbands can exert coercive and controlling behaviour and seek to escape their breadwinner responsibilities through (threatening) divorce. IPV between young unmarried heterosexual couples has also arisen as young people spend more time at home and if young women wish to end relationships. There are also reports from The Initiative for Equal Rights (TIERs) that physical, emotional and sexual violence within same-sex relationships has increased. Organisations working with sex workers have observed an increase in physical violence by partners as sex workers are no longer providing financially.
- **Non-intimate partner (physical and emotional) domestic violence:** Levels of physical violence perpetrated by parents against children is likely on the rise but, given barriers children face to reporting and the widespread acceptance of parental violence (within limits), it was not possible to get clear data. Disability rights activists report an increase in family neglect, abuse, and confinement. People with non-normative sexual orientations, gender identities, and gender expressions (SOGIE), forced to spend more time with family, have experienced more abuse. They have been thrown out, forced to move in with abusive ex-partners and given shelter by those who robbed them.
- **Sexual violence:** VAWG services have observed increased levels of sexual violence against children perpetrated by men of all ages, including father raping daughters. While it is difficult to find data on marital rape, there are indications this violence is increasing as has incidence of corrective rape of lesbian and bisexual women. There is significant risk of survival sex and sexual exploitation due to economic hardship and of increase in rates of unsafe abortion.
- **Early and forced marriage:** The extent to which the pandemic has affected dynamics around early and forced marriage is, at present, unknown but campaigners worry about a potential increase.
- **Female genital mutilation/ cutting (FGM/C):** There is little evidence on how COVID-19 and related government measures affect rates of FGM/C but there are indications that it has risen according to anti-FGM/C campaigners.
- **Denial of inheritance:** Women's rights organisations report that women whose husbands died during the pandemic have been forced to vacate homes by husbands' families in the south east.
- **Decreased safety of public spaces:** An increase in theft, robbery and other criminality has gendered impacts with women and girls experiencing violence and feeling less safe according to

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<sup>1</sup>For example, the Rule of Law and Anti-Corruption programme of the British Council, funded by the European Union, is currently gathering data from the Sexual Assault Referral Centres across the country which it supports covering the April – June 2020 period. The National Human Rights Commission is also gathering data covering January to June 2020 which should be soon available.

women's rights organisations. People who do not conform to gender-stereotyped dressing see increased harassment and threats. Sex workers also reported increased physical violence.

- **Police extortion and violence:** Women's rights activists noted a number of cases where police officers, in collusion with perpetrators, have arrested survivors and extorted money from them. Sex workers have also been affected by police raids on brothels, bars and clubs and crackdown on street sex work. Police officers have engaged in contact tracing of gay, lesbian and bisexual people during the pandemic for purposes of blackmail and extortion.
- **Risk of election-related VAWG:** There are growing concerns that forthcoming elections in September 2020 in Edo and Ondo states are likely to involve electoral-related VAWG given current political dynamics and already increased VAWG reporting.
- **Online VAWG:** The pandemic has seen increased levels of cyber-bullying, internet attacks, and slut-shaming of women and girls online. Perpetrators are (threatening to) share personal information, conversations and intimate photographs. Entrapment of gay, lesbian and bisexual people has led to photographs and video shared and used in blackmail. Some social media posts say COVID-19 is a punishment from God for homosexuality and/ or women's behaviour. Their number, reach, and influence are unknown.
- **There are significant risks for women human rights defenders** who are subjected to increased trolling, online violence and threats. They also put themselves at risk to respond to survivors and are interacting directly with perpetrators of violence more often.

**Women's meaningful participation in formal decision-making was very low in Nigeria prior to the pandemic and this exclusion continues in COVID-19 response structures.** Gender analysis is largely not integrated into planning, implementation, review, and policy-making. Not many programmes are working to increase women's meaningful participation in decision-making around COVID-19.

**Over the pandemic, attention on VAWG has increased.** Increased reporting, public discussion, and women's rights activism has led to improved public awareness, political discussion of VAWG, and the declaration of a state of emergency by the Nigerian Governors' Forum (NGF). While VAWG has gained greater public salience, there are few large-scale programmes that improve prevention and response. The Donor Partners Gender Group (DPGG) has been mapping VAWG services and hotlines, identifying the existence of gaps, and developing an overview to track COVID-19 related interventions by members.

**COVID-19 has exposed the nature and scale of pre-existing challenges, lack of systems, and the extent to which VAWG is not prioritised.** Key needs, gaps and challenges include:

- Narratives around victim-blaming and stigmatisation of survivors which deters reporting.
- Lack of proactive measures on disability inclusion in VAWG work.
- Uneven domestication and application of anti-VAWG legislation across states.
- Many women and girls have limited or no information on access to services.
- Personnel working in VAWG services are concerned about COVID-19 infection.
- Some medical personnel working for VAWG services have been pulled into the COVID-19 response.
- VAWG services, forced to manage with existing staffing, funding and other resources, struggle to meet increased demand.
- Provision of shelter accommodation remains a serious gap.
- Mental health and psychosocial support (MHPSS) needs have increased but provision of counselling services has been affected by the pandemic.
- Particularly in the early months of the pandemic, the police were focused on enforcing government measures and less available to attend to VAWG reports.
- Courts have struggled to adapt to present realities. They are either no longer operational or have moved to online hearings.
- VAWG services were initially not considered essential services. Despite permits to exempt workers from movement restrictions, they are still questioned and harassed by the police.

- VAWG services were forced to advise women and girls how to protect themselves and to reach out to and stay with neighbours, family and friends rather than providing direct assistance.
- There are many women's rights organisations working on VAWG service provision and advocacy but there is a need for capacity strengthening and movement building.
- Work on prevention is largely missing or not based on evidence.
- Lack of proper data gathering, collation and analysis is a significant barrier and gap.
- No organisation is engaging meaningfully on protection of women human rights defenders.
- Coordination and funding are still as significant gaps.

**Nigeria currently sees substantial momentum** which has put VAWG at the top of the agenda for a number of powerful actors and created opportunities for impact. In the next 3-6 months, DFID should build on the following opportunities and entry points to prevent and respond to VAWG, and promote women's voices in the COVID-19 crisis response:

- Build a base for longer-term work on prevention through: commissioning formative research and analysis; sharing and raising awareness of global knowledge with government actors; strengthening the capacity of women's rights organisations to undertake evidence-based prevention work; engaging other donors and embassies on evidence-based approaches; and designing a pilot approach to change social norms.
- Generate evidence on VAWG in areas that are strategic to ongoing or planned work for example in areas (Zamfara and the north-west or in the Middle Belt) in which it is designing programming, on issues (disability) that it wishes to better integrate, or by commissioning a VAWG lessons learned review of the pandemic to date to inform advocacy and diplomatic engagement, particularly in the eventuality of another period of government restrictions.
- Meet the State of Emergency coalition of activists and explore opportunities of working in across government to support them.
- Work with women human rights defenders to explore ways the UK can support their safety, security and well-being.
- Work with Edo, Ondo and national civil society, including women's rights groups, and relevant MDAs to mitigate the threat of electoral-related VAWG.
- Link with the Spotlight Initiative to support the collection of VAWG data from states where DFID focuses its programming in Nigeria into the national database for collation, analysis, and sharing.
- Support government MDAs and women's rights organisations to take more intersectional approaches to VAWG by better integrating disability and SOGIE into their work.
- Engage in the Donor Partners Gender Group.

## 2. Trends and patterns of violence against women and girls

**VAWG was widespread in Nigeria before COVID-19.** At least one in four girls and one in ten boys experience sexual violence before the age of 18 (National Population Commission, US Centers for Disease Control and UNICEF, 2014). Early and forced marriage is common in some regions: 67.6 percent of girls in the north west and 56.6 percent of girls in the north east are married before their 18<sup>th</sup> birthday (NBS and UNICEF, 2017). Meanwhile, 49 percent in the south east and 47.5 percent in the south west of girls and women aged 15-49 years have experienced female genital mutilation/ cutting (FGM/C) (National Population Commission and ICF International, 2014). Violence continues in adulthood: 17.4 percent of girls and women aged 15-49 have experienced physical and/or sexual violence from their intimate partners at least once in their lives (National Population Commission and ICF International, 2014). There have been high levels of abduction, attacks against sex workers, denial of resources, domestic violence, early and forced marriage, intimate partner violence, and sexual violence, in north east Nigeria (Nagarajan, 2020b) and conflict-related sexual violence in Zamfara state (Nagarajan, 2020a).

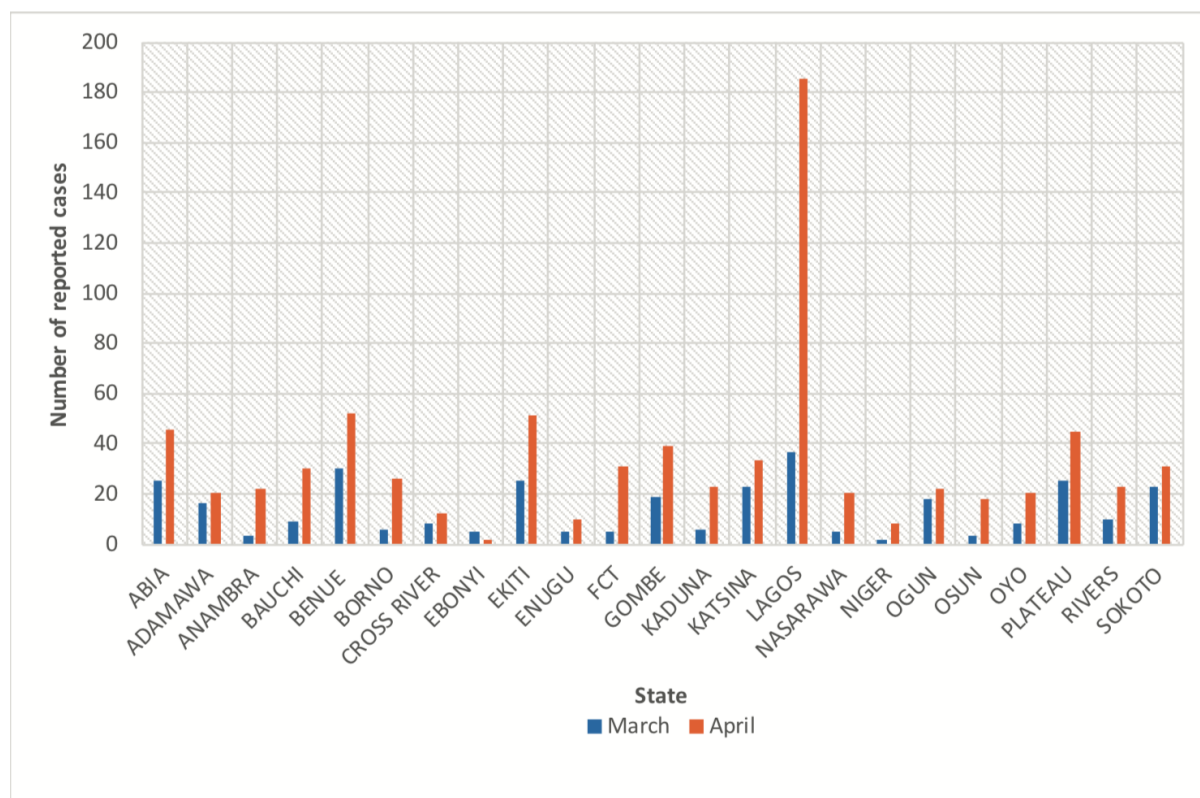
**There has been an increase in reports of GBV cases in all six geopolitical zones since the pandemic began.** Lack of systematic data collection remains a significant challenge but existing data

shows a rise in reporting (Figure 1). There was a 56 percent increase in reports between March and early April, in the first two weeks of lockdown. According to the Office of the Vice President, the Federal Capital Territory (FCT) Sexual Violence Response Team received 107 cases between 23 March and 30 May, an average of 13 cases a week - double the 5 to 6 weekly cases received prior to the pandemic.

**Women and girls with disabilities are at greater risk of violence and the significant barriers they face to escaping violence and accessing services have increased further according to disability rights activists.** Reduced access to services and social networks, increased dependence on others to meet basic needs and financial obligations, and inaccessibility of information about both COVID19 and support to escape violence, increase the coercive power and control family members and caregivers have over women and girls with disabilities and put them at greater risk of sexual exploitation and abuse (Nagarajan, 2020c).

**Existing evidence on trends and patterns of VAWG during the COVID-19 pandemic shows a mixed geographical picture.** More information is forthcoming about Lagos and the south-west, Abuja and the FCT, and in the north-east. Lagos saw the biggest increase with nearly five times more reported GBV cases (Figure 1; UN Women, 2020), likely due to the high presence of committed women’s rights activists and Lagos’s proactive State Domestic and Sexual Violence Response Team which encourages reporting and added hotlines in response to COVID-19. The combination of state and civil society action is found less elsewhere. As a result, the pandemic’s impacts on incidence, trends and patterns in areas where violence was high beforehand is difficult to ascertain, notably in the north-west (Zamfara, Sokoto, Kebbi, and Katsina states). In other areas, reporting to certain services has decreased. For example, in Adamawa, Borno, and Yobe states, reports to Sexual Assault Referral Centres (SARCs) dropped in March and April due to factors including police and community militia presence, stringent movement restrictions and harassment and extortion of those breaking them, and SARCs being located in hospitals which many avoided for fear of COVID-19 diagnosis (Nagarajan, 2020c).

Figure 1: Numbers of Reported GBV Cases in Nigeria



Source of data: Federal and State Ministries of Women’s Affairs as depicted in UN Women, 2020



**Levels of reporting vary significantly by type of violence and are higher for sexual violence and, to some extent, IPV and other domestic violence.** Although the culture of silence around (non-marital) sexual violence against children<sup>2</sup> was partially breaking before the pandemic, significant barriers to reporting still existed for all other forms of violence particularly those within marriage. The pandemic has led to increased discourse around IPV and domestic violence in parts of southern Nigeria (particularly Lagos) but discourse in other areas, including in the north, continues to be dominated by focus on sexual violence against children. Moreover, less evidence is available on other forms of violence such as early and forced marriage and FGM/C.

**Caution should be exercised in interpreting changes based on month-to-month reporting of administrative and service data.** The data can tell us if reporting of VAWG is changing, but not necessarily the underlying trends and patterns due to large gaps between reported figures and actual violence levels (Peterman et al, 2020). Only a very small percentage of women who experience violence seek help from formal sources in Nigeria, including the police (1%), doctor/medical personnel (0.8%), a lawyer (0.5%) or a social work organisation (0.1%), according to data from the Nigeria 2018 Demographic and Health Survey (National Population Commission and ICF International, 2019). It could be that increases in reported GBV cases are due to both increased incidence and higher sensitisation and awareness, including of how and where to report. In certain areas, including Lagos, there has been a lot of campaigning, sharing of VAWG hotlines, and engagement with women community leaders, community volunteers and local Neighbourhood Watch groups so people are more able and willing to report VAWG cases. According to women rights activists working in Lagos, people are more likely to report as they see others have accessed help and support. At the same time, all women's rights activists interviewed believed incidence in itself had increased, pointing to the number of cases of first-time VAWG, the reality that known drivers of violence are now more present and/or heightened than before, and increased barriers to escaping violence.

**At the same time, women and girls subjected to violence face increased barriers to reporting during COVID-19,** as well as pressure not to report and to drop cases after reporting. Women's rights activists spoke of pre-existing dynamics around ideas of shame and socio-cultural and religious norms mixing with increased practical barriers such as movement restrictions. VAWG services fear women subjected to violence have been cut off from friends and family members who otherwise would spot signs of abuse and support them, including through intervening with perpetrators. Access to support networks and services has been eroded by restrictions related to the pandemic (UN Women, 2020). VAWG services have seen an increase in demand for online provision of advice and support but are also aware that many women are unable to report as perpetrators have taken away their telephones and other means of communications or are monitoring calls, messages, and emails.

### **Intimate partner (physical and emotional) violence**

**Intra-household tensions around incomes and decision making have risen and increased the likelihood, frequency, and severity of intimate partner violence according to interviews with women's rights organisations.** The current situation exacerbates known drivers of violence, including increasing poverty, food insecurity, household tensions, and mental health issues (Gibbs et al, 2020). Norms of 'breadwinner masculinity' in many parts of Nigeria put men under pressure to continue to provide for their families even as government restrictions make it more difficult to do so and their wives and children ask them for money for food and other household necessities. Women's rights activists working on VAWG said increased intra-household conflict of this nature has led to more cases of physical violence, psychological violence, and denial of resources.

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<sup>2</sup>While early and forced marriage in itself constitutes VAWG, it is widely practiced particularly in northern Nigeria and attitudes towards the sexual violence perpetrated in such marriages differ from those regarding sexual violence outside marriage.

**Husbands can exert coercive behaviour and seek to escape their breadwinner responsibilities through divorce (or threat of divorce).** This phenomenon, reported before the pandemic in the north east (Nagarajan, 2020b), has increased due to economic hardship with men threatening to divorce wives when they ask for money for food or accusing them of having COVID-19 (Nagarajan, 2020c).

**Increased forced co-existence and proximity brought about by COVID-19 related restrictions increase both the likelihood of tensions spilling over to violence and the frequency of violence.**

Respondents reported addressing both cases where men perpetrated violence for the first time and where violence had been longstanding. According to a woman's rights activist who works in Lagos, "Women say that he had anger issues before but he never laid his hands on me. He can no longer manage his anger so he is now doing it for the first time." While she said that women subjected to violence for the first time may be more likely to report than those who experience long-standing abuse, in the absence of rigorous data and analysis, it is difficult to corroborate this. Conversely, women and girls are trapped with partners with a history of perpetration of violence. As another woman's rights activist based in Lagos said, "It is like you throw someone into a cage with a lion and there is no escape."

**Many sex workers have returned to stay with partners and children and experience higher levels of physical violence due to their inability to provide.** According to the Nigerian Sex Workers Association, sex workers' incomes have been gravely affected by movement restrictions, stay at home orders, and raids on and closures of brothels.

**Women and girls with disabilities in particular are trapped with abusive partners and caregivers.**

A woman heading a disability and women's rights organisation spoke of a shift between women and girls with disabilities being sent out on the streets to beg to get income for the household and experiencing physical, sexual and emotional abuse in public spaces to women and girls with disabilities experiencing increased VAWG due being trapped in homes with abusive partners and caregivers.

**In at least one case, a woman has been provoked into retaliation.** In Bayelsa, a woman waited until her husband had fallen asleep after he had beaten her to pour hot water on him. She was subsequently arrested. It is unclear if her previous experience of violence will serve as mitigation.

**Physical, emotional and sexual violence within same-sex relationships, including the threat and practice of forced outing, has increased.**

Perpetrators have threatened to reveal the sexuality of partners to their families, neighbours, and the public at large, including through the release of intimate photographs. The Initiative for Equal Rights (TIERS) has had to move survivors to safe houses, intercede with perpetrators, and enrol both survivors and perpetrators into counselling. Cases have increased from an average of 15 cases per month in January and February before the pandemic to an average of 28 cases per month in March, April and May, a rise of 87 percent (see Table 1 above).

Table 1: Intimate partner violence in same-sex relationships

Month	Same sex female	Same sex male	Other groups	Total
January	4	15	0	19
February	3	8	0	11
March	9	25	1	35
April	5	16	0	21
May	9	19	0	28

Source: The Initiative for Equal Rights, 6 July 2020

**IPV between young unmarried heterosexual couples has risen.** According to respondents who work with young people, closure of schools and businesses has led to increased boredom, drug and alcohol intake, engagement in unprotected and casual sex, and switching of sexual partners with resulting jealousy manifesting in physical, sexual, emotional, and online violence.

**Action around IPV varies across the country.** In Lagos, neighbours have been among first responders who report. In areas where community structures exist, have been trained on response to VAWG, and work pro-actively on VAWG, neighbours call community volunteers and leaders after hearing screams. These volunteers and leaders have the contact details of VAWG services and are able to call for help while undertaking on-the-spot mediation and acting to remove the survivor from the situation of violence. Conversely, there is less public discourse around IPV in other parts of the country, particularly in northern Nigeria.

**Some respondents viewed the increase in women's unpaid care work due to the pandemic as a form of VAWG.** They noted that women and girls had always been forced to spend more time on household, familial and childcare tasks. They now need to look after children staying at home as schools have closed. They have to cook and clean more frequently as family members are spending more time at home. In many cases, they also experience increased pressure to engage in income generating activities as men's incomes have fallen. Despite men spending more time in the household, these tasks are still seen as women's responsibility with men often complaining if they are not completed to their satisfaction rather than sharing the burden more equitably.

### **Non-intimate partner (physical and emotional) domestic violence**

**The secondary impacts of the COVID-19 pandemic have affected various intra-household relations.** Increased family time together has altered relations between children and parents. This is often for the better with families becoming closer and gaining increased understanding. However, young people also experience increased frustration, including with attempts of parents who try to control their actions, behaviour and movement, according to youth advocates interviewed.

**Levels of physical violence perpetrated by parents against children may be rising according to respondents but, given barriers children face to reporting and the widespread acceptance of parental violence (within limits), it was not possible to get clear data.** However, increased stress parents are under, coupled with the loss of sense of self many men are experiencing, increases risks of this violence. In the north east, girls and young women complain of fathers getting angry more easily since they are at home and unengaged in productive tasks, and that this anger is expressed in verbal abuse against children who, as a result, are tense any time fathers are around (Care, Oxfam and UN Women, 2020). Women have also been perpetrators of physical violence and neglect against girl and boy children, including those engaged in domestic labour for the household.

**Disability rights activists report an increase in family neglect, abuse, and not allowing people with disabilities to leave the home.** A woman heading a disability and women's rights organisation said caregivers were less attentive and could neglect people with disabilities due to higher scarcity of resources, loss of incomes, and worries about health and finances. She pointed to differential impact of movement restrictions on people with disabilities reliant on family members and friends to assist them to leave the house, meet others socially, and be outside. She said people with disabilities were now more likely to be locked up, left alone, not cleaned or assisted to bathe, and otherwise neglected. Indeed, people with disabilities are at risk of increased social exclusion, reduced support structures, access to services, and social networks (Nagarajan, 2020c) compared to non-disabled people.

**People with non-normative SOGIE, forced to spend more time with family members, have experienced more emotional and physical abuse.** Some had to move in with family members due to loss of income or closure of schools. They face intense emotional abuse and pressure to change if their sexual orientations, gender identities, and/ or gender expressions become known or high levels of worry they will be discovered (TIERs, 2020). Families also engage in physical violence. Dynamic Initiative for Healthcare and Human Rights detailed five cases where trans women have been subjected to emotional and physical violence. In one case in Akwa Ibom, the parents of a 22 year old trans woman frequently beat and threatened to kill her. Some people with non-normative SOGIE have been thrown out by parents, forced to move in with abusive ex-partners, or given shelter by those who robbed them and exposed their sexuality. They are living in highly explosive and dangerous situations (TIERs, 2020).



## Early and forced marriage

**The extent to which the pandemic has affected dynamics around early and forced marriage is, at present, unknown but campaigners worry of a potential increase.** In the north-east, recent reductions in levels of early and forced marriage risk being reversed with families potentially contracting marriage for their daughters to reduce their economic burdens, as a result of school closure, and to prevent girls engaging in consensual sex before marriage or being sexually exploited (Nagarajan, 2020c). In southern Nigeria too, activists working on women's rights fear early marriage rates may rise due to increased unprotected sexual activity, with girls who become pregnant forced to end education and be married. It is unclear how financial hardship is affecting the phenomenon of 'money wives', present in states such as Cross Rivers. Here, families in debt sell their girl children, who become unpaid domestic servants and sex slaves for the men of the house into which they are sold.

## Female genital mutilation/ cutting

**There is little evidence on how COVID-19 and related government measures affect rates of FGM/C but there are concerns that it has risen.** Worldwide, a reduction of 1/3 in progress towards ending FGM/C is expected by 2030 due to the pandemic, resulting in 2 million cases over the next decade that would otherwise have been averted (UNFPA, 2020). In Nigeria, FGM/C is practiced mostly in southern Nigeria with prevalence rates highest in the south-west (National Population Commission and ICF International, 2014). It tends to take place when families gather together as a rite of passage and is seen as a way to bring the family together. A male civil society activist who works with young people in Ekiti, Osun and Oyo states where levels of FGM are high reported an increase in conversations on FGM/C and believed this to indicate a rising trend. An anti-FGM campaigner based in Abuja said current circumstances and increased time spent at home made FGM/C more likely and linked FGM/C against adult women during this time with increased controlling behaviour and threats of divorce from husbands and their families. However, there is very little empirical evidence as to whether there has actually been an increase, its extent, and other patterns.

## Denial of inheritance

**Women whose husbands died during the pandemic have been forced to vacate their homes by husbands' families in the south east according to women's rights activists working there but whether the pandemic is affecting incidence of such cases is unknown.** This forced eviction of women and their girl children in cases where they have no sons was already common in the south east prior to the pandemic.

## Sexual violence

**VAWG services around the country say reported cases of sexual violence against children perpetrated by men of all ages have risen.** According to one woman's rights activist, one explanation could be the belief that having sex with girls who have not had sex before brings money to the man concerned but there is no empirical evidence for this causal link yet and other factors may play greater roles. A women's rights activist who works in Bayelsa state said family members are also more able to pick up on sexual violence having happened and report this as they are spending more time together.

**Sexual violence occurs within the household, during armed robberies, and in neighbourhoods.** In Borno and Yobe states, men have broken in homes during the night to rape teenage girls who were sleeping and abducted young women from their neighbourhoods (Nagarajan, 2020c). Male perpetrators seem to be taking advantage of lesser security, increased impunity, more limited reporting mechanisms, and reduced access to an already weak justice system during the pandemic to commit sexual violence (UN Women, 2020). Data shared by Project Alert, an organisation that works in Imo State showed that of 27 cases of sexual violence reported to them between March and May 2020, only one case involved perpetrators not known to the survivor. Most of these cases, particularly those involving rape of young girls, involved repeated acts of sexual violence after a period of grooming which came to light due to

the pandemic. These cases also involved a father raping his daughter and inviting his friend to do the same, rape of students by teachers, and gang rapes perpetrated by teenage boys.

**There have been a number of high profile cases of sexual violence against girls and young women during the pandemic period.** Four men gang-raped a 13 year old girl in Kaduna (Sahara Reporters, June 2020b). A 16 year old girl was abducted and gang raped in Bauchi (Agwam, 2020). A 22 year old student was raped, beaten and murdered while studying in a church in Benin (Folayan, 2020). A 66 year old man in Yobe used chocolate and sweets to gain the confidence of girls as young as 7 years and rape them (Sahara Reporters, June 2020a). These stories are just some of many reported in newspapers, discussed on radio and television programmes, and shared on social media.

**Reporting of fathers raping daughters has also increased.** A male civil society activist in Akwa Ibom said he had come across 12 such cases in the first three weeks of government restrictions there.

**While it is difficult to find data on marital rape, there are indications this form of violence is increasing.** While reporting of marital rape to VAWG services is low, respondents said community women leaders say there are increased numbers of women discussing marital rape with them and asking them for their advice. In north-east Nigeria, marital rape increases during times of household stress and changed gender relations and there is presently increased pressure from husbands to have sex (Nagarajan, 2020c). Women's rights activists also said husbands can threaten their wives with divorce or sending them away (in circumstances where women are financially reliant on men) to force them into having sex.

**Incidence of corrective rape of lesbian and bisexual women have risen.** The Initiative for Equal Rights, after dealing with two such cases in three years, has had three cases reported in four months during the pandemic. All these cases took place in Lagos and concerned lesbian and bisexual women who were living with families who found out about their sexuality and allegedly organised their rape.

**Levels of survival sex and sexual exploitation have increased due economic hardship.** In the north-east, women engaged in transactional sex and were subjected to sexual exploitation before the pandemic in communities affected by food insecurity as a result of violent conflict (Nagarajan, 2020b). This incidence has increased due to the financial impacts of government restrictions and, in Borno state, as mechanisms of humanitarian delivery have changed (Nagarajan, 2020c). In Borno state, some male members of the yan gora (also known as the Civilian Joint Task Force), a community militia, have engaged in sexual exploitation and abuse, taking advantage of the increased power that comes from being charged with policing pandemic restrictions (Nagarajan, 2020c).

**Rates of unsafe abortion have increased due to increased barriers to accessing SRHR services and increased sexual violence.** Many women and girls have been unable to attend clinics due to movements restrictions, reduction in availability of transport, (fear of) harassment by security agents, fear of contracting COVID-19 at health centres, and increased care burdens (UN Women, 2020). There have been delays in distribution of family planning items by the federal Ministry of Health with stocks in northern Nigeria in particular running low or empty (Nagarajan, 2020c). Women's rights activists interviewed who are working in Ekiti, Imo, Kwara, Oyo, Osun and Rivers states said the risk of unplanned pregnancies had increased as women and girls are unable to access family planning and men were spending more time at home and so more women and girls were seeking to terminate pregnancies. In Nigeria, post-abortion care is permissible but abortion is a felony, only allowed when the mother's life is risk according to sections 232-236 of the Penal Code and sections 228-230 of the Criminal Code Act. Yet, an estimated 2.7 million abortions take place annually, 65.6 percent done in ways least safe (81 percent for women with no education and 82 percent for the poorest women) (PMA 2020, 2018). While the impact of the pandemic on unsafe abortion is difficult to ascertain, a useful indicator is the number of women and girls presenting to clinics for post abortion care. During the time of the pandemic, Marie Stopes has seen uptake of post abortion care double. Moreover, given barriers to healthcare have increased, it is likely that a higher proportion of women and girls are not only using unsafe methods to terminate pregnancies but also unable to access healthcare when complications

arise. Unsafe abortion is already a leading cause of maternal death in Nigeria (PMA, 2020) and rates may have increased further during this period.

### Decreased safety of public spaces

**An increase in theft, robbery and other forms of criminality has gendered impacts with women and girls experiencing violence and feeling less safe in public spaces according to women's rights organisations.** Theft and mugging were seen by these respondents as targeted mainly against women, seen as easier targets and as women make up the majority of those selling on the streets.

**People who do not conform to gender stereotyped dressing and presentation have seen increased street harassment and threats of violence.** According to Dynamic Initiative for Healthcare and Human Rights, these actions are enabled by fewer people being present on the streets which emboldens those present to verbally abuse, threaten physical and sexual violence, and engage in beatings of those who do not conform to binary gender norms.

**Sex workers have also reported increased physical violence.** According to the Nigerian Sex Workers Association, many sex workers, unable work in brothels which have been closed down, are now engaging in selling sex on the street or online. Clients, aware of the increased vulnerability of sex workers, are now more likely to refuse payment and engage in physical violence when sex workers insist that the payment agreed be made.

### Police extortion and violence

**Levels of police violence have been uneven across the country; however, police extortion has been observed in many states during the pandemic.** As of 14 April, more people had been killed due to security force and law enforcement action to ensure observance with government restrictions than COVID-19 itself with extra-judicial killings documented in Kaduna, Abia, Delta, Niger, Ebonyi and Katsina states (NHRC, 2020). Some police officers have used this opportunity to extort money from the general public. Much of this police extortion has been targeted at women who work in the market, young people (women and men) selling products on the streets, and on male keke napep (tricycle) and okada (motorcycle) riders.

**Women's rights activists noted a number of cases where police officers have arrested survivors, in collusion with perpetrators, and extorted money from them.** One high-profile example involved armed police officers from Abuja arresting a young woman in Lagos who had accused the musician D'banj of raping her. She was detained in a police cell then released the following day after being made to sign an undertaking that she would not speak about her experience and released into the 'custody' of Dbanj and his team who took her to a secret location where she was intimidated (Akinkuotu, 2020). Feminist activists in Lagos tracked her using satellite mapping to the location where she was being held, and took her to a safe place where she was provided counselling and other support. EVA has come across at least two other cases during the pandemic where perpetrators had reported survivors to the police for offences after they had reported them. In both cases, survivors were held in detention, had to make a statement, and paid money to be released. It is unclear to what extent such reprisal actions were undertaken beforehand. This practice may have come to light as survivors are more likely to report to police stations with the support of civil society organisations who are then aware of their extortion and arrest. Alternatively, these actions may fit into a pattern of increased police extortion during this time.

**Sex workers have been affected by police raids on brothels, bars and clubs and a crackdown on street sex work.** Their livelihoods and access to healthcare, including to anti-retroviral medication for HIV, family planning and condoms, have been affected by measures around physical distancing. However, according to the Nigerian Sex Workers Association, the majority of sex workers continue to sell sex, due to economic necessity, but in more precarious ways. Police officers have extorted money from individual sex workers, including during raids in which they engage in verbal insults, beatings, and

other forms of physical violence. Those selling sex on the streets are alert to police presence and hide when officers come into the area to avoid arrest and having to pay for their release. Prior to COVID-19, sex workers were raped by police officers in custody after raids during which they were rounded up and detained (Adebayo, 2019). However, civil society mobilisation led to some of the officers involved being expelled from the police, demoted, or moved to less desirable locations, and this sexual violence reduced. Whether violence (physical or sexual) is currently committed by police officers against sex workers in detention is unknown.

**Police officers have increased targeting of gay, lesbian and bisexual people during the pandemic through ‘contact tracing.’** According to TIERS, they arrest gay, bisexual, and lesbian people breaking curfews and other government restrictions, question them, search belongings and telephones, engage in blackmail and extortion, and force them to reveal identities of others of non-normative sexual orientations. She said that one person arrested in this way leads to many more people identified as engaging in same-sex behaviour who are subsequently arrested in their homes, targeted for blackmail and extortion, threatened with having their sexuality revealed, and forced to divulge names of others. While such cases were happening before, TIERS noted a sharp increase, particularly in Enugu, Cross Rivers and Lagos with police officers engaging in such acts are reportedly more focused and methodical now. It is difficult to obtain redress in such cases even with the support of human rights organisations and those victimised often drop cases, despite having millions of naira extorted from them.

### **Risk of election related VAWG**

**There are growing concerns that forthcoming elections in September 2020 in Edo and Ondo states are likely to involve electoral-related VAWG.** Key political players have switched political parties in recent weeks in both states which have also seen a rise in reported cases of VAWG. Civil society organisations including the CLEEN Foundation predict that current VAWG dynamics will be aggravated, particularly by the presence of political thugs armed by politicians. Women may refrain from going to polling stations in an atmosphere of violence. The Independent National Electoral Commission has said the wearing of masks is compulsory in order to vote. This regulation may become weaponised to disenfranchise women and groups who do not have the resources to purchase masks. Distribution of masks with money hidden inside may also be used to provide incentives for voters to vote in a particular way as may the distribution of COVID-19 palliatives. Belief that sex with young girls increases chances of power, success and money may also lead to an increase in this form of sexual violence.

### **Online VAWG**

**The pandemic has seen increased levels of cyber-bullying, internet attacks, and slut-shaming of women and girls online.** Those engaging in online abuse (mostly men) were seen to now have more time to spend online given the impacts of the pandemic on education and livelihoods. A male civil society activist talked of a growing pattern around cyber-bullying and slut-shaming against women who fight back. There has been particular social media harassment and threats made against women campaigning against VAWG, discussed below.

**As relationships between unmarried couples break down and as a manifestation of controlling behaviour, perpetrators are (threatening to) share personal information, conversations and intimate photographs. This includes but is not limited to revenge pornography.** Given restrictions on meeting in person, requests for sharing photographs and video are being made more frequently and when relationships sour, men can threaten to share these images within friendship circles or otherwise publicly to keep women and girls in relationships. In such cases, it is the teenage girls and young women not the men involved who bear the brunt of societal disapproval and stigmatisation.

**Entrapment of gay, lesbian and bisexual people has led to photographs and video shared and blackmail threatened.** TIERS documented a case where a man was kitoed (entrapped) and his perpetrators sent a video clip of him having sex to his sister. She threatened to reveal his sexual orientation to their parents if he does not change his ways. Another case TIERS documented involved

the video of a gay man having sex being leaked online. As his face is clearly seen in the tape, he is worried that this video will lead to the discovery of his sexual orientation.

**Women human rights defenders (WHRDs) spoke of being subjected to increased trolling, online violence, and putting themselves at risk to respond to survivors.** WHRDs interviewed spoke of receiving public and private messages attacking their character, threats of physical and sexual violence, and being ‘accused’ of having experienced sexual violence themselves (seen as reflecting negatively on them given high levels of victim blaming and stigmatisation). This experience has negatively affected their mental health. One woman who has been very active in current VAWG mobilisations said she had to spend three days in bed as a result of virulent trolling. She said, “I can’t remove this from my mind. People who see what is going on are sending me messages saying be careful. I am not afraid but I am terrified. This is not just me but so many other women who are standing for women.” Not only do these attacks and intimidation constitute violence in and of themselves but there is a significant risk that they could also lead to the commission of physical and/ or sexual violence.

**Memes and posts circulating on social media (Twitter, Facebook, WhatsApp groups) say COVID-19 is a punishment from God for homosexuality and/ or women’s behaviour. Their number, reach, and influence are unknown.** These statements should be seen in the context of a number of narratives circulating about COVID-19.

### 3. Women’s meaningful participation in COVID-19 response structures

**Women’s meaningful participation in formal decision-making arenas is very low in Nigeria.** Nigeria has one of the lowest levels of women’s representation in the national legislature globally with women comprising 3.6 percent of House of Representatives members and 7.3 percent of Senators (Inter-Parliamentary Union, 2020). There has never been a woman Governor and significant barriers also exist when it comes to engagement in community level decision making.

**To date, women have not yet meaningfully participated in national COVID-19 response structures such as the Presidential Taskforce (PTF) on COVID-19.** Respondents characterised the situation as one dominated by men at the highest levels, with women represented at more operational levels. The Minister of Women’s Affairs and Social Development is not a member of the Presidential Taskforce which operates at the national level despite a request to this effect although there is some discussion currently about involvement of her Ministry in PTF technical discussions.

**Women’s representation is uneven across state level taskforces and largely does not translate into meaningful participation.** A major barrier is domination by men of senior political and civil servant posts at Commissioner, Permanent Secretary and Director levels. Even when women are present in decision making forums, there is no parity. Women are often not visible in communications and decision-making around COVID-19. For example, the Kwara state taskforce has 3 women and 12 men as members according to a woman’s rights activist working in Kwara. Women’s representation tends to be higher in state level committees and sub-committees which include civil society but this inclusion does not necessarily translate into meaningful participation. For example, while women-led civil society organisations are not in the main taskforce in Yobe, they are present in subcommittees whereas women led CSOs are active in Borno but in both states, the percentage of women in these committees, particularly in leadership, is poor (Nagarajan, 2020c). However, women civil society and state officials have managed to inject gender analysis into the response to some extent in some states. For example, in Rivers a pre-existing SRHR working group was able to integrate messages on contraceptives and reproductive, maternal, newborn and child health so social mobilisers and town criers have been trained to provide information on SRHR services, report back key issues and barriers and make referrals.

**There is some evidence that participation in community level decision-making has fallen during the pandemic period.** There has been a sharp reduction in community participation in decision-making, particularly of women and girls (Olayode, 2020). Restrictions on gatherings cut the number of attendees

that can gather. Women's increased responsibilities and care work mean they are less able to participate in meetings. In the north-east, development, humanitarian and peacebuilding organisations have been crucial in enabling women's community level participation but since these actors currently have limited community presence due to government restrictions, women's participation in local COVID-19 decision making has been affected (Nagarajan, 2020c).

**Gender analysis is largely not integrated into planning, implementation, review, and policy-making.** A global survey of 30 countries found countries with more women in leadership are more likely to deliver COVID-19 responses that consider the effects of the crisis on women and girls (Fuhrman and Rhodes, 2020). Women's groups complained of not being consulted in decision-making and that women, even when present in forums where decisions are taken, are unwilling or unable to inject gender analysis into discussion in a meaningful as opposed to tokenistic way.

**Other axes of social exclusion, let alone intersectional analyses, are also not discussed in meaningful ways.** For example, beyond stated commitments to ensure goods distributed as palliatives reach people with disabilities, there is very little consideration of disability or inclusion of people with disabilities in decision-making according to women's rights and disability activists interviewed.

**The PTF is currently discussing how the pandemic affects gender dynamics and putting a gender strategy in place – over three months after the start of related government measures.** As of 15 July, this gender strategy is before the PTF for approval. It recommends that the Ministry of Women's Affairs and Social Development be more involved in providing technical input into the COVID-19 response. Initial focus has been on risk communications and community engagement.

**Kaduna and Lagos states are examples of some good practice when it comes to visibility and influence of women and gender analysis in decision-making but even here, this is largely due to individuals rather than institutions.** Hadiza Balarabe, the Deputy Governor of Kaduna State deputised for Governor El Rufai during the period he was in isolation. Amina Mohammed Baloni, the Kaduna Commissioner of Health has been visible in leading the state's health response and related public communications, with the full support of Governor El Rufai. Babajide Sanwo-Olu, the Lagos Governor has prioritised plans around maternal health. Lagos has led the way in state response and capacity on VAWG with MDAs active in the Lagos Domestic and Sexual Violence Response Team. However, women have also not been visible as decision-makers in the Lagos response and the state government has not been consistent in integrating gender and human rights, for example not paying women who clean the streets of the capital for three months.

**Yet, women are disproportionately affected by the pandemic and related measures and lack of attention to gender dynamics is entrenching misogyny and discrimination.** Women and girls provide higher levels of both unpaid and underpaid care, manage food and water for their families, and offer support to others in the community. Women have mobilised to gather food and resources for others in their communities. Making up the majority of informal sector workers and street vendors, they are disproportionately impacted by closure of public spaces. A survey in three LGAs in Borno state found 71 percent of women but only 51 percent of men said impact on livelihoods was the primary way COVID-19 had affected them (Okapi, 2020). Women with disabilities in particular are more likely to be in greater financial hardship and see livelihoods disrupted. Women have less time than men, lesser access to radios and mobile telephones, and lower levels of literacy and so are less likely to be exposed to communications campaigns on COVID-19, less able to take precautionary measures to mitigate the risk of infection, and more likely to receive second-hand and inaccurate information (Nagarajan, 2020c).

**Not many programmes are working to increase women's meaningful participation in decision-making around COVID-19.** Organisations engaging in this field include UN Women which is working on women's participation and economic empowerment and the UN system in general which is looking



at increasing women’s participation and improved gender-sensitivity and disaggregation of the response including through the UN basket fund on COVID-19.

#### 4. Current responses to violence against women and girls

**Women’s rights organisations and VAWG services continue to provide services.** They experience increased workloads, deal with more complex cases, and are forced to strategise ways to circumnavigate government restrictions and security force behaviour to do so. While donors have been largely flexible and responsive to changing realities, the financial costs of providing services – from transportation and medication to provision of accommodation in safe houses, counselling, and direct cash transfers - have exponentially increased. Many of these costs are not covered by donor funds so organisations are being forced to dip into reserves and unrestricted funds, aimed at ensuring organisational sustainability, to cover them.

**Many civil society actors are prioritising VAWG to an extent not previously seen due to increased media coverage and social media conversations, engagement by women’s rights organisations, and as links between VAWG and governance have become clearer during the pandemic.** According to many respondents, this period has exposed failures of the justice system and police to respond to VAWG, how some police officers are using state violence to target survivors, and ways lack of governance and corruption exacerbate VAWG dynamics.

**Increased reporting, public discussion, and women’s rights activism has led to improved public awareness, political discussion of VAWG, and the declaration of a state of emergency by the Nigerian Governors’ Forum (NGF).** Nascent movement building of a loose coalition of organisations and activists around the state of emergency that marries online (social media) and offline activism is starting to have impact. Their asks are provided in the box below. As a result of this work and in response to public pressure, powerful men at all levels and key government MDAs have spoken out and promised action. Women’s rights organisations and UN agencies are engaged in policy advocacy work, particularly around legal frameworks and police reform.

**Advocacy asks by the campaign calling for a state of emergency on gender-based violence**

1. The declaration as essential services gender-based violence (GBV) support activities by government and civil society organizations within and beyond the COVID-19 lockdown.
2. Domestication of the Violence Against Persons Prohibition (VAPP) Act and Child Rights Act in all states of the Federation;
3. Establishment of Sexual Assault Referral Centers (SARC) in every state, sustainably-funded and supported by relevant government agencies of health, law enforcement and social welfare departments.
4. Full and strict criminalization and prompt state-led prosecution of SGBV cases, irrespective of requests or interference by the victim’s family or other interested parties.
5. Establishment of functional Family Support Units and Force Gender Units at the state level that are well equipped to comprehensively address SGBV cases.
6. The application of public disciplinary measures against officials of the NPF and state prosecutors who handle SGBV unprofessionally and with levity that now inform the poor prosecution rates allowing for impunity among perpetrators.

**During the pandemic, federal-level MDAs have increased their focus and action on VAWG in response to public and political pressure and advocacy and campaigning by anti-VAWG activists** (see Table 2 for an overview of actions taken and promised to date).

Table 2: Actions of federal agencies on VAWG during the pandemic

National Human Rights	Released a press statement on human rights violations in the early weeks of the pandemic (14 April 2020), flagging VAWG as an area of concern. Intensified efforts to document and refer VAWG cases in all 36 states and the FCT.
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Commission (NHRC)	<p>Developed an application and online platform for the electronic monitoring, documentation and reporting of human rights violations including VAWG. Strengthened partnerships with other relevant MDAs and civil society organisations to ensure coordinated and effective responses.</p> <p>Conducted one week of activism on VAWG to raise awareness and urge cross-government action culminating in a high-level dialogue with the Presidency led by Yemi Osinbajo, the Vice President where a written call to action was presented and adopted by all present.</p> <p>Centre VAWG in communications work (media and social media engagement). Reach out to other MDAs and stakeholders to engage them to act on VAWG. Will soon release a report on VAWG reports received from January to June 2020. Wish to set up a federal level SGBV Response Situation Room to ensure better effectiveness and coordination across states at the operational level.</p>
National Agency for the Prevention of Trafficking in Persons (NAPTIP)	<p>Seen as responsive and willing to do the work but with limited national mandate on VAWG (while they are responsible for VAPP Act implementation in the FCT, elsewhere their mandate focuses solely on trafficking).</p> <p>Active in prosecuting VAWG cases in the FCT and holding the national sex offenders register.</p> <p>Conduct clear communications campaigns to encourage reporting, promising confidentiality and survivor support and using sign language in videos.</p>
Ministry of Women's Affairs and Social Development (MOWASD)	<p>Supported by UNDP under the Spotlight Initiative to collect, collate and analyse data from different courses to ensure a centralised and coordinated system.</p> <p>Held a virtual conference with State Commissioners of Women Affairs, wives of state governors and civil society where participants resolved to:</p> <ol style="list-style-type: none"> <li>1) Develop a media strategy to sustain momentum for change.</li> <li>2) Domesticated and implement the VAPP Act in all 36 states.</li> <li>3) Work with the Legal Aid Council for pro-bono service.</li> <li>4) Use a national GBV data collection tool for centralised data management.</li> <li>5) Set up a GBV Situation Room, Special GBV Courts and safe houses in all states</li> <li>6) Improve collaboration between the federal MOWASD and State Commissioners with improved training and orientation for Commissioners<sup>3</sup></li> </ol>
Ministry of Justice (MOJ)	<p>Committed to the inauguration of an inter-ministerial committee on GBV to consist of the MOJ, MOWASD, Ministry of Health, NAPTIP, NHRC, National Legal Aid Council, Nigerian Police Force, civil society organisations and others that aims to:</p> <ol style="list-style-type: none"> <li>1) Proffer a synchronised approach to violence against women and children.</li> <li>2) Review existing laws and propose necessary legislative changes.</li> <li>3) Provide comprehensive and appropriate support services to ensure victims and survivors of sexual offences are not subjected to further stigmatisation and trauma by maintaining a SARC which will be domiciled in the MOJ.</li> <li>4) Speedily process stalled and pending cases of rape and child defilement delayed due to closure of courts and government institutions during the pandemic.</li> <li>5) Reaffirm state policy of opposing bail and rejecting plea bargain proposals from perpetrators and ensure government policy of ensuring convicted sex offenders do not benefit from power of prerogative of mercy remains in force (Odunsi, 2020).</li> </ol> <p>(At the time of writing nominations for representatives had been sought from member organisations but this committee had yet to be operational).</p> <p>Committed to bring together Attorney Generals of the 36 states virtually.</p>

<sup>3</sup><https://www.womenaffairs.gov.ng/index.php/publications-2/9-uncategorised/153-hm-of-wa-virtual-conference-meeting-with-state-comm-of-wa>

	Committed to establishing Specialised Courts for GBV and engaging with respective Heads of Courts to do so and developing a framework for introduction of a Sexual Offenders Registrar (Nnochiri, 2020).
Nigerian Police Force (NPF)	Released operational guidelines for enforcement of COVID-19 regulations in May 2020 (Nigerian Police Force, 2020) that: <ol style="list-style-type: none"> <li>1) Directed the Deputy Inspector General of Police in charge of the Criminal Investigation Department to make adequate arrangements to strengthen and improve the capacity and efficiency of police Gender Units and Juvenile and Women Centres (JWC) across the country to be able to cope with expected increase in cases of domestic violence and sexual abuse of minors linked to COVID-19.</li> <li>2) Encouraged police officers to pay particular attention to SGBV and treat victims' complaints with care and adequate attention.</li> <li>3) Stated that Gender Desk Officers should be involved in cases involving women and children both at the division and the command as the need arises.</li> </ol> Announced by Mohammed Adamu, the Inspector General of Police, in June 2020 that he will strengthen resources to gender and juvenile desks (Odoh, 2020). Increased visibility and media engagement on VAWG over the pandemic in response to public and political pressure and engagement by civil society and other MDAs. Appointed a senior officer at the level of Assistant Inspector General to head the human rights desk. Continued extortion of survivors and dropping of VAWG cases in exchange for payment of money by perpetrators. Continued arrest and detention of women responding to VAWG cases during the hours of curfew despite permits exempting them from movement restrictions.
Nigerian Governors' Forum (NGF)	Declared a SGBV state of emergency (Adebayo, 2020) due to women's rights campaigning and interventions by wives of Governors calling on all states to: <ul style="list-style-type: none"> <li>• Pass the VAPP Act 2015 and CRA 2003 if they have not already done so.</li> <li>• Set up a sex offenders' register.</li> <li>• Organise briefings by the police to Governors on efforts to tackle VAWG</li> </ul>
National Assembly (NASS)	Met (Femi Gbajabiamilla, Speaker, House of Representatives) with Speakers of State Houses of Assembly to encourage passage of VAPP Act 2015 and CRA 2003.  Appointed (House of Representatives) a member from Bauchi to lead a committee to ensure all northern states adopt CRA 2003 and VAPP Act 2015.  Held (Senate) a debate in June on higher penalties for rape cases, with discussion focused on sexual violence against girls to deter perpetration (This Day, 2020).  Condemned (House of Representatives) rising rape and police brutality, urged state governments to domesticate the CRA 2003, directed the Inspector General of Police to set up rape investigation units, and called on the National Orientation Agency to launch an effective campaign against rape and other VAWG (This Day, 2020).  Outreach (Ahmed Ibrahim Lawan, Senate President) to state of emergency campaigners, to British Council, and EU - not yet led to public action.  Passed (Senate) a Bill for an Act to Prevent, Prohibit and Redress Sexual Harassment of Students in Tertiary Educational Institutions and For Matters Concerned Therewith in early July 2020 – now with the House of Representatives.  Held (Office of the Deputy Senate President) meetings with senior police officers to uncover gaps, inadequacies and support needed to enable more effective response.

Office of the Vice President (Rule of Law Advisory Team)	<p>Plays a coordination role to enhance multi-sectoral collaboration and cross-government partnership.</p> <p>Supports the FCT Sexual Violence Response Team, for example by facilitating permits to exempt members from movement restrictions.</p> <p>Engages in behind the scenes advocacy and building of political will.</p> <p>Interested in improved police response and access to justice through institutionalisation of Standard Operating Procedures on VAWG, embedding pro-survivor and human rights approaches and mindsets in police training, and developing a practice direction for the High Court – in discussion with the UN.</p> <p>Facilitating exchange between The Cans, an Abuja based tech hub, and the police to enable an online and digitised case management system.</p>
Presidency	Expressed concern about the high rate of VAWG and committed the government to action in President Buhari's speech for Democracy Day (12 June).

**Levels of action at the state level vary significantly.** The Office of the Vice President conducted a useful mapping assessment of the enabling environment for VAWG response at the state level in 2019, a summary of which is provided in Table 3 below with some updates (Office of the Vice President, 2019).

Table 3: State level response

Response platforms	Present in 35 states (except Bayelsa) + FCT but vary in their functioning and activity. Lack of budget allocation is a significant challenge in many states.
Donor support	Uneven across the country and no significant donor funding in Bauchi, Benue, Cross Rivers, Delta, Ebonyi, Ekiti, Enugu, Imo, Kogi, Kwara, Niger, Ondo, Osun, Plateau, Sokoto, Taraba and Zamfara (since the mapping exercise was completed the Spotlight Initiative has started work in Cross River, Ebonyi, and Sokoto).
Referral pathways	Clearly defined and adopted with specific roles and duties in 7 states (Adamawa, Borno, Benue, Delta, Lagos, Osun and Yobe). In the other states, referrals take place in an ad-hoc ways dependent on personal relationships.
Shelter provision	All states have some accommodation provision for VAWG cases (e.g. orphanages or NAPTIP shelters) at varying levels of quality. No state had a standardised shelter for survivors. Five states (Abia, Cross Rivers, Enugu, Plateau, and Oyo) and the FCT had privately owned shelters that required payment for use, not possible for many survivors. Other states used shelters operated by non-governmental organisations.

**While VAWG has gained greater public salience, there are few large-scale programmes that work to improve prevention and response.** The European Union is the main donor. Please see Table 4 below for an overview of major VAWG programmes (wider work on women's rights is not included).

Table 4: (Donor) programmatic activities relating to VAWG

European Union (EU)	<p>The EU supports work on VAWG primarily through 2 programmes:</p> <p>1) Spotlight Initiative to Eliminate Violence Against Women and Girls which works in 5 states (Adamawa, Cross River, Ebonyi, Lagos and Sokoto) and the FCT. It is implemented by 5 UN agencies: UNDP, UNESCO, UNFPA, UNICEF and UN Women (Spotlight, 2018) and has 6 pillars:</p> <ul style="list-style-type: none"> <li>• Legislative and policy frameworks led by UNDP and UN Women.</li> <li>• Strengthening institutions led by UNDP and UN Women.</li> </ul>
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	<ul style="list-style-type: none"> <li>• Prevention and social norms led by UNFPA and UNICEF.</li> <li>• Services led by UNFPA.</li> <li>• Data availability and capacities led by UNDP and UNFPA.</li> <li>• Supporting the women’s movement led by UN Women.</li> </ul> <p>It developed a COVID-19 implemented framework (Spotlight, 2020) that:</p> <ul style="list-style-type: none"> <li>• Ensures COVID-19 prevention messaging is included in communications work, with focus on countering COVID-19 misinformation.</li> <li>• Reaches out in focal communities to encourage reporting of VAWG.</li> <li>• Advocates for VAWG services to be classified as emergency services and so exempt from movement restrictions.</li> <li>• Plans to launch an application so those experiencing violence can send an alert and be linked to appropriate services for help.</li> <li>• Puts in place plans for a national VAWG data system.</li> </ul> <p>More details of work by UNDP, UNFPA and UN Women are below.</p> <p>2) Rule of Law and Anti-Corruption (ROLAC) programme implemented by the British Council (see below)</p>
<p>British Council, Rule of Law and Anti-Corruption Programme (ROLAC) – funded by the EU</p>	<p>ROLAC works in 5 states (Adamawa, Anambra, Edo, Kano, and Lagos) to:</p> <ul style="list-style-type: none"> <li>• Reform the criminal justice system.</li> <li>• Ensure women, children and people with disabilities have access to justice.</li> <li>• Improve the performance and coordination of anti-corruption agencies.</li> <li>• Enhance the voice of Nigerians in curbing corruption.</li> </ul> <p>Its VAWG work includes:</p> <ul style="list-style-type: none"> <li>• Supporting NAPTIP to implement the VAPP Act</li> <li>• Supporting establishment of police Family Support Units and gender desks.</li> <li>• Ensuring focal states adopt the VAPP Act 2015 and CRA 2003 if they have not already done so and reviving implementation committees.</li> <li>• Supporting civil society advocacy in focal states to get laws passed and implemented and so SARCs are sustained by a budget line in the state budget.</li> <li>• Running a network of the 22 SARCs across the country.</li> <li>• Running the Her Story, Our Story campaign on VAWG.</li> </ul> <p>ROLAC was praised by many respondents for inclusion of people with disabilities, creation and institutional strengthening of SARCs (started under the DFID Justice for All programme), and support to state of emergency campaigners.</p> <p>In the coming months, ROLAC plans to:</p> <ul style="list-style-type: none"> <li>• Build the capacity of SARC steering committees on sustainability.</li> <li>• Improve management of SARCs.</li> <li>• Develop guidelines for establishment of SARCs by state governments.</li> <li>• Support state of emergency campaigners by conducting a survey on progress of domestication of the VAPP Act 2015 and CRA 2003.</li> <li>• Engage in legislative advocacy with state of emergency campaigners.</li> <li>• Strengthen and expand the Her Story, Our Story campaign</li> </ul>
<p>British Council, Managing Conflict in Nigeria (MCN) –</p>	<p>MCN works in Adamawa, Borno and Yobe in the following areas:</p> <ul style="list-style-type: none"> <li>• Conflict management, reconciliation and stability in communities.</li> <li>• The role of women in peace-building.</li> <li>• Supporting women and girls affected by violence.</li> <li>• The reintegration of young people displaced by conflict.</li> </ul>

funded by the EU	<ul style="list-style-type: none"> <li>• Research to support policy makers.</li> </ul> <p>Its VAWG work includes:</p> <ul style="list-style-type: none"> <li>• Establishing and supporting SARCs in Damaturu, Maiduguri, and Yola.</li> <li>• Working with the police on establishment of Family Support Units.</li> <li>• Supporting civil society and women's rights organisations in sensitisation.</li> <li>• Addressing some of the root causes by increasing women's participation.</li> </ul>
Canada	<ul style="list-style-type: none"> <li>• Supports feminist movement building and women's voice and leadership through a grant to ActionAid that focuses on institutional support with many partners working on VAWG and increased women's representation in COVID-19 response.</li> <li>• Has an active humanitarian programme into which it integrates GBV and protection and is vocal on these matters in humanitarian coordination structures.</li> <li>• Funds human rights organisations working on the rights of women and on lesbian, gay, bisexual, trans, queer and intersex (LGBTQI) people, including on VAWG.</li> <li>• Plans to engage more on VAWG including on social norms.</li> </ul>
France	<ul style="list-style-type: none"> <li>• Funds women's rights projects with partners including: International Alert in the north east on reintegration of women and girls who have survived captivity; EVA in Nasarawa to works on sensitisation of community and religious leaders on GBV; Pathfinders Justice Initiative in Benin to fight against trafficking; PLAC in Abuja to conduct a study on women's political landscape in Nigeria and advocate for laws; and Women's Health and Equal Rights Initiative to work on LGBTQI rights.</li> <li>• Promotes awareness of the women, peace and security (WPS) agenda, including through the holding of events with the UK.</li> </ul>
Norway	<ul style="list-style-type: none"> <li>• Supports UN Women to work on WPS (see below).</li> </ul>
Sweden	<ul style="list-style-type: none"> <li>• Funds (SIDA) humanitarian agencies to engage in protection in the north east.</li> <li>• Works (Folke Bernadotte Academy) with the ECOWAS standby force on peacekeeping, including a training of trainers course for officers on how to detect and combat sexual violence.</li> </ul>
USA	<ul style="list-style-type: none"> <li>• Includes issues related to GBV, trafficking and FGM/C in strategic engagement.</li> <li>• Works (USAID) on women's participation and protection.</li> </ul>
Open Society Initiative for West Africa (OSIWA)	<p>Funds women's rights organisations on prevention, response and accountability (including to set up a shelter in Abuja), engage in research e.g. on VAWG in higher education institutions, and conduct advocacy for passage of the VAPP Act.</p> <ul style="list-style-type: none"> <li>• Supports institutional strengthening of the NHRC on VAWG including on Abuja police raids which led to arrests and rapes of women.</li> <li>• Engages media outlets such as AIT and radio stations to discuss VAWG.</li> <li>• Supports The Cans, a Abuja based tech hub, to develop an application to track VAWG cases nationwide and link with MDAs including NAPTIP and NHRC.</li> <li>• Provided personal protective equipment to VAWG service providers, repurposed funds to adapt to changing realities, and funded a women's rights organisation to conduct research on the impact of the pandemic on women and girls.</li> </ul>
UNDP	<ul style="list-style-type: none"> <li>• Developed an implementation guide for the police on VAWG.</li> <li>• Conducted a review on gender-responsive COVID-19 budgeted (not yet public).</li> <li>• Mapped service providers across the country.</li> <li>• Works on access to justice in the north east through a programme supported by the Swedish government that works on protection, establishment of community justice and security systems, and improving VAWG response by women leaders.</li> </ul>



	<ul style="list-style-type: none"> <li>• Supports the Population Council and MOWASD to collect, collate and analyse national VAWG data (currently actors in Spotlight Initiative states are being trained to collect data with the aim that analysis will be released monthly and quarterly).</li> <li>• Builds the institutional capacity of the Legal Aid Council, MOWASD, MOJ, NHRC, police, judiciary and civil society organisations such as the Nigerian Bar Association and FIDA (the network of women lawyers).</li> <li>• Supports the NHRC via the Presidential Panel on SGBV (with ROLAC, Ford Foundation and others) to document and refer cases.</li> <li>• Simplifies and raises awareness on VAPP Act 2015, CRA 2003 and other laws.</li> <li>• Works with judges on handbooks to interpret the VAPP Act 2015 and CRA 2003.</li> <li>• Uses the media to reach out in different languages to shift norms.</li> <li>• Discussing how to build capacity on access to justice for women to girls with the Solicitor General.</li> <li>• Plan to support the inter-ministerial committee chaired by the MOJ.</li> <li>• Plan to train paralegals to work with NHRC on VAWG litigation.</li> </ul>
UNICEF	<ul style="list-style-type: none"> <li>• Has a child protection programme across the country.</li> <li>• Supports to the VAWG state response team in Gombe together with UN Women.</li> <li>• Leads the prevention and social norms pillar of the Spotlight Initiative.</li> </ul>
UNFPA	<ul style="list-style-type: none"> <li>• Supports state response teams in Abia, Adamawa, Benue, Borno, Kaduna, Kebbi, Ogun and Yobe states.</li> <li>• Works on access to SRHR services, protection, and VAWG across the country.</li> <li>• Collects data on VAWG in humanitarian settings via its Gender-Based Violence Information Management System.</li> <li>• Manages a databased on GBV in emergencies.</li> <li>• Currently reviewing a strategy on GBV in emergency contexts to ensure continued relevance given COVID-19 realities and broaden it to reflect the national situation.</li> </ul>
UN Women	<ul style="list-style-type: none"> <li>• Supported the Deputy Senate President's office in passage of the Anti-Sexual Harassment Bill in the Senate.</li> <li>• Supports the development of State Action Plans on WPS in Bauchi and Benue.</li> <li>• Supports MOWASD on development of the next National Action Plan on WPS.</li> <li>• Implements an anti-trafficking project in Edo and Lagos to improve policy and legislation, support states to integrate gender, work with women led organisations on prevention, and improve state and national coordination and coherence.</li> <li>• Supports community surveillance structures to be first responders to VAWG.</li> <li>• Supports the VAWG state response team in Gombe together with UNICEF.</li> <li>• Supports the Mirabel Centre (Lagos) to adapt services during the pandemic.</li> <li>• Established the Nana Khadija Centre in Sokoto in March and currently working with the Sokoto state government to set up a shelter.</li> <li>• Engages Spotlight focal states that have not yet domesticated the VAPP Act 2015.</li> <li>• Supports Spotlight focal states to develop briefing documents to guide government response on VAWG during a health emergency (soon to be finalised).</li> <li>• Strengthens the capacities of MDAs on gender-responsive budgeting and ensuring disbursements are made and utilised appropriately.</li> <li>• Planning a conference to bring together religious and community leaders with women's rights and child rights organisations to discuss VAWG during the pandemic and response following which partners will continue engagement.</li> </ul>

**The Donor Partners Gender Group (DPGG), the main forum for coordination, is engaged in mapping available VAWG services and hotlines, identifying the existence of gaps, and developing an overview to track COVID-19 related interventions by members. This mapping**

document is currently in draft form but should be finalised shortly. The DPGG has also written to the NGF congratulating them on their declaration of a state of emergency and to start engagement.

## 5. Key needs, gaps and barriers/ challenges

**COVID-19 has exposed the nature and scale of existing challenges, lack of systems, and the extent to which VAWG is not prioritised.** At the federal level and in most states (apart from Lagos), government MDAs were slow to integrate action on VAWG into pandemic planning and interventions (UN Women, 2020). Some VAWG services were more focused on mitigating COVID-19 risks than ensuring continued service provision and many services cut down their hours and closed services and it was uncertain which, if any services, would be responsive to reports (UN Women, 2020). There was lack of clarity as to what functional service provision during this pandemic would look like and how survivors were going to access services given movement and other restrictions. This dynamic changed with increased reporting of VAWG to service providers, in newspapers and on radio and television, and on social media which forced VAWG services and government MDAs to pay attention to VAWG.

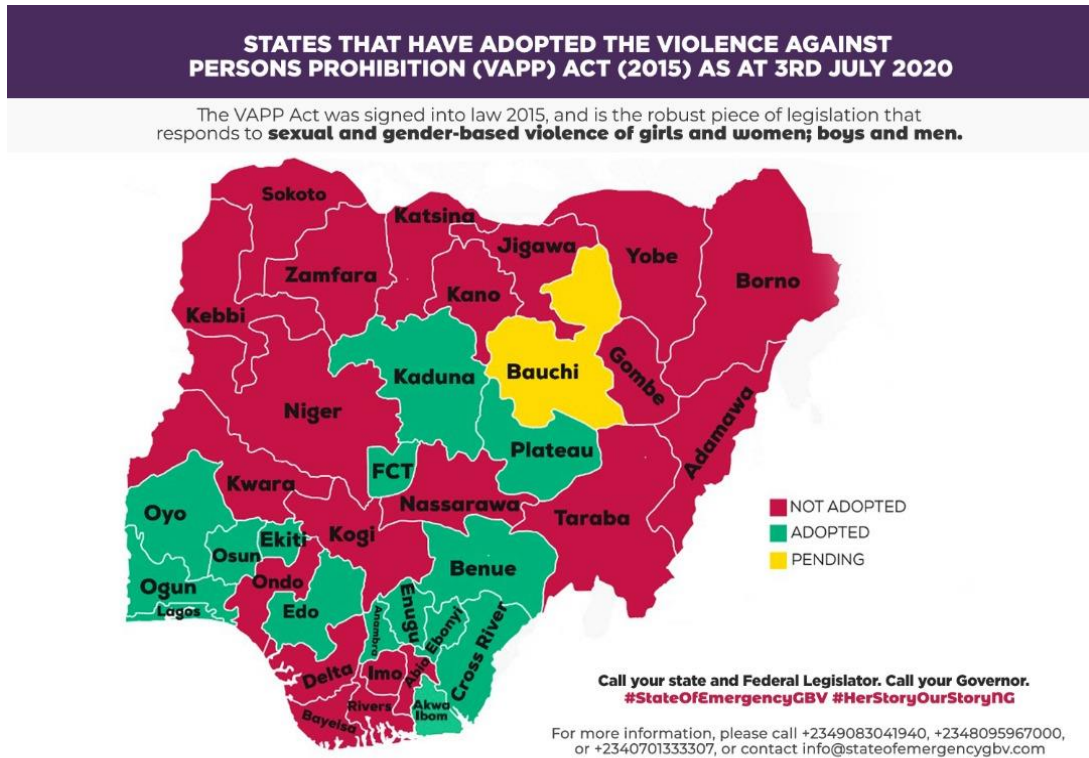
**Narratives around victim-blaming and stigmatisation of survivors deter reporting and help-seeking behaviour and mean that public outrage manifests only for 'perfect victims'.** Many VAWG cases that drew significant media attention and social media conversations that led to action involve sexual violence against girls or young women seen as 'blameless'. The case that drew national outrage was when Vera Uwaila Omozuwa, a 22 year old student who was studying in church was raped and killed. She was subsequently 'proved' through an autopsy to have not had sex previously to dispel rumours that she had been having an affair with her pastor that sought to discredit her.

**Despite increased VAWG risk that women and girls with disabilities face, very few organisations have been proactive on disability inclusion.** Campaigns to encourage COVID-19 mitigation measures or VAWG reporting have mostly not aimed to reach them (UN Women, 2020). A notable exception has been a video released by NAPTIP to encourage survivors to report and seek help which includes sign language interpretation. Moreover, many VAWG services are not physically accessible and there have been few efforts to understand the drivers of violence against women and girls with disabilities and to act to tackle them to prevent violence.

**Uneven domestication and application of anti-VAWG legislation across states prevents action.** Only 14 out of 36 states have adopted the VAPP Act 2015 over five years after it receiving presidential assent (see Figure 2). After 17 years, 11 northern states (see Figure 3) have yet to adopt the CRA 2003 with provisions around the age of marriage and wording around 'child rights' seen as controversial. Respondents working on VAWG shared how difficult it is to persuade state actors including the police and medical experts to work in the absence of these laws. Moreover, lawyers need to rely on the definitions of rape in the Penal and Criminal Codes which do not capture some forms of sexual violence and require standards of evidence not possible to meet. In recent months, there has been some progress however as a result of campaigning around the GBV state of emergency with Akwa Ibom recently passing the VAPP Act 2015, the VAPP Bill currently before the Bauchi Governor waiting his assent, and some progress also being made in Gombe, Imo and Kebbi states.

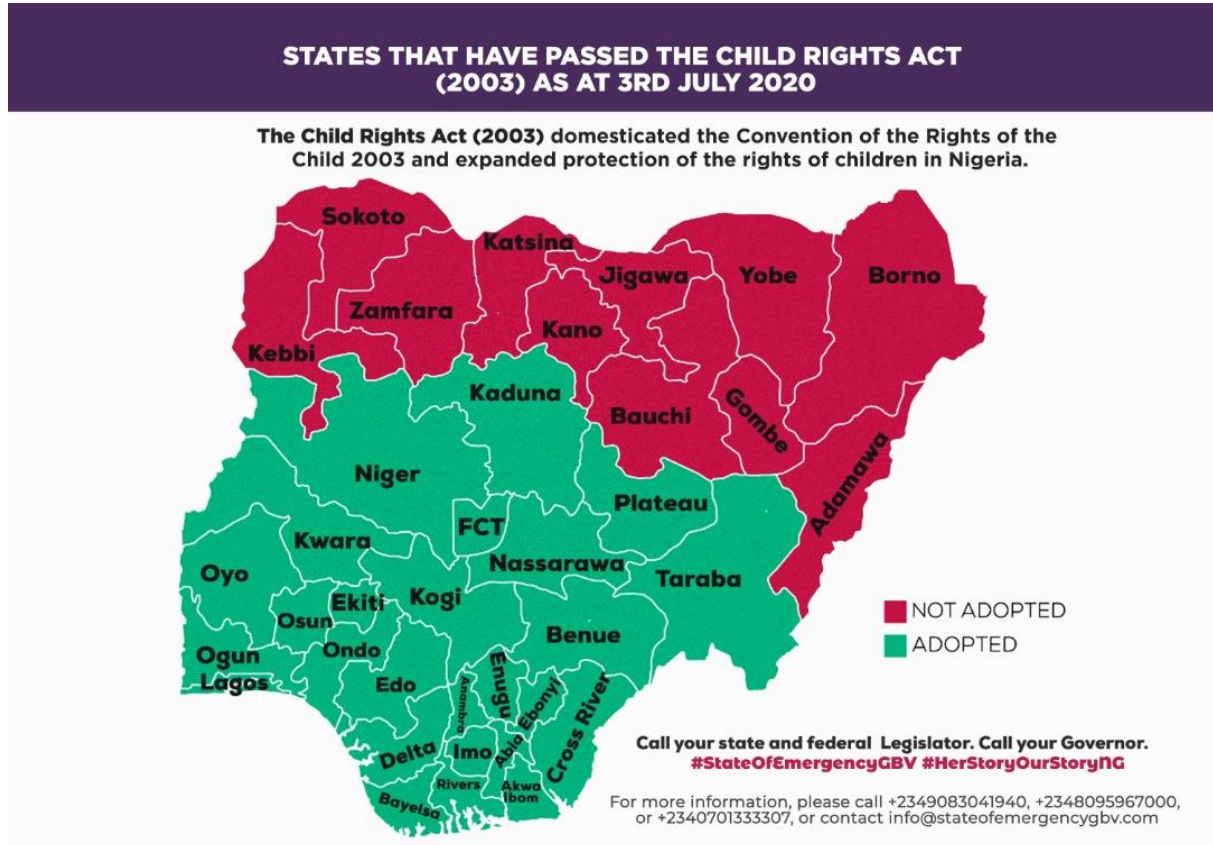
**Even before the pandemic, Nigeria had significant gaps in service provision.** There is insufficient funding for services, most of which continue to be reliant on donor funds. Response mechanisms rely on personal passion rather than institutional commitment. Shelters either do not exist, are inadequate to meet needs, or are orphanages to which adult women are also referred. Security and support for survivors, who face intimidation, threats, and violence from perpetrators and stigmatisation and victim-blaming from health professionals, police officers, families, and communities, is inadequate. Many states lack clearly determined referral pathways. Even in the north east which sees a number of humanitarian agencies working on VAWG, improving these mechanisms continues to be raised as a priority even after years of work to do so (Nagarajan, 2020b).

Figure 2: States that have domesticated the VAPP Act 2015



Source: State of Emergency Coalition, 2020

Figure 3: States that have domesticated the CRA (2003)



Source: State of Emergency Coalition, 2020

**Levels of capacity, especially among government MDAs, is uneven and tends to be low.** There is an absence of standards and protocols governing VAWG response. Respondents stressed the need for institutional capacity building including integration of VAWG into police training, inclusion of clinical management of rape and supportive engagement with survivors into healthcare education, the establishment of specialised GBV courts, and strengthening of informal justice mechanisms including on the need to refer cases and not engage in mediation between perpetrators and (families of) survivors.

**Service provision and referral pathways have been seriously affected by the pandemic.** Survivors face greater barriers to accessing services ranging from lack of money for transportation and payment for services to movement restrictions. Another critical barrier is fear of being classified as a COVID-19 patient or contracting COVID-19 at health facilities. In Adamawa, Borno and Yobe states, SARCs have seen reduced numbers of survivors accessing services (Nagarajan, 2020c) despite increased reporting to MOWASD (UN Women, 2020). Survivors are less able to access critical life-saving services including post-exposure prophylaxis, emergency contraception, and psychosocial support and found themselves confined in homes with abusers weeks for on end (UN Women, 2020).

**Many women and girls have limited or no information on access to services.** Community sensitisation activities are largely suspended due to public health imperatives to maintain physically distancing and particular groups, including women and girls with disabilities, adolescent girls, girls and women with low literacy, and those living in rural communities without telephone network, are more likely to be excluded from access to information (UN Women, 2020).

**Women with disabilities are particularly unable to access VAWG services.** According to a woman heading a disability and women's rights organisation, increased controlling behaviour from perpetrators, more able to exert control than in cases involving non-disabled survivors, prevents help-seeking. Keke napeps (tricycles) and okadas (motorcycles) on which they rely for movement are less present on roads and/ or they may lack the money for transportation even if VAWG services are provided without cost. Ochiedo also said that women and girls with disabilities have been turned away from health facilities if they present with COVID-19 symptoms or are otherwise badly treated by health professionals. She spoke of increased harassment by security agencies enforcing government restrictions. As a result, very few women and girls with disabilities have reached VAWG services during the pandemic.

**Personnel working in VAWG services are concerned about COVID-19 infection, particularly of staff and service users who have pre-existing conditions which make them vulnerable.** Donors have provided hygiene materials, masks, and other protective equipment but these items are often insufficient to meet need. VAWG services have also had to devise makeshift arrangements to abide by physical distancing advice which has often not been possible in small and confined spaces.

**Some medical personnel working for VAWG services have been pulled into state COVID-19 responses leaving significant human resource gaps.** For example, the Adamawa SARC doctor was moved to treating COVID-19 patients and, despite repeated requests, a replacement has yet to be deployed by the state Ministry of Health so SARC management has trained nurses to cover this gap (Nagarajan, 2020c). In Yobe, a SARC doctor who had contact with a patient confirmed to have COVID19 had to spend 14 days in isolation, leading to disruption in services during this period (Nagarajan, 2020c).

**During the pandemic, VAWG services have been forced to largely manage with existing staffing, funding and other resources and struggled to meet increased demand.** As a result, there were delays in services being able to respond to survivors and transport them to safety.

**Provision of shelter accommodation remains a serious gap.** In Edo, the VAWG shelter have been turned into an isolation centre. In Adamawa, plans to open up a shelter for VAWG survivors has been put on hold due to the pandemic while in Yobe, survivors in need of emergency accommodation are admitted to the women's ward of the hospital (Nagarajan, 2020c). There were also shelters which closed down during the pandemic or asked women and girls who sought help to escape situations of domestic violence to wait for two weeks to see if COVID-19 symptoms manifested and then to call back. A

woman's rights activist working on VAWG noted there were spaces available that could have been repurposed to serve as shelters during the pandemic if COVID-19 response planning had prioritised and integrated VAWG risk.

**Although mental health and psychosocial support (MHPSS) needs have increased, provision of counselling services has been affected by the pandemic.** VAWG service providers report being overwhelmed by the scale of MHPSS need. Yet, many services have restricted times where they can offer in-person counselling on days and times where movement was permissible. As a result, many counselling services have moved online. Survivors, particularly children or those impoverished, who do not have their own telephones have to borrow those of others to access this service which affects confidentiality and what they feel able to share.

**Particularly in the early months of the pandemic, the police were focused on enforcing government measures and less available to attend to VAWG reports.** Where police were available to deal with VAWG cases, they were often unable to reach survivors due to lack of transportation as vehicles were focused on pandemic response and regulation enforcement (UN Women, 2020). In some cases, alleged perpetrators were released from custody as evidence required to charge them took longer to obtain than the period the police is permitted to hold people without charge. In such cases, these alleged perpetrators continue to live close to survivors, with risks of reprisals and intimidation. Moreover, as outlined above, there have been cases where the police have engaged in extortion.

**Courts have struggled to adapt to present realities. They are either no longer operational or have moved online.** During the early days of the pandemic, the Chief Judge ordered the closure of all courts so people whose fundamental human rights had been breached were no longer able to approach the High Court for redress. Lawyers were also not included on the list of people engaging in essential services which affected their abilities to act for clients. Over time, some states have moved court proceedings online but delays are considerable. This limited functionality of courts affects survivors' access to justice (UN Women, 2020) as well as alleged perpetrators due process rights. Some survivors have withdrawn from cases and people working on VAWG response say there is an increase in survivors and their families wishing to settle out of court. In court cases that have gone ahead, having virtual court proceedings has affected provision of survivor centred justice and increased the emotional and mental trauma of giving testimony, particularly given issues of internet connectivity.

**VAWG services were initially not considered essential services and despite permits to exempt them from movement restrictions, police officers still question and harass VAWG service workers.** The efforts of service providers during the pandemic's early weeks were focused on obtaining permits. Some services face increased costs due to restrictions. For example, only one permit was given to the Borno SARC which subsequently had to hire an extra vehicle to transport staff members and survivors to and from their homes (Nagarajan, 2020c). Those responding to VAWG cases during the hours of curfew continue to be detained by security personnel. They have to rely on telephone calls made on their behalf to secure their release and must often leave survivors in situations of violence. For example, Dorothy Njemanze whose Foundation is one of few organisations that provides VAWG services in the FCT was detained on 13 July 2020 by police officers and only released after the intervention of a senior police officer - with the result that the survivor she was responding to returned to her abuser.<sup>4</sup>

**In the time required to obtain permits, VAWG services were forced to advise women and girls on how to protect themselves and to reach out to and stay with neighbours, family and friends rather than providing direct assistance.** They were more reliant on the police to remove survivors from violence. Survivors often do not want the police to come to their homes. Moreover, police responsiveness continues to be based on individual relationships not institutional priority and is

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<sup>4</sup><https://twitter.com/dorymanze/status/1282480292343828481?s=20>



particularly lacking in cases of violence perpetrated by husbands against wives as officers can believe such cases are not within state remit and blame the wife for her behaviour in 'provoking' this violence.

**There are many women's rights organisations working on VAWG service provision and advocacy but there is a need for capacity strengthening and movement building.** While Nigeria has a wide range of vibrant and diverse civil society and women's rights organisations, most organisations experience capacity and funding gaps and operate individualistically not as a movement (Spotlight, 2018). Some people working for women's rights organisations have internalised patriarchal norms (for example engaging in victim blaming), do not respect anonymity, confidentiality and dignity of survivors (for example sharing photographs of survivors) or lack necessary skills, knowledge and experience, particularly on prevention (see below). There is also a significant gap in inter-generational engagement, cross learning, and movement building (Spotlight, 2018). However, there is nascent movement building around the GBV state of emergency which is promising.

**Work on prevention is largely missing or not based on evidence.** Many organisations working on VAWG have focused on response and outreach, leaving an important gap in prevention particularly as interventions involving direct interactions in communities or bringing people together have been largely suspended due to public health concerns. This period has seen increased awareness raising and sensitisation efforts but these efforts tend to be focused on encouraging reporting rather than prevention and/ or do not take an evidence based prevention approach. Indeed, work to prevent VAWG in Nigeria is often not effective or evidence-based. Simplistic links are made between prosecution of perpetrators and prevention which are not based on evidence that shows punishment leads to deterrence. Conversely, prevention is often reduced to sensitisation, communications campaigns, and engagement with community and religious leaders with no evaluation to show these change attitudes and behaviours. Some social norms work takes place on a small scale but prevention work tends largely not to be funded given results take longer and funding for projects can be provided for as short as three to four months. Respondents also said donors funding VAWG were not knowledgeable about and did not take evidence-based approaches to prevention, characterising many current prevention efforts funded by them as poor and without clear theories of change. There is very little knowledge and awareness of the global body of evidence around what works to prevent VAWG, analysis on and interventions around its application to Nigeria, and understanding of the drivers of different types of VAWG and how to address them.

**Lack of rigorous data gathering, collation and analysis is a significant barrier to understanding VAWG dynamics, how they have changed, and implications for policy and programming.** COVID-19 related movement restrictions have exacerbated the ethical and methodological challenges in collecting data on violence. According to UN Women, VAWG data management 'is still largely problematic, as there are no systems to ensure the safety, confidentiality and other ethical considerations necessary to collect and share [gender-based violence – GBV] data... there is no central body that is collating a data set and providing real-time analysis to inform the short- and long-term national response' (UN Women, 2020). Data released is often not robust. On 15 June, the Inspector General of Police revealed that 717 rape incidents had been reported to the police between January and May 2020 (Nda-Isaiah, 2020) whereas the Minister of Women's Affairs and Social Development on 14 July 2020 said over 3,600 cases had been recorded during the lockdown (Iroanusi, 2020). Several civil society respondents queried these figures asking how the police could claim the majority of this incidents reported had been investigated and charged to court when this level of police responsiveness is contrary to their experiences and noting that the 3,600 figure seemed to be based on each of the 36 states recording at least 100 cases of rape each. Moreover, both sets of data focus on rape and it is unclear how many cases, if any, of other types of VAWG have been recorded. Nearly all respondents spoke of data collection, collation, analysis, and release as a significant gap. Although UNDP is developing a national system under the Spotlight Initiative, it is only training people to make this system operational in its six focal states.

**Women human rights defenders working on VAWG face trolling online, are threatened with violence, and experience significant vicarious trauma but no organisation engages meaningfully**



**on their protection.** Many donors are aware of this gap and aim to be as supportive as possible but doing so does not equate to provision of security and safety training and protocols, mechanisms for ensuring staff well-being and care, and other components of support required.

**Coordination and funding are still significant gaps.** Although regular meetings take place, respondents said coordination mechanisms need to find ways to be more meaningful and effective at enabling coherence and joint working. Particularly given rising attention currently paid to VAWG, there is a substantial risk of duplication. Many actors are working on legislative advocacy and planning engagement with the police without always linking up these efforts. Moreover, this increased interest has not necessarily translated to more resourcing. Current interventions are far from comprehensive. This lack of resourcing is particularly pertinent given lack of federal and state government financing for VAWG. Indeed, programmes such as ROLAC and the Spotlight Initiative are emphasising sustainability through creation of budget lines in government budgets and ensuring release of funds.

## 6. Opportunities, entry points, and recommendations

**Nigeria currently sees substantial national momentum which has put VAWG at the top of the agenda and created significant opportunities to ensure meaningful impact.** Federal and state governments and security agencies are under pressure to act.

**This section will outline opportunities and entry points and offer recommendations for action,** bearing in mind areas where few actors exist, the UK government has added value, and potential for impact. It also explores how a 3 to 6 month intervention can provide a solid basis for future work. Ideas for interventions that would take longer than 6 months, for example the establishment of GBV Special Courts, integration of VAWG into police training, and mechanisms to ensure increased safety and security of survivors and their families where significant entry points with the judiciary, Ministry of Justice and Nigerian Police Force exist, are not outlined.

**1. Very few actors are currently focused on supporting VAWG prevention despite significant interest among civil society, women's rights organisations, and government MDAs to work in this area.** DFID, having built up significant expertise on VAWG prevention over the last decade including through its flagship What Works to Prevent Violence Against Women and Girls programme, brings significant added value and can maximise its existing investments here to inject a concrete and evidence based view of prevention into the national debate, drawing on evidence and global learning. The upcoming anniversary of United Nations Security Council Resolution 1325 on WPS is a good opportunity to showcase work on prevention, including through engagement by the High Commissioner.

- Recommendation: In the next 3 to 6 months, DFID should **build a base for longer-term work on prevention.** Doing so should include: 1) commissioning formative research and analysis on the drivers of different types of VAWG, how they vary across the country and development of separate theories of change; 2) sharing and raising awareness of global knowledge on prevention with government actors and facilitating discussion on implications for prevention work in Nigeria; 3) strengthening the capacity of women's rights organisations to undertake evidence based prevention work via learning partnerships aimed at skills building and transfer of knowledge; 4) engaging other donors and embassies on evidence-based approaches to prevention to strengthen their funding and advocacy efforts; and 5) designing a pilot approach to change social norms, particularly around stigmatisation of survivors which is a significant form of violence, deters help-seeking and entrenches impunity, including through formative research. This intervention would not only build knowledge on prevention in the country but could easily be scaled through future programming into funding women's rights organisations to pilot approaches to prevention and technical assistance to government MDAs.

**2. There are significant gaps in current analyses of the impact of COVID-19 on VAWG.** These gaps are with regards to categories of survivors (particularly women and girls with disabilities and

LGBTQI people), types (particularly FGM/C and early marriage), and areas of the country (particularly the north-west and Middle Belt). It is particularly crucial to support MDAs and civil society to move discussion and actions beyond a narrow focus on sexual violence against children through gathering of evidence on other VAWG forms and gender inequality as a root cause and consequence of VAWG.

- Recommendation: In the next 3 to 6 months, DFID should **generate evidence on VAWG in areas strategic to ongoing or planned work**. For example, DFID may wish to commission research in Zamfara and other states in the north-west or in the Middle Belt given it is considering implementing conflict programming in these areas. It may consider looking at the intersection of disability, gender and VAWG with an eye to better integration into programming given its commitment to improving disability inclusion. Alternatively, given the PTF has recently stated that another period of lockdown may be imminent in response to rising numbers of confirmed COVID-19 cases (Adetayo, Olorokun and Baiyewu, 2020), it would be strategic for DFID to commission a lessons learned review of the pandemic to date with regards to VAWG to inform advocacy and diplomatic engagement to ensure better integration into future planning and response.

**3. The actions of a number of women's rights activists and organisations mobilising around the declaration of a State of Emergency have been instrumental in raising the profile of VAWG and pushing for action.** ROLAC and the Spotlight Initiative have provided some support, for example masks and sanitisers for use at physical protests and printing flyers but there is scope for DFID to provide further support, maximising its assets and networks across government.

- Recommendation: In the next 3 to 6 months, DFID should **meet the State of Emergency coalition of activists and explore opportunities of working in across government to support them**. In addition to diplomatic engagement, an area of potential collaboration could be the creation of a repository of information on gender in Nigeria, including VAWG, given the coalition is planning to create a website and building on the Gender Hub established by the DFID programme Voices for Change.

**4. Despite attacks, risks, and vicarious trauma they face, no organisation is working on protection of women human rights defenders.** This presents threats of violence and mental health impacts to individuals as well as presenting risks to service provision, advocacy, and prevention efforts. There are opportunities to link interventions with the human rights violations monitoring framework being established by the FCO and to see this work as integral to preventing closing of civil society space and ensuring movement sustainability.

- Recommendation: In the next 3 to 6 months, DFID should **work with women human rights defenders to explore ways the UK can support their safety, security and well-being**. Concrete ways of doing so include supporting them to analyse threats and develop and put in place safety and security protocols, providing relevant training, and ensuring staff well-being and strategies to mitigate vicarious trauma.

**5. State elections in Edo and Ondo state, scheduled for September 2020, are predicted to see high levels of political violence, vote-rigging, and VAWG.** This (threat of) VAWG is a human rights violation in itself and reduces the ability of women to engage in the political process as voters, candidates, and party activists and so is one factor in their disenfranchisement.

- Recommendation: In the next 3 to 6 months, DFID should **work with Edo, Ondo and national civil society, including women's rights groups, and relevant MDAs to mitigate the threat of electoral-related VAWG**. Potential interventions include the strengthening of early warning and response mechanisms to track likelihood of electoral-related VAWG and ensure action in mitigation; a communications campaign that encourages reporting of VAWG to services; and engagement with political parties and candidates on prevention of violence.

**6. While the Spotlight Initiative has taken significant steps to address data gaps by creating a national mechanism, they focus only on Spotlight states.** The success of this mechanism depends on other partners stepping forward to cover other states across the country.

- Recommendation: In the next 3 to 6 months, DFID should link with the Spotlight Initiative to **support the collection of VAWG data from DFID focal states into the national database for collation, analysis, and sharing.** Doing so would involve training women's rights groups, other civil society organisations, VAWG services, and government MDAs in the national data collection mechanism and accompanying them as they put this training into action.

**7. Lack of intersectional approaches, particularly on disability and SOGIE, is a significant gap in current approaches where entry points exist.** Many women's rights organisations and government MDAs are aware that their work needs to be better on disability inclusion but unsure of practical steps that can be taken. While SOGIE is a more controversial issue, efforts to engage civil society including women's rights organisations to improve knowledge and change attitudes have had positive impact (Bakare Yusuf and Pereira, 2016) and some MDAs notably the NHRC have been increasingly doing more work in this field.

- Recommendation: In the next 3 to 6 months, DFID should **support government MDAs and women's rights organisations to take more intersectional approaches to VAWG by better integrating disability and SOGIE into their work.** Interventions should include supporting disability rights and women's rights organisations to engage in joint work on the intersection of gender, disability and VAWG and supporting LGBTQI organisations to engage in outreach to and training of women's rights organisation. After a thorough risk assessment and analysis of which MDAs would be open to engagement on SOGIE, interventions should also include supporting disability, LGBTQI and women's rights organisations to engage government MDAs and integration of these analyses into technical assistance provided under other interventions.

**8. Policy and programming on VAWG is currently a fast-moving field.** Keeping abreast of the initiatives of others and engaging in joint analysis and thinking is important.

- Recommendation: In the next 3 to 6 months, DFID should **engage in the Donor Partners Gender Group** to be aware of what others are doing, avoid duplication, and maximise opportunities for collaboration and co-working.

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Interviews were conducted with the following people:

- Abiola Akiyode-Afolabi, Women's Advocate Research and Documentation Centre
- Amaka Enemo, Nigerian Sex Workers Association
- Azeenarh Mohammed, The Initiative for Equal Rights
- Blessing Duru, Alliances for Africa

- Blessing Ocheido, Platinum Intervention Care Initiative
- Buky Williams, EVA
- Bunmi Dipo-Salami, Baobab for Human Rights
- Benson Olugbuo, CLEEN Foundation
- Caroline Enye, consultant for Global Affairs Canada
- Chioma Agwuegbo, Tech Her
- Emmanuella David-ette, Dynamic Initiative for Healthcare and Human Rights
- Esme Stuart, European Union
- Fatima Waziri-Azi, Rule of Law Adviser, Office of the Vice President
- Harry Ogwuche Obe, National Human Rights Commission
- Jennifer Amadi, Knit Together Initiative
- Limota Gorosa Giwa, International Women Communication Centre
- Mikang Longjan, OSIWA
- Madeleine Ash, UK Cabinet Office
- Miriam McGrath, UK Cabinet Office
- Miriam Menkiti, Women Information Network
- Muna Okoli, The Girdle
- Rahama Bungudu, Marie Stopes
- Saviour Akpan, COMPPART
- Sola Fagorusi, Onleife Initiative for Human Development
- Onyinye Ndubisi, UNDP
- Tare Amanana, GADA
- Titilayo Ogunbambi, Boundless Hands Africa Initiative for Women and Girls
- Tobi Ayodele, Vision Springs Initiative
- Tosin Akibu, UN Women
- Toyosi Giwa, Rule of Law and Anti-Corruption Programme, British Council
- Yinka Falola-Anoemuah, Presidential Task Force

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