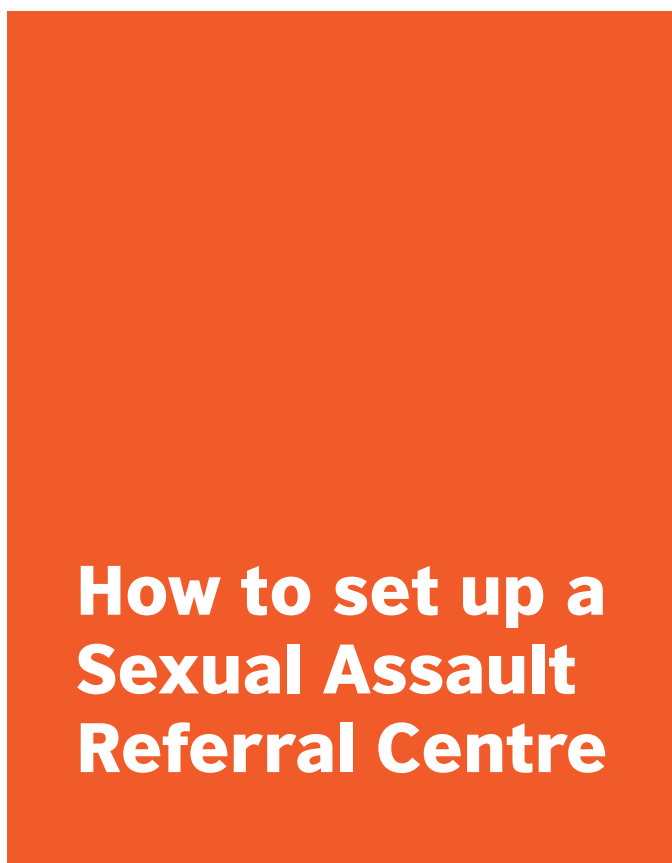


# RULE OF LAW AND ANTI-CORRUPTION IN NIGERIA



# WHAT IS THE 'HOW TO' SERIES?

The guide is part of a series of products developed by RoLAC to communicate lessons learned from projects and pilots, to provide stakeholders with guidance on how to adapt and replicate the initiative in their own context.

The full series can be downloaded from [www.justice-security.ng](http://www.justice-security.ng)

# WHO IS THIS 'HOW TO' GUIDE FOR?

Relevant government agencies (ministries of health, justice and women affairs, law enforcement and prosecuting agencies, judiciary, National and State Houses of Assembly), and international and civil society organisations.

# PROBLEM

- Sexual violence is recognised as the most serious crime affecting women and girls in Nigeria. It is devastating for survivors and their families, and brings significant social and economic costs.
- According to the Nigeria Demographic and Health Survey 2018<sup>1</sup> (NDHS), 31 percent of girls and women aged 15-49 years have experienced physical violence at least once in their lives. This equates to 29 million women and girls based on the 2006 census.
- Despite the enormity of the problem, reporting, medical, and psychosocial service channels are very limited compared to the number of sexual and gender-based violence (SGBV) survivors who require these services.
- Survivors who do have access to support services often experience re-traumatisation due to the social stigma associated with sexual assault, the culture of victim blaming, and lack of professionalism of medical and counselling personnel.
- Consequently, many victims are reluctant to report crimes of sexual assault. According to the NDHS survey, more than half of victims have never sought help to stop the violence.



SGBV is creating underdevelopment, negatively affecting cohesion, the ability to contribute to society, and ultimately prevents society from thriving. ”

Clement Boutillier, EU Delegation to Nigeria and ECOWAS

## BACKGROUND

Sexual and gender-based violence (SGBV) is a prevalent human rights violation in Nigeria. It has a severe negative impact on the health, safety, and wellbeing of victims, affecting the most productive segment of society. Most survivors of SGBV face difficulties accessing the services that provide critical emergency medical assistance, psychosocial, welfare and justice support. These services play an essential role in delivering justice and healing for survivors.

Building on the work pioneered by the DFID -funded Justice for All (J4A) Programme, and the Managing Conflict in Nigeria (MCN) Programme, the Rule of Law and Anti-Corruption (RoLAC) Programme has supported state governments to establish Sexual Assault Referral Centres (SARCs) as a mechanism for assisting survivors of SGBV. SARCs provide access to essential, urgent and lifesaving support, and fulfil a critical service delivery gap for the vulnerable and disadvantaged.

A SARC provides free medical, psychosocial and justice support services to survivors of sexual assault. It is a client-

focused service supporting the client's wishes and is entirely driven by the client's needs. Survivors can 'walk in' to the SARC or be referred by any number of agencies including the police, courts or CSOs. All cases are dealt with confidentially and victims are not required to report their case to any other agency if they do not want to. In addition to attending to the physical and mental health of survivors, the SARC shields victims from discrimination, blame and re-traumatisation that can be experienced from some service channels. The SARC documents critical information that can support effective prosecution and potentially fast track sexual assault cases through the justice system.

## WHAT YOU CAN DO

- Secure backing and build partnerships among key stakeholders at the state level based on a shared understanding of the critical importance of a SARC as a mechanism for providing justice for victims of SGBV.
- Identify the minimum requirements for establishing a SARC, and encourage key agencies to commit to providing the necessary resources.

<sup>1</sup> Nigeria Demographic and Health Survey 2018 Report: <https://nationalpopulation.gov.ng/ndhs-2018-key-finding/>

- Create a functional state SARC Steering Committee to oversee the set up and running of the SARC.
- Establish the SARC (based on the steps below).

## WHAT YOU CAN ACHIEVE

Collaborative sexual assault referral services, like those provided by the SARCs, have several aims:

- to improve the treatment of victims reporting rape and sexual assault
- to hold perpetrators to account
- to reduce re-traumatisation of victims, and to improve conviction rates.

SARCs deliver the following:

### Direct assistance to more victims

The presence of more SARCs means that more victims of sexual violence can get help. When the RoLAC programme commenced in July 2017, there were 8 SARCs across 8 states that had assisted about 4,000 survivors. By the end of June 2022, there were 32 SARCs across 19 states that have assisted 29,194 survivors. Around 90 percent of clients have received free medical treatment and, just as importantly, counselling support from the SARC. The value of counselling reflects the changing attitudes towards the importance of mental health and the recognition that sexual assault can have a major impact on the minds of victims, as well as their bodies.

“

I didn't know that I could find a place where they will accept me and treat me... and they didn't even collect money. They gave me drugs and clothes, and they even talked to my husband for me. I didn't know there was somewhere like this in this state. ”

SGBV survivor and client at the Rayuwa SARC (Niger state)

## Effective coordination of a multi-sectoral and inter-agency response to SGBV

A major challenge impacting the response to SGBV is the lack of coordination among response agencies. The SARC approach has been accepted as an effective model for coordinating a multi-sectoral and inter-agency response to SGBV that cuts across state and federal agencies; state and non-state actors; and justice, health and, social services. In Anambra state, the Ntasi Centre, has provided a hub where 6 state ministries and agencies, including Health, Justice, Women Affairs and the Nigeria Police Force, have joined up to address SGBV. It has fostered an enhanced system of trust and collaboration across government and civil society to jointly address a deep-rooted problem in Nigeria. This model of multi-stakeholder collaboration has been successfully replicated in 19 states across the country with more being contemplated.



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### Breaking the culture of silence

Whilst the stigma associated with rape and the consequent ‘culture of silence’ associated with sexual violence has not gone away, an increasing awareness of SGBV and the presence of SARCs has moved the issue up the public consciousness. This has led to more people talking about it and seeking answers, and more women coming forward to report cases. Increased understanding is encouraging more men survivors to report assaults and receive help, with a 600 percent increase in male victims attending SARCs (between 2017 and 2021). The heightened interest in the issue has also increased the desire of many to see perpetrators punished.



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### Directory of Sexual Assault Referral Centres (SARCs) in Nigeria



© RoLAC

### Adoption of enabling law

In establishing a SARC, states fulfil a key provision of the Violence Against Persons Prohibition (VAPP) Act. It provides that victims of violence are “entitled to receive comprehensive medical, psychological, social and legal assistance through government and non-governmental agencies providing such assistance”. Additionally, the presence of a SARC in many states without a VAPP Law has created demand for the passage of the law and fostered an enabling environment for complementary initiatives, such as the establishment of SGBV Courts and State Sexual Offender Registers.



# HOW TO ESTABLISH AND RUN A SEXUAL ASSAULT REFERRAL CENTRE

You can follow these steps to implement the SARC model in your state

## STEP 1 Set up a meeting with the commissioners for state ministries of Health, Justice and Women's Affairs

Agree that there is a need to set up a SARC to enhance care and provide justice for SGBV survivors in the state.

## STEP 2 Establish clarity about resource requirements and commitments

The minimum requirements for the set up and operation of a SARC must be clearly understood by stakeholders. All ministries must 'buy-in' based on a clear understanding of each other's budgetary and resource commitments.

## STEP 3 Appoint Permanent Secretaries from each key ministry to a SARC Steering Committee.

This committee will be responsible for securing funding and for oversight and decision-making in relation to the establishment, operation, and sustainability of the SARC.

## STEP 4 Identify a space for the SARC

The state Ministry of Health will be expected to allocate an appropriate space within a state-funded hospital to be used as a SARC. The ideal space will satisfy the following criteria:

- **Located within the premises of a state-funded hospital:** The allocated space should allow access to the hospital's diagnostic/laboratory facilities, if any, and to the hospital's in-patient facilities, including beds and on-call medical staff. The SARC must be able to access existing water and electricity supplies, and the cleaning facilities of the hospital.
- **Offer client privacy:** Where possible, for the privacy of the client, the allocated space should be slightly removed from the hospital's general reception or emergency areas, with its own separate entrance and exit. It should be located away from general corridors and walk-ways. A stand-alone block behind or off the main hospital building is ideal.
- **Functionality of the space:** The allocated space should have potential to be partitioned into at least three rooms: a reception area, a medical examination room and a counselling room. Where possible, the space should be on the ground floor and be wheelchair accessible.

- **Sustainable:** Demonstration of the state's long-term commitment to the initiative in the form of a letter signed by the state Ministry of Health/Hospital Management Board, allocating the specific space to be permanently used as a SARC.

## STEP 5 Refurbish the facility

Where needed, provide basic clinical equipment, furniture and medical consumables. This will include a medical examination bed, partitions, privacy screens, examination couch, storage cabinets, pregnancy test kits, desk top computer, protective equipment (gloves, aprons, eyewear, facemasks), stethoscopes, etc.

## STEP 6 Identify medical (doctors and nurses) and counselling personnel who can be seconded to the SARC

Identify staff who are already on the payroll of the Ministry of Health / Hospital Management Board and state Ministry of Women Affairs, who can be seconded to the SARC. The minimum requirement is to have one doctor, one nurse or midwife, and one counsellor.

## STEP 7 Train medical and counselling personnel selected to work in the SARC

Foundation and refresher training in forensic medical examination, injury documentation, trauma counselling, and the nature of sexual assault is essential for personnel to work effectively in the SARC. Existing SARCs should be able to help with training SARC personnel. Training materials can also be provided by the SARC Network. The Network can also direct new SARCs to available expert trainers for hire.

## STEP 8 Launch the SARC

Publicise the facility so that those who need the services know how they can access the SARC. A formal public launch event is important to draw citizens attention to its presence and purpose.

## STEP 9 Perform periodic SARC Steering Committee inspection visits to the SARC

Hold meetings to review and resolve challenges, including addressing any resourcing needs of the SARC.

## STEP 10 Join the SARC Network

Once a SARC is established, a state should notify the SARC Network by emailing [sarcnetworkng@gmail.com](mailto:sarcnetworkng@gmail.com) to join the SARC Network and access its benefits. The SARC Network provides information, guidance, training material, and technical support to states for the establishment, operation, and sustainability of SARCs. This includes guidance

on setting up data management systems that have proven to be powerful tools that SARCs can use to influence change. The SARC Network also provides support to states in building partnerships across different sectors within or outside the state. Through the Network, new SARCs can visit established SARCs, learning how to avoid some of the pitfalls they may otherwise experience.



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## IMPLEMENTING PARTNERS

There are three state ministries whose decision-making, resources and oversight are critical to the establishment and operation of a SARC – the Ministry of Justice, the Ministry of Health, and the Ministry of Women Affairs/Gender – and whose roles and responsibilities are complementary to each other.

### The state Ministry of Health

Is responsible for allocating an appropriate space for the SARC within the premises of a state-funded hospital, as well as seconding medical personnel who are already on the ministry's payroll to the SARC. The Ministry of Health is also responsible for ensuring that the SARC can make use of other hospital facilities, such as the laboratory and the in-patient wards when needed.

### The state Ministry of Women Affairs

Should be responsible for seconding counsellors or social workers to the SARC and is likely to take the lead on publicity and sensitisation.

### The state Ministry of Justice

Must ensure that the justice process is monitored and expedited for SARC cases.

These critical ministries must have an agreed understanding of their individual responsibilities and resource commitments for the effective day-to-day running of the SARC and long-term sustainability.

# LESSONS LEARNED

## Collaboration and partnership with non-key ministries and non-government groups can make a significant difference

Collaboration and partnership with non-key ministries and non-government groups can make a significant difference: States should look beyond ministries of Justice, Gender and Health, and consider the value that could be gained from collaborating with other ministries, such as budget and planning and education. Strong advocacy to the Ministry of Budget can greatly increase the chance of the SARC being provided for in the state budget. Advocacy to traditional and religious leaders has proven to be very effective because of the influence they have. Strategic partnerships with CSOs active in the areas of women support, sexual violence and justice can provide huge benefits, especially in relation to referrals in and out of the SARC.

“  
We must take the issue of getting justice for SGBV victims very seriously. Each one of us ought to be an ambassador in the fight against SGBV.”

Dr Ibijoke Sanwo-Olu, First Lady,  
Lagos state

## Sustain advocacy and commitments at the highest levels to secure the most appropriate space and facility

Sustain advocacy and commitments at the highest levels to secure the most appropriate space and facility: Because of the social stigma and the culture of victim blaming, survivors want to be able to access the SARC without drawing attention to themselves and without having to share their ordeal with multiple people. As far as possible, it should not be immediately obvious to the casual observer that a client is visiting or leaving a place that supports sexual assault survivors. Limited space in government hospitals means that securing the most appropriate space for a SARC requires sustained advocacy at the highest level. Influencing state governors and commissioners to provide suitable premises and maintain this commitment over successive government administrations is critical.

## Keep training and retraining staff to maintain a pool of SARC-ready medical and counselling personnel across the state

Keep training and retraining staff to maintain a pool of SARC-ready medical and counselling personnel across the state: Trained SARC personnel will regularly be transferred elsewhere, as is the normal pattern in health services. Medical personnel may also exit the state hospital system, seeking better remuneration in private hospitals. The loss of specialist staff can put a strain on service delivery. To mitigate this, states with low numbers of trained staff should participate in subsequent training cycles to boost numbers and/or be encouraged to cascade training within the system. Personnel from one SARC may be approached to provide cover in other states for short periods when necessary.

## How to ensure an effective SARC Steering Committee

How to ensure an effective SARC Steering Committee: A strong SARC Steering Committee is essential to getting the initiative off the ground and to sustaining it. Significant benefits have accrued when stakeholders organise themselves into a Steering Committee or stakeholder group to pursue state level buy-in and funding for establishing or operating a SARC. Many successful committees have been sub-committees of state justice sector reform teams or have comprised of permanent secretaries, commissioners of line ministries or their representatives, providing real decision-making power to determine where resources should be allocated and ensure that the SARC is adequately funded.

## Adopt strategic awareness actions to counter the narratives and attitudes that perpetuate victim blaming

Adopt strategic awareness actions to counter the narratives and attitudes that perpetuate victim blaming: Many survivors of SGBV are reluctant to report the crime for fear of the social stigma that persists. Medical staff, police officers, and other responders can be part of the problem reflecting this stigma when they deal with survivors. Awareness raising should be strategic and not only focus on publicising the availability of SARC services, but also seek to counter the narratives and attitudes that perpetuate victim blaming. Sensitisation should also target traditional rulers, religious leaders, health workers, and schools.

“  
They gave me drugs and other things free of charge... and I feel better.”

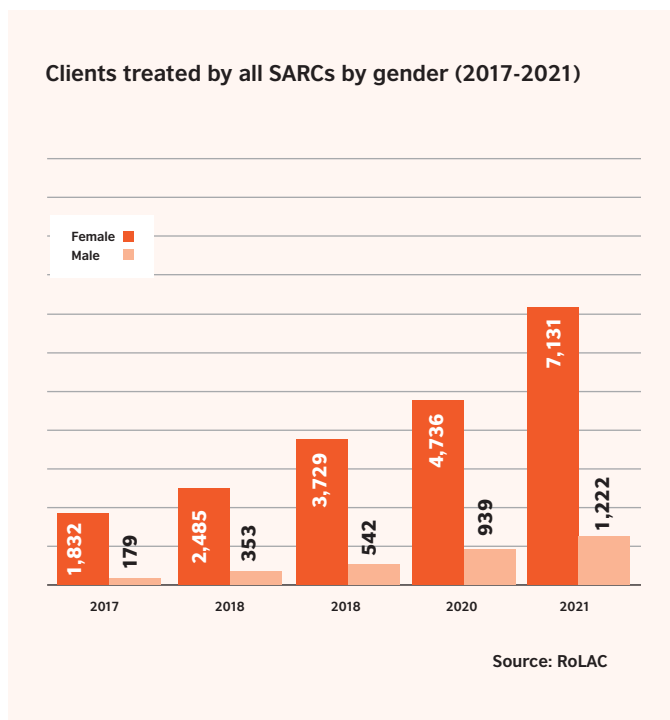
SGBV survivor and Mirabel Centre  
client (Lagos state)



# EVALUATION

The impact of SARCs can be measured by the number of cases being reported to the SARC and the number of those cases being prosecuted and convictions secured. It is also important to assess how much faster the justice process is for cases that are reported to SARCs or the degree to which the medical reports issued by the SARCs contribute to successful prosecutions. Disaggregating client data by sex, age and gender will enable a SARC to improve its services to specific groups. Each SARC should analyse data and support law enforcement and social support services to draw conclusions about the nature and location of SGBV incidents being reported to inform their own strategies.

The chart below illustrates the rapid increase in cases being handled by SARCs over the period 2017 to 2021, as more SARCs have become established and their presence and critical role has been accepted by communities. More than four times the number of SGBV victims sought assistance from a SARC in 2021 as had done in 2017.



## POLICY DEVELOPMENTS

In establishing SARCs, states fulfil a key provision of Violence Against Persons Prohibition (VAPP) laws. These laws state that victims of violence are “entitled to receive comprehensive medical, psychological, social and legal assistance through government and non-government agencies providing such assistance”. Thirty-two states in Nigeria have passed VAPP laws and therefore have the legal framework that supports the establishment of SARCs.

## RESOURCING REQUIREMENTS

### Set up costs:

- The refurbishment of identified premises, furniture and medical equipment supply may be between N5million and N10million, depending on the extent of refurbishment required.

### Basic running costs:

- N15,000 should cover the most basic medical tests, medical examination, and treatment for one SGBV survivor. In addition, the day-to-day cost of running the SARC is roughly equal to the cost of running a small outpatient clinic.

### Publicity:

- The cost of publicising the SARC should be provided for. This may include radio jingles and announcements and/or flyers and posters.

### SARC personnel:

- Costs for doctors, nurses and counsellors must be covered by the state Ministry of Health and Ministry of Women Affairs. The ministries will be expected to remunerate SARC personnel appropriately. This cost is lessened when the staff are already on the payroll of the state. Allowances are usually necessary to compensate for the extra workload. A SARC manager may also be needed as the number of clients increases.

### Training costs:

- It can cost N10million to hold a 5-day training for 40 SARC personnel, including trainers’ fees, venue, accommodation, and travel costs.

### Steering Committee meeting costs:

- This should be minimal if the committee is hosted by ministries on rotation.

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## Find out more

### Rule of Law and Anti-Corruption (RoLAC)

[RoLAC@ng.britishcouncil.org](mailto:RoLAC@ng.britishcouncil.org)

[www.justice-security.ng](http://www.justice-security.ng)

The Rule of Law and Anti-Corruption (RoLAC) Programme is working to strengthen the application of law and curb corruption. We work at the federal level and in five focal states: Adamawa, Anambra, Edo, Kano and Lagos.

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