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GENDER-BASED VIOLENCE IN NIGERIA DURING THE COVID-19 CRISIS: THE SHADOW PANDEMIC

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As the world battles with the COVID-19 pandemic, emerging evidence indicates a sharp rise in gender-based violence (GBV), especially violence against women and girls. Referred to as the Shadow Pandemic,* the rise of GBV in Nigeria during the COVID-19 crisis will have life-threatening consequences for women and girls and a profound impact on their opportunities and life trajectory. These impacts will have consequences that will ripple across communities and the whole country as Nigeria begins to recover from the detrimental economic and health impacts of the crisis.

* UN Women, 2020, "Violence against Women and Girls: The Shadow Pandemic", <https://www.unwomen.org/en/news/stories/2020/4/statement-ed-phumzile-violence-against-women-during-pandemic>.

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Situation Analysis

Trends and Issues: Gender-Based Violence in Nigeria

Gender-based violence (GBV)¹ and in particular its subset of violence against women and girls (VAWG)² are abhorrent human rights violations, with detrimental impacts on victims, survivors, families, communities and societies. The types of violence encompassed by GBV include sexual violence, physical violence, emotional and psychological violence, child marriage, femicide, trafficking, female genital mutilation (FGM), domestic violence and rape.

Globally, it is estimated that one in three women experience either physical or sexual intimate partner violence or non-partner sexual violence in their lifetime.³ These figures are mirrored in Nigeria, with 30 per cent of girls and women aged between 15 and 49 reported to have experienced sexual abuse.⁴ Insurgency and protracted conflict have only served to exacerbate the occurrence of GBV in the North East. Harmful practices such as child marriage are prevalent in Nigeria, with 43 per cent of girls married before the age of 18,⁵ while 20 per cent of women aged 15 to 49 have undergone

1 GBV refers to both violence against women and girls as well as occurrences of violence directed towards persons on the basis of their gender.

2 VAWG constitutes violence directed specifically at women and girls including physical, psychological and sexual violence (Declaration of the Elimination of Violence Against Women, 1993).

3 <https://www.who.int/news-room/fact-sheets/detail/violence-against-women>.

4 NDHS, 2018.

5 Multiple Indicator Cluster Survey (MICS), 2016–2017.

FGM.⁶ Once girls in Nigeria are married, only 1.2 per cent of those aged 15 to 19 have their contraception needs met, leading to high levels of early and teenage pregnancy.

These stark figures can be attributed to entrenched gender discriminatory norms and a pervasive culture of impunity. Access to justice for women to redress violations remains a challenge and is further hampered by barriers to domesticating and harmonizing legislation due to the tripartite system of governance.

Survivors of GBV also face immense challenges in accessing affordable quality services, largely due to the limited availability of GBV referral centres, many of which are underfunded and have low capacity. Where they do exist, women and girls face challenges in accessing services due to sociocultural norms and fear of stigma and discrimination. Stigma and fear of discrimination also leads to significant under-reporting of cases of GBV, such that existing data only indicates the tip of the iceberg. Data collection on GBV is further hampered by a lack of a central GBV data collection mechanism.

While women and girls are disproportionately affected by GBV, sexual violence against men and boys also occurs, particularly in conflict-affected contexts. Service providers in the North East, for instance, have observed incidents of sexual violence towards men and boys. However, male survivors are less likely than women to report an incident of sexual violence.⁷

6 NDHS, 2018.

7 UNFPA and IPPF (2017), *Global Sexual and Reproductive*

While the Federal and State Ministries of Women Affairs, the National Agency for the Prohibition of Trafficking in Persons (NAPTIP), and women's civil society organizations have made important strides to address GBV prevention and response efforts, the challenge has remained deep-rooted, with the COVID-19 pandemic serving to highlight the depth of the problem, amid alarming increases in violence against women.

Gender-based Violence and COVID-19

Nigeria and the world have been facing a GBV crisis, deeply rooted in harmful patriarchal social, cultural, traditional and religious norms. However, this crisis has been elevated by the COVID-19 pandemic, with widespread evidence that GBV has sharply increased since the beginning of the pandemic.

For example, police reports of domestic violence in China were three times higher in February 2020 compared to reports from the previous year.⁸ In Argentina, Canada, France, Germany, Spain, the United Kingdom and the United States, government authorities, women's rights activists and civil society partners flagged reports of increased domestic violence during the crisis and heightened demand for emergency shelter.

Health Service Package for Men and Adolescent Boys: Clinical SRH Services and Components, <https://www.unfpa.org/resources/global-sexual-and-reproductive-health-servicepackage-men-and-adolescent-boys-clinical-srh>.
8 Axios, 2020. "China's Domestic Violence Epidemic", <https://www.axios.com/china-domestic-violence-coronavirus-quarantine-7b00c3ba-35bc-4d16-afdd-b76ecfb28882.html>.

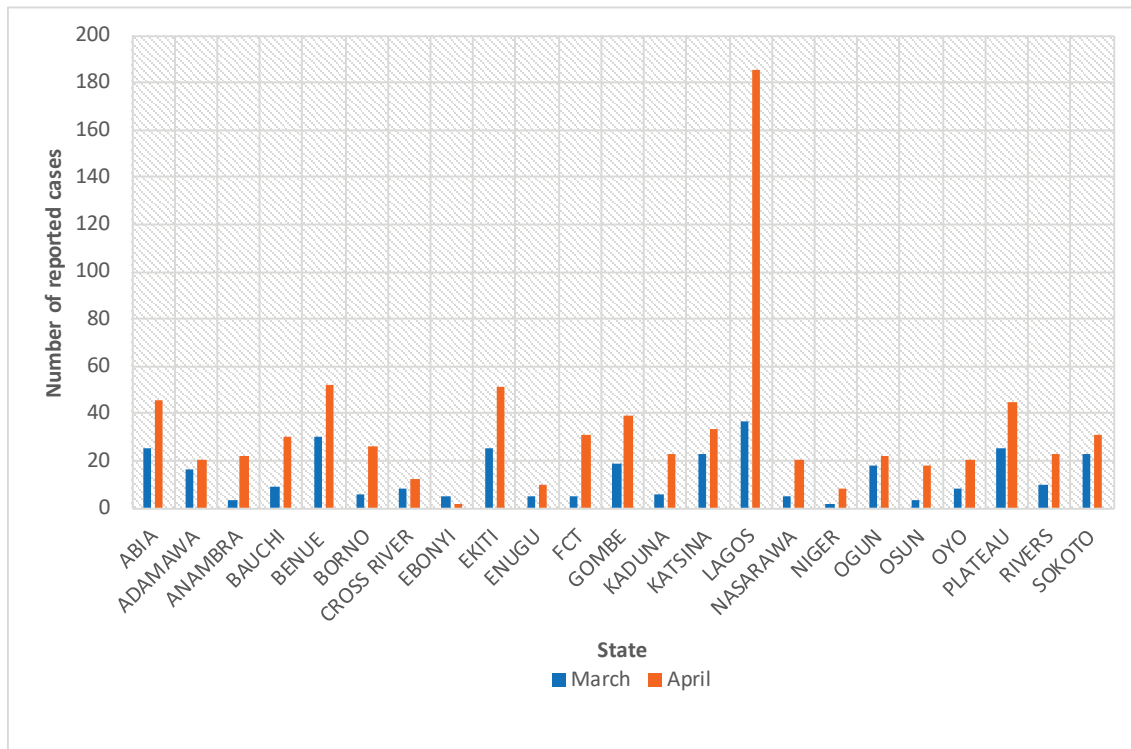
Gender-based Violence and COVID 19 in Nigeria

The situation in Nigeria reflects the global trend of increased gender-based violence. GBV is reported to have significantly increased since the lockdown began in the three most affected areas (Lagos State, FCT and Ogun State) on 30 March 2020. The Lagos State Domestic and Sexual Violence Response Team reported a three-fold increase in the number of telephone calls received through their hotlines in one month. In particular, service providers have reported sharp increases in cases of intimate partner violence and domestic violence. Other states have implemented similar lockdown measures, resulting in increased incidence of GBV (Figure 1).

Initial data shows a general increase in GBV across all six geopolitical zones (Table 1), and service providers have reported sharp increases in cases of intimate partner violence and domestic violence. Data on reported incidents of GBV cases in Nigeria based on preliminary information from 24 states shows that in March, the total number of GBV incidents reported were 346, while in the first part of April, incident reports spiked to 794, depicting a 56 per cent increase in just two weeks of lockdown. Some of these incidents of violence have tragically resulted in the death of victims, the rape of children, including incestual rape, and tenant-landlord assault.

While federal and state governments put these measures in place to contain the spread of the virus, survivors of abuse have found themselves confined in their homes with abusers for weeks on end.

FIGURE 1: INCREASED NUMBER OF REPORTED CASES OF GENDER-BASED VIOLENCE FROM 23 STATES IN NIGERIA BETWEEN MARCH AND APRIL 2020 – SOURCE: FEDERAL AND STATE MINISTRIES OF WOMEN AFFAIRS



Economic uncertainty, increased substance abuse,⁹ and changes to daily family lives as a result of the pandemic have also increased tensions within households, compounding violent situations. For women and girls who are subject to domestic violence, it is not merely a case of increased proximity to perpetrators, but also the decreased access to support networks and critical support services,¹⁰ both of which would otherwise serve to mitigate

9 UNODC, *Coronavirus Disease (COVID-19) Response: Thematic Brief on Gender-based Violence against Women and Girls*, 2020.

10 “A Nigerian Feminist Response to the Impact of COVID-19 Pandemic on VAWG in Nigeria”, 2020.

the magnitude and effects of the violence. During and following this critical period, it is of utmost importance that the lives of women and girls are safeguarded, and focus is maintained on the most vulnerable populations.

Manifestations and Implications of GBV on Vulnerable Women Groups

As Nigeria begins to feel the effects of the COVID-19 outbreak’s interactions with limited health-care infrastructure and multiple pre-existing inequalities

TABLE 1: NUMBER OF REPORTED CASES OF GENDER-BASED VIOLENCE IN NIGERIA DURING MARCH AND APRIL 2020 BY STATE AND GEOPOLITICAL ZONE

| Geopolitical Zone | State | Number of cases per State | | Number of Cases per Geopolitical Zone | |
|-------------------|-------------|---------------------------|-------|---------------------------------------|-------|
| | | March | April | March | April |
| North East | Adamawa | 16 | 20 | 50 | 115 |
| | Bauchi | 9 | 30 | | |
| | Borno | 6 | 26 | | |
| | Gombe | 19 | 39 | | |
| North West | Kaduna | 6 | 23 | 52 | 87 |
| | Katsina | 23 | 33 | | |
| | Sokoto | 23 | 31 | | |
| North Central | Benue | 30 | 52 | 67 | 156 |
| | FCT | 5 | 31 | | |
| | Nasarawa | 5 | 20 | | |
| | Niger | 2 | 8 | | |
| | Plateau | 25 | 45 | | |
| South East | Abia | 25 | 46 | 36 | 92 |
| | Anambra | 3 | 22 | | |
| | Ebonyi | 5 | 2 | | |
| | Enugu | 3 | 22 | | |
| South West | Ekiti | 25 | 51 | 91 | 296 |
| | Lagos | 37 | 185 | | |
| | Ogun | 18 | 22 | | |
| | Osun | 3 | 18 | | |
| | Oyo | 8 | 20 | | |
| South South | Cross River | 8 | 12 | 18 | 35 |
| | Rivers | 10 | 23 | | |

Source: Federal and State Ministries of Women Affairs

and fragilities, the emergence of the Shadow Pandemic of GBV also threatens the health and well-being of already vulnerable women and girls. Due to pre-existing inequalities and vulnerabilities, groups of women and girls face heightened risks of experiencing GBV during the COVID-19 pandemic. These groups include refugees and internally displaced persons, women and girls living with disabilities, and informal workers.

Refugees and Internally Displaced Persons

Women and girls in conflict-affected states, particularly Borno, Yobe and Adamawa, are at increased risk of GBV due to the deprived living conditions. The overcrowded housing conditions in camps also exacerbate the risks of intimate partner and other forms of domestic violence. Children being separated from their caregivers during displacements leads to an increase in the number of female-headed households, which may add a financial burden and expose them to exploitation and abuse. Within the context of camps, women and girls face a high risk of having to use survival sex in exchange for mobility, safety and access to resources. Further, the GBV risk for girls remains incredibly high, as they are at heightened risk of child marriage and child labour to alleviate economic hardship.

Lockdowns and the economic impact of the crisis have complicated the delivery of food, medicines and other basic necessities.¹¹ With this shortage of basic necessities, female heads of households in particular will be forced to engage in transactional

¹¹ United Nations, *Global Humanitarian Response Plan – COVID-19*, 2020, <https://www.unocha.org/sites/unocha/files/Global-Humanitarian-Response-Plan-COVID-19.pdf>.

survival sex or contracting child marriage or forced marriage, and will be more exposed to other forms of sexual exploitation and abuse. Due to poor security and infrastructure, including limited reporting mechanisms and reduced access to an already weak justice system, women and girls are more susceptible to rape and other forms of sexual violence.

Women and Girls Living with Disabilities

The intersection of gender and disability increases the risk of violence for women, girls, men and boys with disabilities, as well as their caregivers. Women and girls living with disabilities are almost twice as likely to experience gender-based violence than women and girls without disabilities.¹² Many women living with disabilities in Nigeria live in communities already worse affected by the socio-economic impacts of the pandemic, amid increased tensions that provide opportunities for perpetrators to engage in abusive behaviour. Moreover, women and girls living with disabilities often cannot access information on where to seek help and other life-saving services and information, a problem which has been highlighted during the COVID-19 pandemic with the lack of accessible public service announcements.¹³

¹² *What Works to Prevent Violence against Women with Disabilities*, 2014, https://assets.publishing.service.gov.uk/media/57a089ade5274a27b20001e9/What_Works_Inception_Report_June_2014_AnnexW_Interventions_for_abuse_against_WWD.pdf.

¹³ The Albino Foundation, *COVID-19 Disability Inclusion Emergency Response*, Disability Inclusion Nigeria, 2020 <https://albinofoundation.org/covid-19-disability-inclusion-emergency-response-by-the-albino-foundation-disability-inclusion-nigeria/>.

Women Working in the Informal Sector

More than 90 per cent of Nigerian women in the labour force work in the informal sector,¹⁴ many of whom have seen their wages evaporate overnight amid lockdowns. Women living in these difficult socio-economic circumstances, including female heads of households, are particularly vulnerable to other forms of GBV, such as transactional sex and other forms of sexual exploitation and abuse. Of the over 90 million Nigerians estimated to be living in extreme poverty,¹⁵ fewer than 12 per cent were registered in the National Social Register of Poor and Vulnerable Households (as of 31 March 2020).

Key Challenges and Gaps

Compromised Services

With key services and justice mechanisms compromised, the reports of increased domestic violence and heightened risk of other forms of GBV constitute a key challenge. Due to restrictions in movement, survivors cannot access critical life-saving services such as post-exposure prophylaxis and psychosocial support, having to rely on telephone calls to manage the violent situations they face. In Lagos State, FCT and Ogun State, many police officers in the Family and Support Units are on duty elsewhere to enforce the lockdown and are therefore unavailable to attend to reports of GBV. When they are available, they are often unable to reach survivors whose lives are at risk because of

a lack of official transport, as these resources have been diverted to frontline pandemic response and enforcement of the lockdown.

GBV service providers are supposedly included in the government's list of essential services, and yet their staff cannot move around freely. At a time when their services are needed the most, many service providers have been forced to close or provide skeletal services operating within reduced hours.¹⁶ Service providers' fear of COVID-19 infection and the lack of appropriate personal protective equipment has contributed to the closing of several GBV service points. Even if staff can work in the shelters, survivors' access continues to be constrained, with many survivors deterred by checkpoints and fear of exposure to COVID-19.¹⁷ Without enough investment in the continuation of services and support for survivors to access them, the health, physical and psychological impacts of GBV on survivors will have long-term consequences that will reverberate within communities and across the nation.

Furthermore, the COVID-19 pandemic has significant implications for the provision of critical sexual and reproductive health information and services. Indeed, some 47 million women in 114 low- and middle-income countries are projected to be unable to use modern contraceptives if the average lockdown or COVID-19-related disruption continues for six months. It is expected that the major disruptions to services would lead to an additional 7 million unintended pregnancies, including unintended pregnancies resulting from rape

14 ILO, ILO Brief, 2020, https://www.ilo.org/africa/information-resources/publications/WCMS_741864/lang--en/index.htm.

15 World Bank Group, Poverty & Equity Data Portal, Nigeria, 2020, <http://povertydata.worldbank.org/poverty/country/NGA>.

16 Lagos State Ministry of Women Affairs and Poverty Alleviation, 2020.

17 UNFPA, *Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage*, 2020.

and unprotected sex.¹⁸ This would also increase the risk of sexually transmitted infections in a context where women and adolescent girls have limited access to quality sexual and reproductive health and GBV services.

Access to Information

In hard-to-reach communities where information is not available due to technological limitations, women and girls have limited or no information about access to GBV services. Social distancing measures are increasingly likely to limit the ability of state ministries and development partners to run community sensitization activities on GBV prevention and response. Specific vulnerable groups, including women and girls living with disabilities, are more likely to be excluded from access to information on GBV services, as are adolescent girls and boys.

Access to Justice

Access to justice for those experiencing GBV is made even more difficult during situations of lockdown. Enforcement of lockdown directives by police and law enforcement agencies as well as diversion of resources towards other public health needs may see GBV responses fall even lower down the priority scale.¹⁹ The pandemic brings new challenges to courts in maintaining functional judicial systems and services; applying a gender lens highlights the additional considerations required

¹⁸ <https://www.unfpa.org/press/new-unfpa-projections-predict-calamitous-impact-womens-health-covid-19-pandemic-continues>.

¹⁹ UNODC, *Coronavirus Disease (COVID-19) Response: Thematic Brief on Gender-based Violence against Women and Girls*, 2020.

to ensure women's ability to safely and efficiently access justice. The limited functionality of courts during the crisis will limit women's access to protection orders and other related measures to guard against further abuse. Furthermore, the postponement of cases will undoubtedly create a backlog of unresolved cases, with serious implications for the quality of the judicial response during and beyond COVID-19.

Virtual court hearings for cases of gender-based violence have been held in Latin American²⁰ countries to mitigate the challenge of social distancing, presenting a model for access to justice during the pandemic, particularly in urban areas with high mobile phone penetration. However, considerations of what constitutes essential services being provided by courts or the classification of limited in-person appearances in exceptional or urgent cases vary and may not include GBV-related cases.

Data Collection

Data collation and knowledge management remain a significant challenge for Nigeria during COVID-19. Many public institutions lack sex-, age-, class- and disability-disaggregated data, and this is reflected in reporting on gender-based violence. Specifically, management of data on GBV is still largely problematic, as there are no systems to ensure the safety, confidentiality and other ethical considerations necessary to collect and share GBV data. States affected by the humanitarian situation in the North East use a more structured GBV Information Management System that enables

²⁰ Equality Now, "COVID-19 Conversations: Virtual Court Hearings in Latin America", 2020, https://www.equalitynow.org/covid_19_lac_virtual_court_hearings.

service providers to safely collect, store and analyse data on reported incidents of GBV in the context of service delivery.

While different service providers have reported an increase in GBV incident numbers, 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. Due to the lockdown, some service points have opted to provide “make-shift” remote services through virtual means from the homes of caseworkers; however, this is without any appropriate measures to safely manage sensitive GBV information, and this constitutes further risks to the survivors and the caseworkers.

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The Socio-economic Impact of Gender-based Violence

Impact on Girls' Education

GBV is first and foremost a human rights issue, but with significant social and economic repercussions, not just for the survivor, but also for communities and the country at large. The sharp rise in GBV across Nigeria as a result of the COVID-19 pandemic is having detrimental impacts on the physical, emotional and mental health of survivors. Aside from being a human rights violation, poor emotional and mental health is likely to lead to lower productivity among working women and higher dropout rates among schoolgirls. Additionally, the economic decline as a result of the pandemic, which has left many women who are reliant on daily wages in dire economic circumstances, increases women's and girls' vulnerability to negative coping mechanisms and harmful practices such as transactional sex and child marriage. Studies from the Ebola outbreak in Sierra Leone reveal that the economic decline in female-dominated sectors of employment, school closures, and the disruption of family planning services led to a significant increase in transactional sex and adolescent pregnancies.¹

In Nigeria, nationwide school closures have affected 18,549,010 women and girls across primary, secondary and tertiary education,² many of whom find themselves in low-resource contexts and with additional care duties compared to their male counterparts, making it more difficult to maintain learning. Without interventions supporting the safe and continuous access to education by women and

1 <https://www.theigc.org/project/ebola-impact-economic-lives-of-adolescent-girls/#outputs>.

2 <https://en.unesco.org/covid19/educationresponse>.

girls amid school closure and economic decline, the rates of child marriage, adolescent pregnancy, complicated deliveries, obstetric emergencies, unsafe abortions, STIs, HIV, and vesicovaginal fistulas are likely to increase. This will ultimately limit young women's and adolescent girls' opportunities to accumulate human capital and participate in the labour force.

It will also drastically hamper progress towards achieving the 2030 Agenda for Sustainable Development, primarily Sustainable Development Goal 4 to "ensure inclusive and equitable quality education and promote lifelong learning opportunities for all", and Goal 8 to "promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all". UNFPA has projected a one-third reduction in progress towards meeting the Sustainable Development Goal 5 target on ending violence against women by 2030 (Target 5.2), as violence continues to increase during periods of lockdown, and attention and resources are increasingly diverted to the COVID-19 response.³

Economic Costs

GBV exacts an economic cost to Nigeria in terms of prevention, response and opportunity costs. These costs are borne by survivors, households, communities, the government, civil society organizations

3 UNFPA, *Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage*, Interim Technical Note, 27 April 2020.

and businesses. The nature of these costs varies and may be direct or indirect, monetarily tangible or intangible. Costs include health, justice and other service costs, lost earnings, and second-generation costs, which are the cost of children witnessing and living with violence. Importantly, these costs are not just immediate, but have multiplier effects for society and the economy, as well as second-generational dimensions.

Measuring the costs of GBV demonstrates that GBV is a social and economic issue and informs policymaking, highlighting the cost of inaction. The World Bank indicates that based on costing done for various countries globally, GBV costs economies an estimated 1.2 to 3.7 per cent of GDP.⁴

As part of studies done in Africa, this has been costed at 1.3 per cent in South Africa⁵ and 2.27 per cent in Zambia.⁶ These estimates should be taken as partial or minimum estimates of the true costs, due to challenges of data availability and capturing all costs, but do provide indicative economic costs in Nigeria. The nature of the current crisis and attendant challenges in prevention and response efforts indicate that while incidents of GBV increase, the magnitude of the economic costs will continue to be significant, and perhaps borne in the medium to longer term with multiplier effects. Given that

estimates of costs to the economy of 1.3 per cent GDP were done for South Africa at prevalence rates of 20 to 30 per cent, and Nigeria had rates of 38 per cent during the pre-COVID period, it can be assumed that the cost to Nigeria, due to the three-fold increase in GBV since the lockdown, will push the costs to the economy significantly upwards.

4 World Bank, 2018, "Fact Sheet: Update on Addressing Gender-Based Violence in Development Projects", <https://www.worldbank.org/en/news/factsheet/2018/08/30/fact-sheet-update-on-addressing-gender-based-violence-in-development-projects>.

5 KPMG, 2017, *Too Costly to Ignore: The Economic Impact of Gender-based Violence in South Africa*, <https://assets.kpmg/content/dam/kpmg/za/pdf/2017/01/za-Too-costly-to-ignore.pdf>.

6 CARE, 2018, *Counting the Cost: The Price Society Pays for Violence Against Women*, https://www.care-international.org/files/files/Counting_the_costofViolence.pdf.

3

Recommendations and Opportunities

As the world makes plans for post-pandemic recovery, the UN Secretary-General has urged all nations to seize the opportunity to “build back better”, as the pandemic has revealed the stark inequalities and fragilities of society. The Shadow Pandemic of GBV in Nigeria has also amplified the many limitations of GBV prevention and response interventions prior to the COVID-19 outbreak. Similarly, the Nigerian Government and key stakeholders are presented with an opportunity to build more effective, transparent and inclusive GBV prevention and response interventions. These **opportunities** include the following:

- **Strengthening access to justice:** The COVID-19 pandemic poses extreme threats and challenges to effectively ensure justice and maintain accountability mechanisms for survivors of GBV.¹ Policy responses to GBV must ensure the ability of the justice system and law enforcement to act as mechanisms of accountability, leverage opportunities to create a more transparent justice system, and use technological innovations to protect the rights of women and girls.
- **Enhancing data collection:** The rise in GBV amid the COVID-19 pandemic has created an incentive for government, donor and civil society organization stakeholders to strengthen collaboration to develop and roll out a system for centralized data collection and management on GBV.
- **Increasing investment in service providers:** The rise in GBV reveals the critical role that GBV and sexual and reproductive health service

providers play in ensuring the health, well-being and protection of some of the most vulnerable members of society. The expanded needs of survivors will also likely continue to increase in the immediate aftermath of the crisis.

- **Amplifying the role of women leaders and women-led organizations:** The need to scale up community education on COVID-19 presents an opportunity to integrate community education with GBV awareness and ensure that women’s networks play key roles in community awareness and sensitization. Leveraging these networks and platforms will also serve to amplify women’s voices and strengthen women’s leadership on eliminating violence against women and girls in the immediate response and in long-term recovery phases.
- **Advocacy for implementation of frameworks and passage of key legislation:** The focus and attention on the rise of GBV in Nigeria during the COVID-19 pandemic and on the prevention and response mechanisms provides a key opportunity for stakeholders to advocate for the adoption and implementation of national and state strategic frameworks on GBV and on the domestication of the Violence Against Persons (Prohibition) Act across all states.

These opportunities should inform **recommendations** on addressing the GBV crisis in Nigeria, both in terms of immediate response amid the COVID-19 pandemic and long-term recovery:

¹ “Coronavirus Emergency: Challenges for the Justice System”, <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25810&LangID=E>.

1. Ensuring Access to Justice

The justice sector should consider:

- Preventing a culture of impunity arising during the crisis and its aftermath, by giving special consideration to priority cases and expediting prosecution of GBV offenders;
- Facilitating the use of digital and online tools to report cases online and through hotlines, and piloting virtual courts that maintain social distancing until the pandemic has been declared over, the situation of lockdown eased, and the volatile security situation improved;
- Ensuring that no limitations or sanctions are placed on women and girls seeking frontline services or escaping their abusers;
- Ensuring that perpetrators of violence are removed from the home, and developing plans and implementing measures to keep them in separate accommodation during lockdown; and
- Implementing training programmes for relevant criminal justice professionals (police, prosecutors, judges and magistrates, lawyers and legal aid providers, etc.) and civil society organizations, with a focus on the specific impact of the COVID-19 pandemic and related measures on victims and survivors of GBV against women and girls and the lessons learned for gender-sensitive and child-sensitive violence prevention and response law and policy.

2. Enhancing Data Collection on GBV

The EU-UN Spotlight Initiative to Eliminate Violence against Women and Girls is already developing

a Government-led database for recording and reporting GBV cases, to be implemented in six states. The Government and stakeholders should prioritize:

- Strengthening the capacity of the National Bureau of Statistics, NAPTIP, the National Human Rights Commission and other agencies to collect and harmonize GBV data at federal and state levels; and
- Strengthening the GBV information management system used by humanitarian actors in the humanitarian context in the North East.

3. Investment in GBV Service Provision and Providers

Government and international partners should consider scaling up investment in GBV service providers to accelerate their response to the expanded needs of survivors, both during and immediately after the crisis, by doing the following:

- Increasing the digital and online capacity of service providers to adapt remote and/or mobile and flexible approaches for GBV service provision that respect privacy, confidentiality and data protection;
- Providing additional post-exposure prophylaxis as part of the clinical management of rape (including male rape); access to emergency contraceptives, antibiotics and psychosocial services; and access to justice, safety options and security mechanisms;
- Allocating additional resources to women's shelters, one-stop centres and sexual and reproductive health and rights service delivery

points (including ensuring last mile access to contraceptives, safe maternal care and access to antiretroviral therapy) as part of the COVID-19 response, including providing supplies, personal protective equipment and logistical support to protect frontline service providers and survivors from COVID-19, in line with guidelines for prevention;

- Strengthening and supporting referral pathways to ensure survivors' timely access to essential multisectoral services;
- Expanding existing capacity of government-led shelters for women;
- Ensuring the safety of staff in every shelter or one-stop GBV centre, while providing space to enable social distancing; and
- Providing COVID-19 tests for one-stop GBV centres and shelters so women fleeing violence can be tested when being admitted to the facility (this will doubly protect the women and the service providers).

4. Community Education and Engagement

- Risk communication and community education on COVID-19 should include education for preventing GBV and sexual exploitation through addressing harmful patriarchal social, cultural, traditional and religious norms, while promoting positive masculinities;
- Information on where survivors can seek help should also be made accessible, with special attention given to vulnerable and marginalized groups, including adolescent girls and boys, women and girls living with disabilities, and women and girls living with HIV;

- Community education and engagement should harness existing and recently established youth and women's platforms at the community level, youth networks, and the African Women Leaders Network with representation across the 36 states and the FCT in Nigeria; and
- Engagement of adolescents and youths should be done to create awareness on their right to speak out against GBV and other harmful practices such as child and forced marriage and FGM.

5. Livelihood Opportunities for Survivors of GBV

Since the rise in GBV can be attributed to the economic vulnerabilities exacerbated by the pandemic, livelihood programmes targeting vulnerable women and women's economic empowerment initiatives need to be an integral part of GBV response mechanisms. These include:

- Targeting vulnerable groups of adolescent girls and women, including informal workers, with direct cash transfers as part of financial support measures to cushion the impact of the pandemic;
- Financial support targeting youth- and women-led enterprises and businesses in feminized sectors (including catering, hospitality, retail and tourism), in the form of subsidized and government-backed loans;
- Social protection schemes that are extended to workers in the informal sector, including schemes that specifically target domestic workers, the majority of whom are women; and

- Actively promoting affirmative procurement practices by ensuring that public procurement of food, basic supplies, and sanitary and personal protective equipment is directly sourced from women-led businesses.

6. Coordination and Training of Law Enforcement/Health Actors

- Law enforcement agencies, the security sector enforcing lockdown, and health operators on the frontline of the pandemic should be trained on appropriate response and referral regarding incidents of GBV; and
- The Gender Desks of the Nigerian Police Force should also be reinforced with logistical requirements, including transport, to enable a synergized collaboration with shelters and one-stop centres providing support to survivors.

7. Legislation

Implementation of legislation on GBV in Nigeria remains weak, with only ten states having domesticated the Violence Against Persons (Prohibition) Act (VAPP) since it was passed in 2015.² The national framework on GBV is also poorly implemented.

- Key stakeholders, including the Federal Ministry of Women Affairs, civil society organizations, legislators and development partners, should advocate for the immediate passage of the VAPP Act in the remaining 27 states, and for the development of funded action plans for its implementation;

² VAPP Tracker, PWAN, <https://www.partnersnigeria.org/vapp-tracker/>.

- The ongoing revision of the National Gender Policy led by the Federal Ministry of Women Affairs should serve as an opportunity to incorporate a revised National Strategic Framework on GBV in collaboration with partners, including those in the humanitarian sector involved with SGBV in emergencies; and
- State-level frameworks on GBV should be developed, with appropriate funding channels to implement them.

8. Investment in Safe and Continued Learning for Girls

Given the increased risk of child marriage and teenage pregnancy amid school closures, government stakeholders and partners in the formal and informal education sector should invest in promoting continued and safe learning for girls in low-resource contexts. This includes:

- Promoting the equal distribution of unpaid care work and labour so that girls can focus on learning, and promoting parents' role in supporting home learning;
- Broadcasting lessons via appropriate radio channels across all 36+1 states, based on the Radio and Numeracy Activity initiative in Kano State³;
- Safe community-level empowerment and livelihood spaces for adolescent girls, using the model of the Empowerment and Livelihoods for Adolescents clubs in Sierra Leone during the Ebola pandemic⁴;

³ <https://www.fhi360.org/projects/reading-and-numeracy-activity-rana>.

⁴ <https://www.bracinternational.nl/en/what-we-do/empowerment-livelihood-adolescents-ela/>.

- Incorporating anti-GBV and harmful practices messaging, including information on toll-free lines, into the virtual teaching/education interventions; and
- Supporting an expansion of community surveillance structures set up in six Spotlight Initiative states to prevent SGBV/harmful practices such as child marriage and trafficking, and to respond to violence against women by scaling up these structures across all 36+1 states.