

**Sexual and Gender Based Violence and the Budget
(A Review of Ebonyi State: 2016-2019)**



Centre for Social Justice

(Mainstreaming Social Justice in Public Life)

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**Spotlight
Initiative**

*To eliminate violence
against women and girls*



Centre for Social Justice

(Mainstreaming Social Justice in Public Life)

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Table of Contents

Acknowledgement	iv
Contents	v
List of Tables	vi
List of Figures	vi
List of Abbreviations	vii
Executive Summary	viii
Section One: Introduction	1
1.1 Focus and Methodology	1
1.2 Context	2
Section Two: Legal and Policy Framework on SGBV, VAWG, HP and SRHR	4
2.1 Introduction – International Standards	4
2.2 National and Subnational Standards	7
Section Three: Situation Analysis	11
3.1 Introduction	11
3.2 SGBV/VAWG	11
3.2 Harmful Practices (HP)	13
3.4 Limitations to the Enjoyment of Sexual and Reproductive Health/Rights by Women and Girls (SRHR)	15
3.5 Education and Equipping Girls against SGBV/VAWG	18
Section Four: Budget Funding	22
4.1 Introduction	22
4.2 Funding for Universal Basic Education	22
4.3 The Proposals in the Approved Budget	23
4.4 The Relevance of the Votes to SGBV, VAWG/HP and SRHR	26
4.5The Missing Votes and Adequacy of the Allocations	27
4.6The Actual Expenditure	29
Section Five: Conclusions and Recommendations	34
5.1 Conclusions	34
5.2 Recommendations	35

List of Tables

Table 1: Budgetary Provisions for the Elimination of SGBV, VAWG, HP and Promotion of SRHR of Women in Ebonyi State

Table 2: Actual Provisions for the Elimination of SGBV, VAWG, HP and Promotion of SRHR of Women in Ebonyi State

List of Charts

Figure 1: The Prevalence of Domestic Violence against Women and the People's Justification of such Actions in Ebonyi State

Figure 2: The Prevalence of Early Marriage and Teenage Motherhood among Girls in Ebonyi State

Figure 3: The Prevalence of Female Genital Mutilation/Cutting among Women and Girls in Ebonyi State

Figure 4: Proportion of Women who received Antenatal Care from Skilled Providers in Ebonyi State

Figure 5: Proportions of Women Delivered by Skilled Birth Attendants and at Health Facilities in Ebonyi State

Figure 6: Demand for and Use of Contraceptives among Women in Ebonyi State

Figure 7: Female School Enrolment Figures in Ebonyi State

Figure 8: Female School Enrolment and Completion Figures in Ebonyi State (2016)

Figure 9: UBEC Matching Grants for Ebonyi State in Recent Years (2011 – 2018)

Figure 10: Budgetary Provisions for Capital Projects across Four Focal MDAs and those for the Elimination of SGBV, VAWG, HP and Promotion of SRHR

List of Abbreviations

AU	African Union
CEDAW	Convention on the Elimination of all forms of Discrimination against Women
DEVAW	Declaration on the Elimination of Violence against Women
HP	Harmful Practices
LGAs	Local Government Areas
MDAs	Ministries, Departments and Agencies of Government
MICS	Multiple Indicators Cluster Survey
MNCH	Maternal, Newborn and Child Health
MoH	Ministry of Health
MWASD	Ministry of Women Affairs and Social Development
NDHS	National Demographic and Health Survey
SGBV	Sexual and gender-based violence
SPHCDA	Ebonyi State Primary Health Care Development Agency
SRHR	Sexual and Reproductive Health/Rights
UN	United Nations
VAWG	Violence against Women and Girls
VVF	Vesico-Vaginal Fistula

Executive Summary

Section One is the introductory part and discusses issues of the focus and methodology of the study. The focus of the research is on budgeting for the eradication of sexual and gender-based violence (SGBV), violence against women and girls (VAWG), harmful practices (HP) and the promotion of sexual and reproductive health and rights (SRHR) of women and girls in Ebonyi State. It was a desk study of budgets, relevant laws and policies, statistics and data. The draft report was validated by stakeholders including representatives of Ministries, Departments and Agencies of government (MDAs), relevant women's rights and civil society organisations (CSOs) and the media. The study is part of the Spotlight Initiative which has an overall vision of *a Nigeria where all women and girls, particularly the most vulnerable, live a life free from violence and harmful practices.*

The review of budgeting is for the period 2016-2019 and it focused on relevant key agencies dealing with the subject matter. It was done with a view to identifying the baseline, gaps and challenges in the funding of the agencies involved in the campaign against VAWG, SGBV, HP and the struggle for improved SRHR for women and girls. It also reviewed variance between appropriated and actual releases, compliance with extant laws and policies as well as identified the optimum resources needed for the respect, protection and fulfilment of the rights of women and girls to freedom from violence. This was done against the background of the minimum core obligation of the state, established in national policies and international standards, to guarantee freedom from violence for women and girls in Nigeria.

Section Two is on the legal and policy framework on SGBV, VAWG, HP and SRHR of women and girls. It reviewed the provisions of international standards including the United Nations Declaration on the Elimination of Violence against Women (DEVAW), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Beijing Declaration and Platform for Action as well as the Sustainable Development Goals (SDGs). It reviewed the multi-layered duties of state to respect, protect and fulfil the right to freedom from violence and its obligations of conduct and obligations of result. The national standards reviewed include the fundamentals rights provisions in S.34 (1) - freedom from torture, inhuman and degrading treatment and S. 42 of the Constitution of the Federal Republic of Nigeria 1999 (Constitution) on non-discrimination. It reviewed the Compulsory, Free Universal Basic Education Act; Ebonyi State Abolition of Harmful Traditional Practices against Women and Children Law of 2001, Violence Against Persons Prohibition Law of 2018 and the Child Rights Law of 2010. It also reviewed the mandate of the Ministry of Women Affairs and Social Development (MWASD).

Section Three dealt with situation analysis. There are three major components of the vices considered in this study. They are (a) SGBV and VAWG (b) HP and (c) limitations to women and girls' enjoyment of SRHR. There are indicators that show the level of prevalence of each of the vices in each component. Based on available statistics, in the first component of the vices, one of the indicators is the prevalence of physical and sexual violence in the state. Looking at this indicator, the proportion of the women and girls who had ever experienced physical and/or sexual violence increased from 2013 to higher levels in 2018. Similarly, the proportion of women and girls who experienced physical

and/or sexual violence within the last 12 months prior to the surveys increased from what they were in 2013 to higher levels in 2018. These increases suggest that there is need for more work on the part of the State Government and non-state actors for the eradication of SGBV in the State.

A second component of the issues is about HP. Early marriage and teenage motherhood among women and girls in Ebonyi State is one indicator of harmful practices. The most recent data shows that the State still posts a high record of more than 16% of the girls being married before they turned 18 years of age. Similarly, there has been an improvement in the proportion of women and girls in Ebonyi State who had one form of female genital mutilation/cutting (FGM/C) or the other. However, the improvement does not necessarily stand for total elimination of the problem. This is because up to 5.2% and 53.2% of the girls and women respectively still had one form of FGM/C or the other as at 2018. This data is scaring because these harmful practices are usually associated with the prevalence of women who suffer from Vesico-Vaginal Fistula (VVF).

The third component of the issues is on limited enjoyment of SRHR by women and girls. Within this component, this study observes that the proportion of women with unmet need for contraceptives increased from 20.5% to 23.0% in Ebonyi State between 2013 and 2018. This implies an increase in the demand for contraceptives without commensurate increase in the supply of contraceptives across health facilities in the State. Similarly, the proportion of women who were assisted by skilled birth attendants during child delivery declined from 62.1% in 2013 to 52.1% in 2018, just as the proportion of women who had their delivery in health facilities declined from 59.6% in 2013 to 56.5% in 2018.

Girl child enrolment and completion statistics in basic education is poor and could be traced to harmful practices such as child marriage and teenage motherhood. The compulsory and universal nature of basic education is honoured in the breach in Ebonyi State contrary to the provisions of the Compulsory, Free, Universal Basic Education Act of 2004.

Section Four reviewed the appropriation and actual funding for the relevant issues. The study shows that the state did not fully access its funds from the Universal Basic Education Fund. The annual budgetary provisions of Ebonyi State Government (through relevant MDAs) were grossly inadequate and some of them did not address critical challenges posed by SGBV. Out of the total budget sum of ₦946.35 million provided for capital projects between 2016 and 2018, to combat SGBV, VAWG, HP and promote SRHR in Ebonyi State, only the sum of ₦21.5 million was spent on two projects throughout the period. This amount spent represents only about 2.27% of the total budget sum of ₦946.35 million provided for in relevant capital projects.

Given the deteriorating statistics and the little budgetary provisions for the elimination or reduction of SGBV, VAWG, HP and promotion of SRHR of women and girls in Ebonyi State, this study makes the following recommendations:

- a) ***Improved budgetary allocations to relevant projects by relevant MDAs:*** The study has shown that the budgetary allocations of relevant MDAs to projects that would facilitate the elimination or reduction of SGBV, VAWG, HP and improvement

SRHR of women and girls in Ebonyi State are very meagre. There is need for the State Executive Council led by the Governor and the State House of Assembly to improve on the funding of issues on VAWG and the SRHR of women and girls.

- b) **Improving project design:** The Ministry of Women Affairs and Social Development (MWASD) and other relevant MDAs should improve on the design and framing of projects relevant to VAWG and SRHR. These projects need to be relevant, specific, with clear deliverables and targeted at the identified challenges. In order to ensure efficient utilisation of available financial resources in the State, relevant MDAs must ensure that their budgetary allocations to projects are done with a sense of deriving maximum value from the execution of the projects. This means that each of the projects must address a component of the issues and be proved to be relevant in either the elimination or reduction of the identified challenges.
- c) **Capacity building on gender responsive budgeting and fund raising:** In furtherance of Recommendation B above, the MWASD and other relevant MDAs need capacity building in gender responsive budgeting to facilitate their improvement of programme and project design and implementation. Capacity building should also focus on how the Ministry can take advantage of existing donor funding mechanisms to deliver relevant projects. A technical assistance project to embed a facilitator for a brief period of one year should be considered.
- d) **Improved implementation of allocations to the budgeted projects across relevant MDAs:** The study has also established that though the amounts allocated to various relevant projects may not be adequate, yet the release of funds for the implementation or execution of such projects falls below an acceptable level. It is therefore important that the Governor, State Budget Office and relevant MDAs prioritise the implementation of their budgetary allocations to projects which can facilitate the elimination or reduction of VAWG/SGBV/HP and improve the SRHR of women and girls in the State.
- e) **Improved coordination of activities and projects by the Ministry of Women Affairs and Social Development:** There seems not to be a coordinating unit for the various activities of the MDAs on the relevant issues of this study in the State. This explains why each ministry or agency makes parallel plans without recourse to the budgetary focus of other related MDAs. Given the scarcity of financial resources in the State, it may not be out of place for a coordinating unit (in this case, the MWASD) to set an agenda for all budgetary provisions of the relevant MDAs - to be complementary instead of standing alone. This way, whatever is spent will make greater impact on the lives of women and girls for whom the budgetary provisions are made.
- f) **Prepare a Costed Action Plan:** Further to Recommendation E, it is imperative that the MWASD leads the process of preparing a costed action plan for the elimination of VAWG/SGBV/HP and the improvement of SRHR of women and girls.

The action plan is to be prepared by a multi-sectoral team in recognition of the fact that some of the components will be implemented by other relevant MDAs.

- g) *Multi-sectoral and multi-agency approaches to improved sensitisation of Ebonyi People:*** There is much need for sensitisation of Ebonyi women and girls on the relevant issues especially, to understand the illegal and unacceptable nature of VAWG, enable them to claim their rights and use available mechanisms for redress. This is premised on the back of the result of the NDHS 2013 and 2018 which showed the practice of FGM/C and a good percentage of women justifying domestic violence. Also, there is need to sensitise boys and men on the dangers of VAWG/SGBV and the patriarchal system that facilitates these vices. All the above problems need multi-sectoral and multi-agency approaches to engage in improved sensitisation of men and boys and women and girls.
- h)** Basic education should be universal, compulsory and free in accordance with the provisions of the Compulsory, Free, Universal Basic Education Act of 2004 and this mandate should be enforced in the State. Sanctions as contained in section 2(4) of the Act should be meted to parents or guardians who violate the law by preventing their children or wards from completing basic education.
- i) *Civil Society Advocacy:*** The poor public funding of projects to address SGBV/VAWG/HP and SRHR demands a response from civil society. The response is strong advocacy to engage the Governor, MDAs, the legislature and other segments of society including religious and traditional institutions. Civil society should also engage in gender responsive budgeting.
- j) *Improved collaboration between the State Government agencies and Federal institutions in the State:*** There are a few institutions of the Federal Government of Nigeria located in Ebonyi State. These institutions and agencies have their mandates as given by the Federal Government of Nigeria. However, Ebonyi State Government has the responsibility of weaving in her programmes and projects into the mandates of those agencies and institutions in order to avoid duplication of activities, efforts and resources. Precisely, there should be a strong collaboration between the State MWASD, MoH and the National Obstetric Fistula Centre, Abakaliki. This will guarantee the optimal use of available resources.

Section One

Introduction

1.1 Focus and Methodology

The focus of this study is on budgeting for the eradication of sexual and gender-based violence (SGBV), violence against women and girls (VAWG), harmful practices (HP) and the promotion of sexual and reproductive health and rights (SRHR) of women and girls in Ebonyi State. It was a desk study of budgets, relevant laws and policies, statistics and data. The draft report was validated by stakeholders including representatives of Ministries, Departments and Agencies of government (MDAs), relevant women's rights and civil society organisations and the media. The study is part of the Spotlight Initiative which has an overall vision of *a Nigeria where all women and girls, particularly the most vulnerable, live a life free from violence and harmful practices.*

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The research reviewed key state level policies and laws (or domestication of national policies, laws and programmes) and this includes laws and policies on women/gender, violence against persons, child rights, maternal and child health, reproductive health and rights, female genital mutilation, rape, child marriage, intimate partner violence, prevention of trafficking in women. It reviewed laws, policies and programmes for access to family planning services, harmful widowhood practices, HIV prevention and treatment, second chance opportunity for girls, one stop centres for victims of sexual assault, domestic violence; medical, psychosocial, forensic and counselling services for female survivors of SGBV. Also, it reviewed laws, policies and programmes related to law enforcement - special or gender desks in police and other enforcement agencies; judicial interventions including special courts and procedures to guarantee justice to victims of SGBV and VAWG. Further, it reviewed policies/laws, programmes on girl child enrolment in schools.

Using relevant statistics and data, the research did a situation analysis of the state in terms of the different aspects of SGBV, VAWG, HP, SRHR as well as some other issues captured under the law, policy and programme framework. Employing gender disaggregated statistics, it compared the state's data with national statistics and international standards. For the purpose of standardization, statistics were mainly drawn

¹ See General Comment No. 3 of United Nations Committee on Economic, Social and Cultural Rights (Fifth Session, 1990) on the nature of State Parties obligations under the International Covenant on Economic, Social and Cultural Rights. See also the Maastricht Guidelines on Violations of Economic, Social and Cultural Rights adopted on the occasion of the 10th anniversary of the Limburg Principles on the Implementation of the International Covenant on Economic, Social and Cultural Rights.

from the most recent Multiple Indicator Cluster Survey (MICS) and Nigerian Demographic and Health Survey (NDHS).

The research reviewed provisions in the state budget which are geared towards eliminating SGBV, VAWG and HP while improving the SRHR of women and girls. The allocations for Education, Health, Women Affairs, etc. were reviewed. Issues flagged in the law and policy, data and statistics sections guided the budget review.

The draft report was presented to a validation meeting which was organized to ensure that the results and findings of the research are evidence based, factual and in conformity with specifications issued at the beginning of the exercise. It was an opportunity for quality control and validation. Participation at the validation meeting was drawn from representatives of MDAs and they include the Ministries of Women Affairs, Justice, Finance, Budgeting and Development, Education, Health, Agriculture, Statistics Bureau, the Police and other Law Enforcement Agencies, Anti-Trafficking Agencies, etc. The stakeholders also include representatives of civil society organizations working on gender and prevention of violence against women, the media and human rights organizations. The validation meeting was preceded by the distribution of the draft report to stakeholders who studied same before the meeting.

1.2 Context

SGBV and VAWG are twin vices that are witnessed in public and private life in Nigeria. Similarly, there are many societal and traditional practices that are harmful to the wellbeing of women and girls in Nigeria. In addition, there are laws, policies and actions of different tiers of government that restrict or limit women and girls' access to the realisation of sexual and reproductive health and rights in several Nigerian societies.

The Constitution of the Federal Republic of Nigeria 1999 (Constitution) classifies legislative powers which underlies the functions of government into Exclusive and Concurrent Legislative Lists.² The Residual List is the residue that is not outlined in the constitution while the Fourth Schedule to the Constitution outlines the functions of a Local Government Council. The Exclusive List is made up of items that are left for only the Federal Government of Nigeria while the Concurrent List is made up of items that both the Federal Government of Nigeria and State Governments can legislate. Economic, legal and social services of governments that can facilitate the reduction or elimination of SGBV are shared between the federal, state and local governments.

Ebonyi State is one of the thirty-six states in Nigeria. It is in the South East geopolitical zone of Nigeria. Within the provisions of the Constitution, the State is autonomous and can take appropriate steps on its own to ensure the speedy reduction or elimination of SGBV/HP as well as promote the SRHR of women. Ebonyi State, being a part of the Nigerian Federation, is indirectly a signatory to any treaty or international standard binding on Nigeria. The State is therefore under obligation to make laws and policies that guide its activities in the light of all the agreements and conventions that Nigeria is signatory to. In some cases, the State domesticates or adapts laws and policies enacted by the Federal Government of Nigeria in order to suit the prevailing circumstances within its territory. As an autonomous entity, the State Government enacts annual budgets that show its fiscal policy direction for the year and guides the execution of government functions within the fiscal year.

² Second Schedule to the Constitution, Parts 1 and 2.

Therefore, a critical review of Ebonyi State's annual budgets will show the extent of alignment between the government's verbal pronouncements, policy papers and expenditures. This is because the reduction or eradication of SGBV/HP or the promotion of SRHR is impossible without adequate funding. As a result, this study seeks to investigate or critically assess the extent to which Ebonyi State Government has made budgetary provisions for activities and services that combat SGBV/VAWG/HP and eliminates limitations to women and girls' enjoyment of SRHR.

Section Two

Legal and Policy Framework on SGBV, VAWG, HP and SRHR

2.1 Introduction - International Standards

The rights of women, girls and indeed all members of the human family, to freedom from any form of violence imposes peremptory and continuing state obligations under international standards ratified by and applicable in Nigeria³. Some aspects of the proscription of VAWG, especially SGBV, could be stated to have attained the status of *jus cogens*, being peremptory norms of customary international law recognized and binding on all civilised nations and from which no derogations are permissible. In articulating violence against women, the definition in article 2 of the United Nations Declaration on the Elimination of Violence against Women⁴ (“DEVAW”) is adopted vis;

Article 1

“For the purpose of this Declaration, the term “violence against women” means any act of gender-based violence that results in, or is likely to result in physical, sexual and psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty whether occurring in public or in private life”

Article 2

“Violence against women shall be understood to encompass, but not limited to the following:

(a) Physical, sexual and psychological violence occurring in the family including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation.

(b) Physical, sexual and psychological violence occurring within the general community including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution;

(c) Physical, sexual and psychological violence perpetrated or condoned by the state, wherever it occurs.

These manifestations of VAWG/SGBV do not stand alone, on their own but are products of discrimination outlawed in international standards, including the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) - being products of patriarchy and unequal power relations. In article 1, CEDAW defines discrimination thus:

“For the purposes of the present Convention, the term “discrimination against women” shall mean any distinction, exclusion or restriction made on the basis of sex which has

³ See article 5 of the standard setting Universal Declaration of Human Rights - *No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment* and article 7 of the International Covenant on Civil and Political Rights.

⁴ General Assembly Resolution 48/104 of 20 December 1993.

the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field”.

The prevalent patriarchal practices in different Nigerian cultures continue to predispose women and girls to violence, resulting in poor reproductive and sexual health outcomes, poor access to and control over resources, higher vulnerability to poverty at certain ages in life, poor access to education, lack of inheritance rights, lack of voice and minimal participation in decision making processes at different levels etc.⁵ It has been stated that the definition of discrimination includes gender-based violence, that is, violence that is directed against a woman because she is a woman or that affects women disproportionately⁶. SGBV/VAWG has serious negative effects on the right to health and the right to life because the easiest way of depriving a woman or girl of her right to life is to accentuate violence to her person to the point of abrogation.

The Beijing Declaration and Platform for Action states that⁷:

“Violence against women is an obstacle to the achievement of the objectives of equality, development and peace. Violence against women both violates and impairs or nullifies the enjoyment by women of their human rights and fundamental freedoms”.

Therefore, a proper understanding of VAWG/SGBV will include an analysis of its causes, consequences; how intersectionality impacts vulnerability to violence and an elaboration of the role of the state in combatting violence in the public and private domains⁸. This is however beyond the remit of this rights, duties, and resources conceptual framework.

Further, the Sustainable Development Goals in Goal 5 mandates states to achieve gender equality and empower all women and girls through inter alia:

“End all forms of discrimination against all women and girls everywhere. Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation. Eliminate all harmful practices such as child, early and forced marriage and female genital mutilation. Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences”

There is a multi-layered duty of state in human rights and in SGBV/VAWG, they are the obligations to respect, protect and fulfil. There are also obligations of conduct and

⁵ Banke Akinrimisi - *Discussions on SGBV and the Nigerian Federal Budget 2020*.

⁶ General Recommendation No.19 (11th Session, 1992), Paragraph 6 - Committee on the Elimination of Discrimination against Women

⁷ See Paragraph 112. See also the product of the 1993 World Conference on Human Rights - Vienna Declaration and Programme of Action which highlights the need to eliminate all forms of violence against women in public and private life. The Declaration equally enjoins member states to use all available instruments to ensure the elimination of all forms of sexual harassment, exploitation and trafficking in women.

⁸ See page 7 of “15 Years of the UN Special Rapporteur on Violence against Women; its Causes and Consequences”- initiated and guided by Yakin Erturk.

obligations of result. Running in the middle of all these obligations is the duty to ensure that freedoms are enjoyed on a non-discriminatory basis.

The *obligation to respect* demands that federal, state and local governments refrain from directly or indirectly taking action that promotes violation of freedom from VAWG/SGBV or obstructing action taken by women in pursuit of their freedom. However, the deliberate withholding of information by the state - information necessary to protect women and girls from violence is a violation of the obligation to respect⁹. Criminalising access to goods, facilities and services that facilitate the enjoyment of the right to decide freely and responsibly on the number and spacing of children will also be a violation of the obligation to respect.¹⁰

The *obligation to protect* demands that agents and officials of government take action to prevent violations of freedom from VAWG by third parties - whether private individuals or organisations and to impose adequate sanctions for violations. This is aptly captured in article 4 (c) of DEVAW. The State should:

“Exercise due diligence to prevent, investigate and, in accordance with national legislation, punish acts of violence against women, whether those acts are perpetrated by the State or by private persons”¹¹

The exercise of due diligence will include special rules and orders for law enforcement agencies to mainstream issues of VAWG/SGBV in their day to day work by advancing an effective response system. It may also include educational measures on radio, television and social media to remind citizens that VAWG/SGBV is an offence and unacceptable - advertising special hotlines, emails, WhatsApp contacts to help survivors, etc.

The *obligation to fulfil* requires governments to take appropriate legislative, judicial, administrative, budgetary, economic and other measures, to the maximum of available resources, to ensure freedom from violence to women and girls. This is a positive obligation that involves the appropriation of government’s expenditure towards its priorities and these priorities should and must include freedom from VAWG/SGBV. The act of appropriation must also be done in way and manner devoid of discrimination on any of the prohibited grounds. The provision of state resources must be seen to be concrete and targeted as a step towards the realization of freedom from violence - not just tokenistic. Even in periods of resource constraints, like in a fiscal crisis, vulnerable members of society¹² must be protected by the adoption of relatively low-cost but targeted measures and programmes which satisfies the minimum core obligation to freedom from violence.

Essentially, such provisions must satisfy the minimum core obligation of the state to ensure that women and girls are free from violence through the implementation of the minimum core content of the bundle of rights encapsulated in freedom from SGBV/VAWG.

⁹ Article 16 (1) (e) of CEDAW.

¹⁰ Article 16 (1) (e) of CEDAW.

¹¹ This is also the position of prevalent international jurisprudence in the decision of the Inter-American Court of Human Rights in the *Velasquez Rodriguez e v Honduras* of July 29 1988, Series C, Decisions and Judgement, No.04.

¹² Women and girls are not born with vulnerability or inherently vulnerable by their nature but have been made vulnerable by patriarchy and unequal power relations.

In any state where women and girls are constantly battered, trafficked, deprived of access to sexual and reproductive health and rights (“SRHR”), etc., and the state fails to respond, such a state will *prima facie* be failing to discharge its obligations under national and international standards¹³. Thus, the minimum core obligation of the state is to ensure that the intersections between freedom from violence and the rights to life, health, human dignity, freedom from torture, inhuman and degrading treatment, etc. are not breached and the personhood and dignity of women and girls is held sacrosanct. Further, no deliberately retrogressive measures that reduces the extent of enjoyment of this right is permitted unless it can be justified by reference to more pressing and relevant higher norms provided by law¹⁴. Such a retrogression must be accompanied by compensatory mechanisms.

State legislative obligations include the enactment of laws that prescribe a minimum age of marriage - not less than 18; marriage to be with the free, full and informed consent of the spouses; prohibition of forced marriages and guaranteeing equal rights and responsibilities during marriage and its dissolution¹⁵. CEDAW enjoins States parties to enact legislations that modify the existing prejudices and customary practices which are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women, boys and girls.¹⁶

The obligation to respect, protect and fulfil contains elements of the obligation of conduct and obligation of result. The obligation of conduct may require action reasonably calculated for the realisation of the enjoyment of freedom from violence. This would include the adoption of legal and policy standards. Obligation of result requires government to achieve specific targets to satisfy detailed substantive standards for instance, the complete elimination of female genital mutilation or a drastic reduction in the incidence of domestic violence.¹⁷

2.2 National and Subnational Standards

In S.42 of the Constitution, it is provided that:

“(1) A citizen of Nigeria of a particular community, ethnic group, place of origin, sex, religion or political opinion shall not, by reason only that he is such a person:-

(a) be subjected either expressly by, or in the practical application of any law in force in Nigeria or any executive or administrative action of the government, to disabilities or restrictions to which citizens of Nigeria of other communities, ethnic groups, places of origin, sex, religions or political opinions are not made subject; or

¹³ See General Comment No. 3 of the UN Committee on Economic, Social and Cultural rights on the nature of States Parties obligations under the ICESCR.

¹⁴ This would be almost impossible to justify considering that freedom from violence is emerging as a non derogable right.

¹⁵ Article 16 of CEDAW.

¹⁶ Article 5 (1) of CEDAW.

¹⁷ Adapted from paragraph 7 of the Maastricht Guidelines on Violations of Economic, Social and Cultural Rights adopted on the occasion of the 10th anniversary of the Limburg Principles on the Implementation of the International Covenant on Economic, Social and Cultural Rights.

(b) be accorded either expressly by, or in the practical application of, any law in force in Nigeria or any such executive or administrative action, any privilege or advantage that is not accorded to citizens of Nigeria of other communities, ethnic groups, places of origin, sex, religions or political opinions.”

Discrimination has been earlier articulated as a component of VAWG and any law, policy or administrative action that discriminates against women and girls on any of the prohibited grounds will be facilitating VAWG.

Also, S.34 (1) (a) of the Constitution is on the right to the dignity of the human person and provides that *no person shall be subjected to torture or to inhuman or degrading treatment*. Practices such as female genital mutilation (FGM) amounts to torture; wife battering amounts to inhuman and degrading treatment¹⁸. The Constitution is the supreme law of the land and any legal or policy provision, customary, traditional or religious norms inconsistent with it is void to the extent of its inconsistency.¹⁹

To degrade is to make another to be less moral and less deserving of respect whilst inhuman refers to lacking moral, human qualities of kindness, pity, etc. to be extremely cruel or brutal. Degrading is defined to mean reviling, holding one up to public obloquy and odium, lowering a person in the estimation of the public, exposing to disgrace, dishonour and contempt²⁰. Human dignity is the foundation of all human rights and the pursuit of life in larger freedom is essentially the pursuit of a dignified existence. Human rights derive from the inherent dignity of the human person. Without dignity, the human being loses his personhood and stays on the same level of animals with low mental development. It is about the integrity of the human person.

The Compulsory, Free Universal Basic Education Act of 2004 makes basic education compulsory and free for all Nigerian children including girls and a special fund is set aside by the federal government which is shared to the thirty-six states of the federation to augment their investments in basic education. The Abolition of Harmful Traditional Practices Against Women and Children Law of Ebonyi State (2001) focuses on harmful traditional practices in the State, prohibits them and makes it an offence for any person to practice them. The Law provides a list of harmful traditional practices that are obtainable in the State to include:

- The practice of scandalous or disgraceful nature which amounts to a failure to observe the fundamental human rights of a woman or any child;
- Traditional or customary practice that allows for female genital mutilation or circumcision. Herein “Circumcision” means the act of cutting off the clitoris of a

¹⁸ See the statement by Juan E. Méndez; UN Special Rapporteur on Torture and other Cruel, Inhuman or Degrading Treatment or Punishment on *Female Genital Mutilation: Progress-Realities-Challenges* at the event sponsored by Women’s UN Report Network, Inter-African Committee, Worldwide Organization for Women and NGO Committee on the Status of Women-Geneva 1 June 2011.

¹⁹ S.1 (1) (3) of the Constitution.

²⁰ *Isenalumhe v Amadin* (2001); Cases on Human Rights, 458.

female person, while “Mutilation” means any cutting, incision, damage to any or all the female sex organs;

- Practices which are harmful to a widow including any practice that requires the confiscation of her husband’s property;
- Child labour, child abuse/neglect;
- Forced or early marriage of girls before the age of eighteen.

This law provides that any of the five items listed above constitutes harmful traditional practices which the Law abolishes. As a result, any continuation of such harmful traditional practices in any part of Ebonyi State constitutes a violation of the law. Therefore, the Law provides that:

“Any person who is guilty of an offence and upon conviction shall be liable to a fine not exceeding Two Thousand Naira or to imprisonment for a term not exceeding five years”.

The Violence Against Persons Prohibition Law of Ebonyi State (2018) is the subnational version of the Violence Against Persons Prohibition Act of the Federal Government of Nigeria. Specifically, the law prohibits every form of domestic violence against the woman – physical violence, emotional violence, and sexual violence. It equally prohibits all forms of cultural and traditional harmful practices against the woman including female genital mutilation. To each of these offences, stringent punitive measures are put in place to either dissuade future offenders or to address existing offenders. The whole essence is to ensure that Ebonyi State truly joins the league of societies where women are free from all forms of discrimination, violence and intimidation on the grounds of their gender.

The Child Rights Law (No.3 of 2010) of Ebonyi State in the interpretation section defines "age of majority" as eighteen (18) years. It further provides in S.24 that:

“No person under the age of 18 years is capable of contracting a valid marriage and accordingly, a marriage so contracted is null and void and of no effect whatsoever”.

The National Gender Policy contains clear provisions, goals and strategies to tackle gender-based violence. There is also a National Policy on the Elimination of FGM/C, the National Strategy to End Child Marriage, a Road Map and National Priority Actions to End Violence Against Children (VAC) and a National Policy on Gender in Basic Education.

The Ebonyi State Ministry of Women Affairs and Social Development (MWASD) is the engine room in charge of relevant policies that pertain to women. It has been stated that:²¹

“The broad mandate of the Ministry is to advise government on gender and children issues, issues affecting persons with disabilities and the aged; initiate policy guidelines and lead the process of gender equality and mainstreaming at both the national and international levels”.

The basic functions of the Ministry include the following:²²

²¹ <http://www.ebonyistate.gov.ng/Ministry/Women/Mandate.aspx>

²² <http://www.ebonyistate.gov.ng/Ministry/Women/Mandate.aspx>

- Promoting the general welfare of women and enhancing their ability to realize their full potentials in various fields of human endeavours;
- Providing an enabling environment that will ensure the maximum and holistic development of the potential of the Nigerian Child towards national development and nation building;
- Promoting a multi-sectoral programme synergy for the realization and enhancement of the survival, development, protection and participation rights of children in Nigeria with particular reference to the achievement of set targets enumerated in the Child's Right Act 2004 (CRA) and the Sustainable Development Goals (SDGS).
- Embarking on awareness creation and formulation of policies and legislation of survival, development, protection and participation, rights of Women and Children in Nigeria;
- Promoting responsible motherhood and maternal health as well as protecting the rights of women;
- Taking steps that support the elimination of all social and cultural practices that discriminates against or are detrimental to the overall development of women and girls;
- Advocating for the passage and enforcement of laws that protect and project the interest of the ministry's target groups.
- Establishing and maintaining guidance and counselling referral and remedial services;
- Implementation of regional, international instruments on Women Advancement, for example, Beijing Platform for Action, CEDAW, AU, Protocol; on the Rights of Women, etc.;
- Management of Shelters (temporary Shelter for Female victims of Violence);

In addition to having a Social Welfare Department, the Ministry has a Rehabilitation Department. The rationale for this department is that the Ministry is not only interested in prohibiting new cases of gender-based violence but also interested in handling existing cases. Considering the emotional trauma attached to the SGBV, the importance of rehabilitation cannot be overemphasised. In summary, the activities of the State Ministry of Women Affairs and Social Development are weaved around the implementation of standards that impact on the lives of women and girls.

Section Three

Situation Analysis

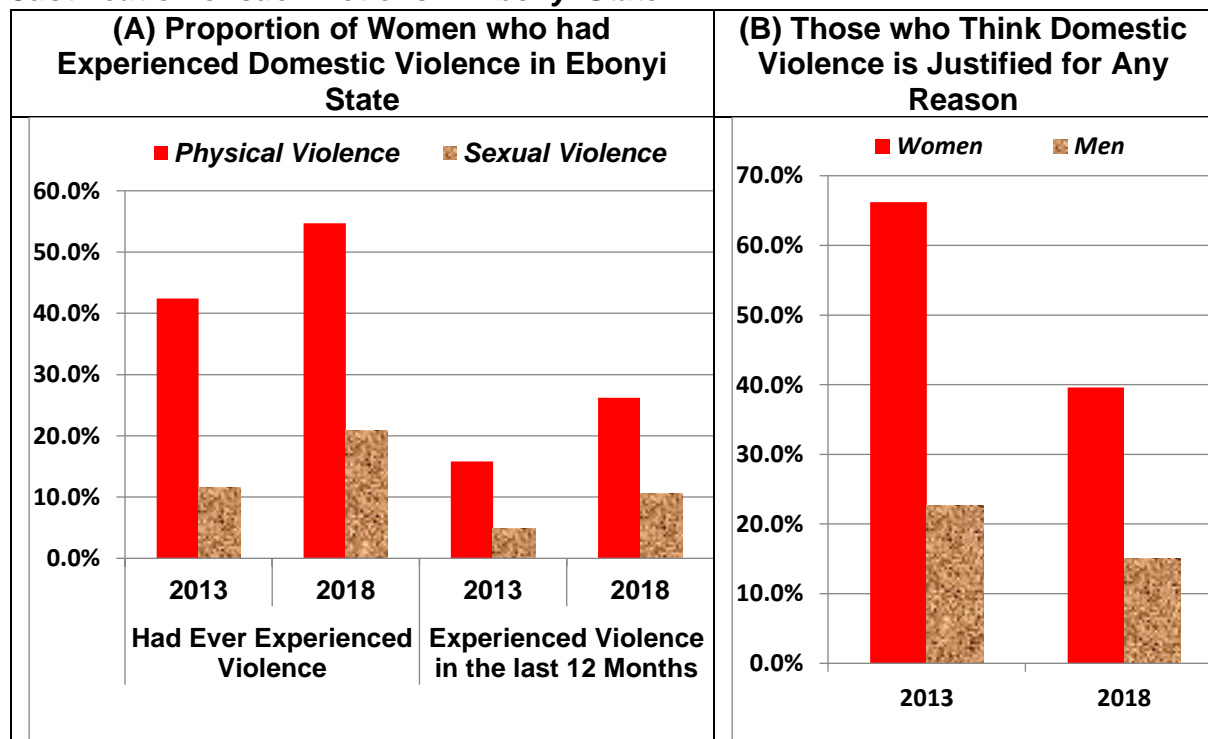
3.1 Introduction

Discussions in the previous section have identified several actions and practices that can be identified as VAWG/SGBV or harmful practices (HP) or as limitations to the enjoyment of SRHR by women and girls. Therefore, this section presents the situation as obtainable in Ebonyi State of Nigeria. The section shows the level of prevalence of these actions and practices that contribute to the violation of women’s rights in Ebonyi State. The Nigeria Demographic and Health Survey 2013 and 2018, the Multiple Indicator Cluster Survey 2011 and 2016 and the Nigeria Education Indicators 2016 are the source of the data used in this section. The discussion is therefore presented in their various groups as shown below.

3.2 SGBV/VAWG

SGBV/VAWG take various forms and shapes. In some cases, it takes the form of physical violence by members of households, spouses and/or sexual partners. In some other cases, the violence takes the form of sexual violence by household members, spouses/sexual partners and or even strangers. Figure 1 below presents the rate of prevalence of this vice in Ebonyi State.

Figure 1: The Prevalence of Domestic Violence against Women and the People’s Justification of such Actions in Ebonyi State



Source: Nigeria Demographic and Health Survey – NDHS (2013 & 2018)

From Figure 1 (A) above, this study observes that as at 2013, up to 42.4 percent of all the women (aged 15 – 49) in Ebonyi State had experienced one form of physical violence or

the other since they were 15 years old. This is the same year when average proportion of women who have experienced physical violence stood at 38.3 percent in the South East region and 27.8 percent at the national level. From the same Figure, as at 2018, the proportion has increased to 54.7 percent of all Ebonyi State women. Incidentally, within the same 2018, South East regional average record declined from the 38.3 percent in 2013 to 36.1 percent in 2018. However, the national average record increased from 27.8 percent in 2013 to 31 percent in 2018.

From the same Figure 1 above, this study observes that as at 2013, up to 15.8 percent of all the women (aged 15 – 49) in Ebonyi State have experienced one form of physical violence or the other within the last 12 months before the survey. In the same 2013, average proportion of women who have experienced physical violence within a space of past 12 months in the South East region stood at 14.1 percent, while the national average stood at 11.2 percent. The Figure further shows that as at 2018, the proportion of women who have experienced physical violence in Ebonyi State within the past 12 months before the survey has increased to 26.2 percent. Across board, there seems to be an increase in the proportion of women who experienced physical violence in the past 12 months before the survey. This is because South East regional average increased from 14.1 percent in 2013 to 16.7 percent in 2018, while the national average also increased from 11.2 percent in 2013 to 13.7 percent in 2018.

Figure 1 also shows the level of sexual violence prevalent among women in Ebonyi State. From the Figure, up to 11.5 percent of all the women (aged 15 – 49) in Ebonyi State have at one point in time or the other experienced sexual violence since their birth as at 2013. From the same 2013 survey, South East regional average record of prevalence of sexual violence experience among women stood at 8.4 percent, while the national average stood at 7.4 percent. From the Figure, it is also clear that the 2018 survey records an increase in the prevalence of sexual violence across board. There is almost a 100 percent increase in the proportion of Ebonyi State women who had experienced sexual violence since birth between 2013 survey and 2018 survey. From a record of 11.5 percent in 2013, Ebonyi State record increased to 20.8 percent in 2018. South East regional average record equally increased from 8.4 percent of 2013 to 12.1 percent in 2018, just as the national average record increased from 7.4 percent in 2013 to 9.1 percent in 2018.

The general increase in the prevalence of sexual violence across board is also evident in the survey of women who have experienced sexual violence in the past 12 months preceding the survey. As the Figure above shows, only about 4.8 percent of the women in Ebonyi State confirmed to have been sexually violated within 12 months before the survey in 2013. The proportion increased to 10.6 of the Ebonyi State women in 2018. Similarly, South East regional average records increased from 3.5 percent in 2013 to 4.8 percent in 2018, while the national average increased from 3.3 percent in 2013 to 4.1 percent in 2018.

The current level of prevalence of physical and sexual violence among women in Ebonyi State may not be the greatest threat to women's dignity and freedom from violence in the State. Rather, the women's disposition towards such violence. The (B) part of Figure 1 above shows the proportion of men and women who think that domestic violence could

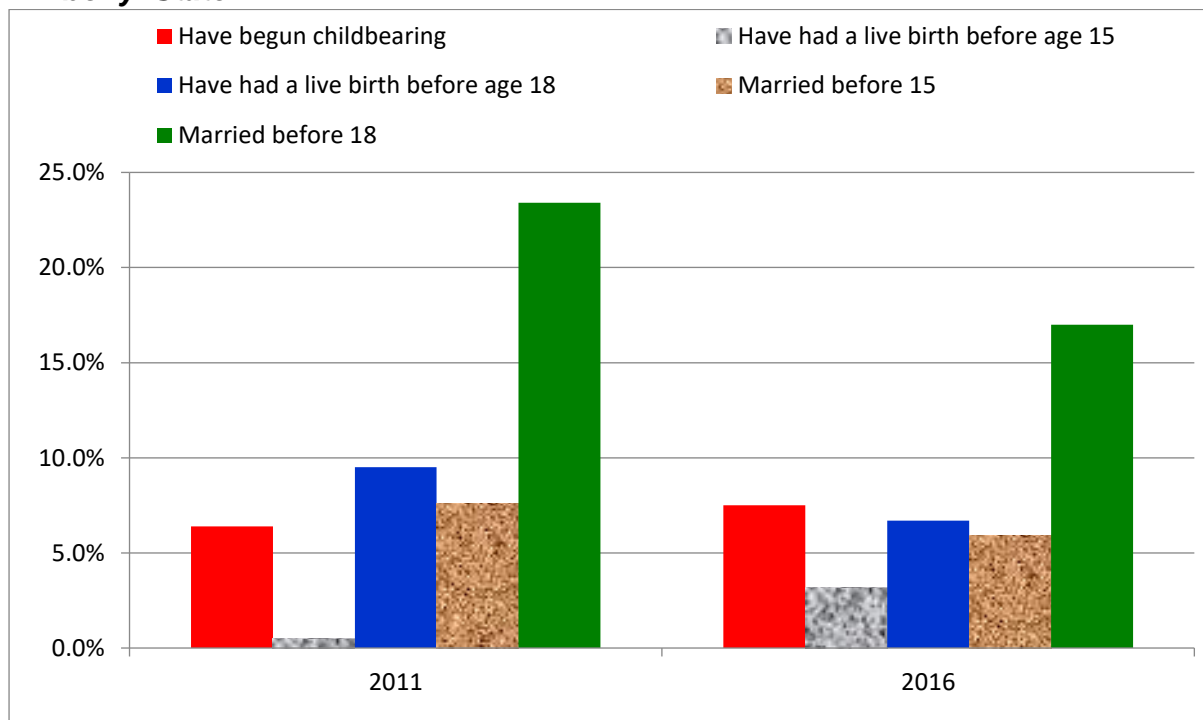
be justified, based on any reason for engaging in it. The Nigerian Demographic and Health Survey (NDHS) 2013 records that up to 66.2 percent of all the sampled women still think a man is justified if he beats his wife for any of the five identified reasons. It is important to note that some of the reasons are very trivial. Incidentally, during the 2018 version of the same survey, the proportion of Ebonyi State women who justify domestic violence had reduced from 66.2 percent in 2013 to 39.6 percent in 2018. On the other hand, the 2013 version of NDHS shows that only about 22.7 percent of the men in Ebonyi State justify violence against their wives. This proportion further reduced to 15.1 percent of the men in 2018 during the latest round of the survey. The above shows that women are more likely to justify domestic violence than men in Ebonyi State.

It is right to conclude from Figure 1 that SGBV and VAWG are very serious challenges in Ebonyi State.

3.2 Harmful Practices (HP)

There are several harmful practices in Ebonyi State. One of such harmful practices has to do with early marriage and teenage motherhood. Figure 2 below shows the extent to which the harmful practice of early marriage and teenage motherhood is prevalent in the State.

Figure 2: The Prevalence of Early Marriage and Teenage Motherhood among Girls in Ebonyi State



Source: Multiple Indicators Cluster Survey – MICS (2011 & 2016)

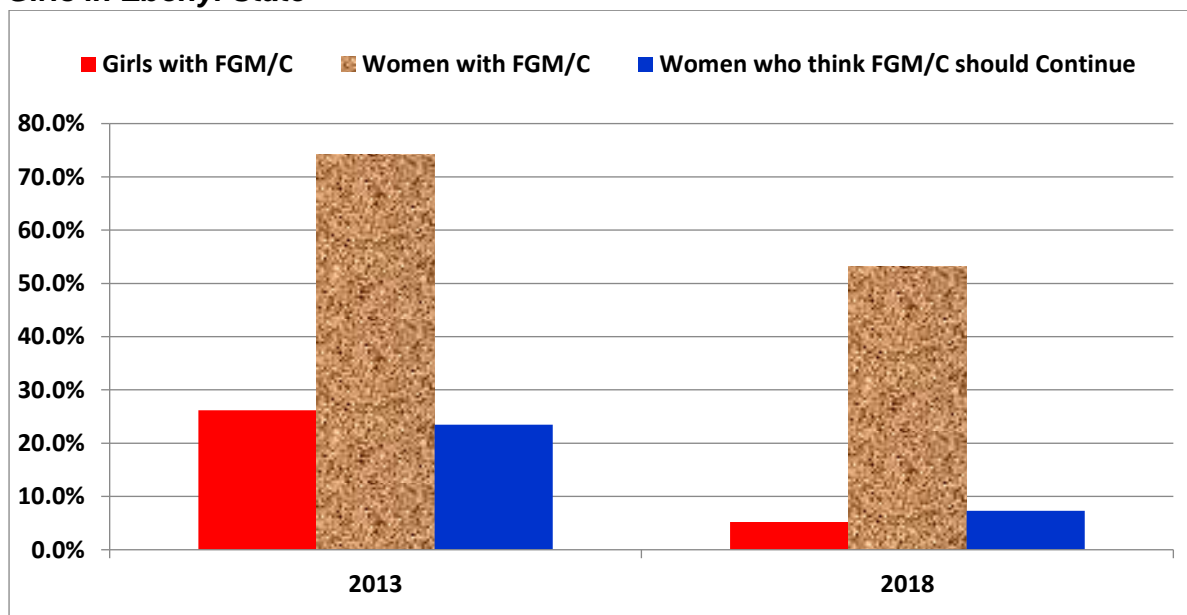
Figure 2 above shows that as at 2011, about 6.4 percent of all the girls (aged 15 – 19) in Ebonyi State have begun childbearing. The proportion increased to 7.5 percent of all the girls in Ebonyi State by the year 2016. Surprisingly, only about 0.5 percent of all the girls (aged 15 – 19) in Ebonyi State have had a live birth before they turned 15 years of age as

at 2011, but by 2016, the proportion of the girls who have had a live birth before getting to 15 years of age increased to 3.2 percent. As at 2011, about 9.5 percent of the women (aged 20 – 24) in Ebonyi State have had a live birth before they turned 18 years of age, whereas the proportion of women (aged 20 – 24) in Ebonyi State who have had a live birth before turning 18 years of age stood at 6.7 percent as at 2016.

Coming to the aspect of early marriage, based on 2011 Multiple Indicators Cluster Survey (MICS), about 7.6 percent of the girls (aged 15 – 19) in Ebonyi State were married before they turned 15 years of age. This declined to 5.9 percent of all the girls based on the 2016 survey. On other hand, the same 2011 Multiple Indicators Cluster Survey (MICS) reveals that about 23.4 percent of the women (aged 20 – 24) in Ebonyi State were married before they turned 18 years of age. This proportion of women who were married before they turned 18 years of age in Ebonyi State also declined to 17.0 percent of all the women based on the 2016 survey. Therefore, marriage before the legal age of majority, being the age when free, full and informed consent to marriage can be given by a girl is a challenge in Ebonyi State.

Another harmful practice prevalent in many traditional communities in Ebonyi State is female genital mutilation/cutting. This practice is backed by the traditional belief that a girl child will either be morally upright or promiscuous depending on the nature and size of her genital organs. As a result, a girl child’s genital organ is forcefully cut off or sewn close to “avoid promiscuity”. Figure 3 below shows the level of incidence of FGM/C among women and girls in Ebonyi State.

Figure 3: The Prevalence of Female Genital Mutilation/Cutting among Women and Girls in Ebonyi State



Source: Nigeria Demographic and Health Survey – NDHS (2013 & 2018)

Figure 3 above shows that about 26.2 percent of all the girls (aged 0 – 14) in Ebonyi State had one form of genital mutilation/cutting or the other as at 2013. Within the same 2013, about 74.2 percent of the women confirmed to have had one form of female genital mutilation/cutting or the other in Ebonyi State. Incidentally, South East regional average

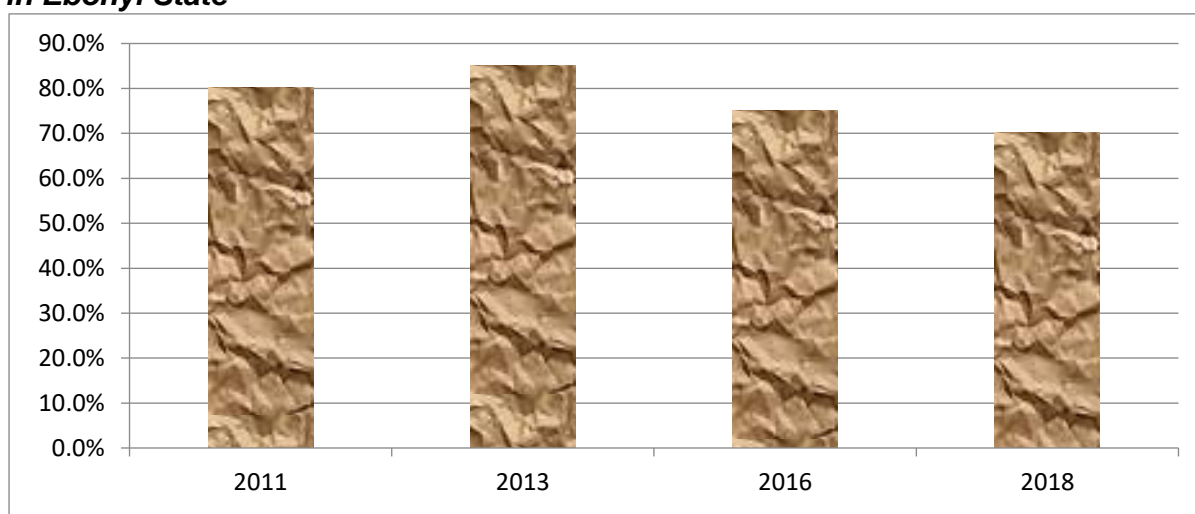
records for female genital mutilation/cutting among girls and women in the same 2013 stood at 20.7 percent and 49.0 percent respectively. Similarly, the national average records for FGM/C among girls and women in the same 2013 stood at 16.9 percent and 24.8 percent respectively. By implication, the records of FGM/C among girls and women in Ebonyi State as at 2013 exceeded both the South East regional average and the national average.

The proportion of girls who have had one form of female genital mutilation/cutting or the other in Ebonyi State reduced from 26.2 percent as at 2013 to 5.2 percent in 2018. In like manner, the proportion of women who have had one form of female genital mutilation/cutting or the other in Ebonyi State reduced from 74.2 percent as at 2013 to 53.2 percent in 2018. Comparatively, South East regional average records for FGM/C among girls and women in the same 2018 stood at 15.5 percent and 35.0 percent respectively. In the same way, the national average records for FGM/C among girls and women in the same 2018 stood at 19.2 percent and 19.5 percent respectively. By implication, the record of FGM/C among women in Ebonyi State as at 2018 exceeded both the South East regional average and the national average. However, the records of FGM/C among girls in Ebonyi State as at 2018 was much lower than both the South East regional average and the national average. From the foregoing, FGM/C is still a challenge in Ebonyi State.

3.4 Limitations to the Enjoyment of Sexual and Reproductive Health/Rights by Women and Girls (SRHR)

Issues of women’s sexual and reproductive health and rights is intrinsically linked to SGBV and the right to life. One of the core issues in maternal and reproductive healthcare services is antenatal care. Figure 4 below presents the level and reach of antenatal care services across women in Ebonyi State.

Figure 4: Proportion of Women who received Antenatal Care from Skilled Providers in Ebonyi State



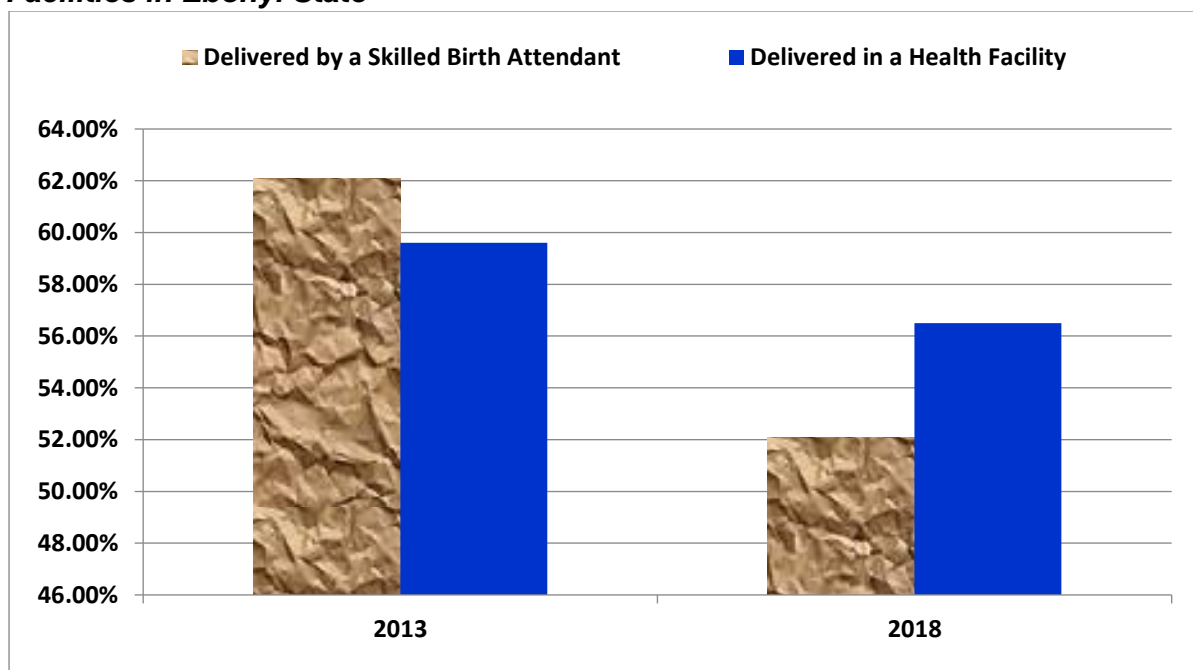
Source: Multiple Indicators Cluster Survey – MICS (2011 & 2016), & Nigeria Demographic and Health Survey – NDHS (2013 & 2018)

The Figure above shows that there have been fluctuations in the proportion of women who have been able to access antenatal care services from skilled service providers in Ebonyi State over the last couple of years. As at 2011, about 80.3 percent of Ebonyi State women who needed antenatal care services were able to access the services from skilled service providers. The proportion increased to 85.1 percent in 2013. In 2016, the proportion of women in Ebonyi State who needed antenatal care services and were able to access the services from skilled service providers declined to 75.0 percent, and later declined to 70.3 percent in 2018.

Considering that the data presented in Figure 4 above are sourced from two separate surveys – MICS and NDHS, it may be argued that their methodologies differ, and the fluctuations may be attributable to the variation in the methodologies. Therefore, separating the two surveys, this study still observes that based on MICS, the proportion of women in Ebonyi State who needed antenatal care services and were able to access the services from skilled service providers declined from 80.3 percent in 2011 to 75.0 percent in 2016. Similarly, NDHS shows that the proportion of women in Ebonyi State who needed antenatal care services and were able to access the services from skilled service providers declined from 85.1 percent in 2013 to 70.3 percent in 2018. So, whichever survey dataset is relied upon, there has been a decline in the proportion of pregnant women who need antenatal care and were able to access the care from skilled service providers in Ebonyi State over the last few years.

In the light of the decline, it is important to consider the proportion of women in Ebonyi State who delivered in health facilities and were assisted by skilled birth attendants over recent years. Figure 5 below presents the proportions of women who delivered their babies in health facilities and those assisted by skilled birth attendants during child delivery in Ebonyi State.

Figure 5: Proportions of Women Delivered by Skilled Birth Attendants and at Health Facilities in Ebonyi State

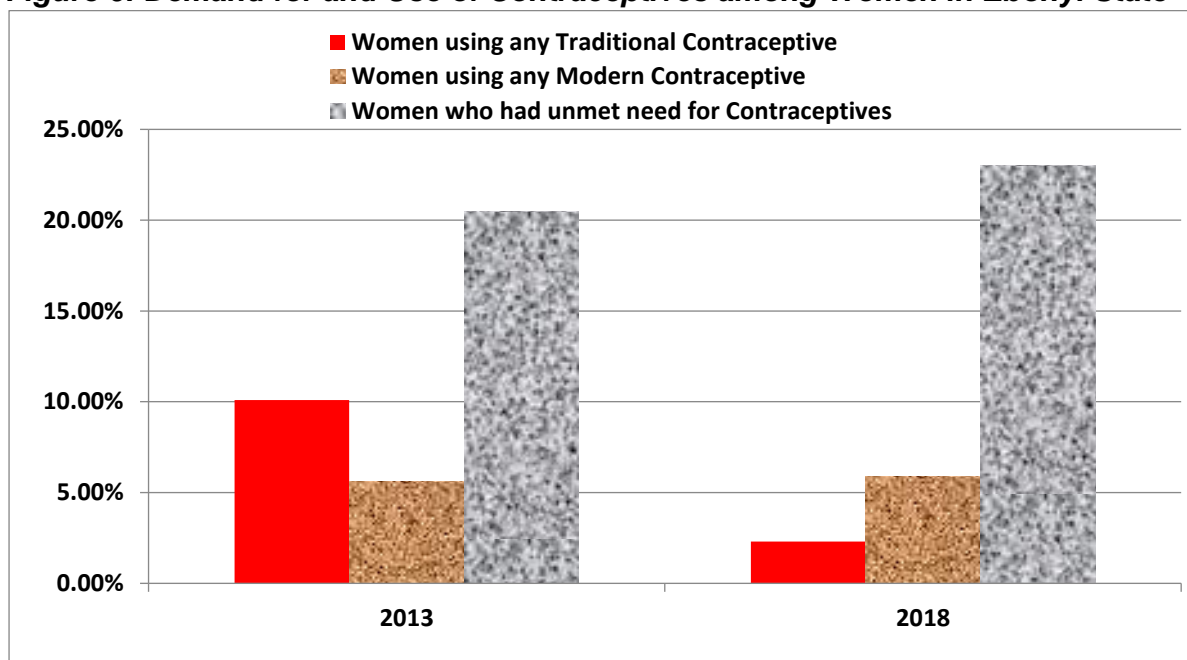


Source: Nigeria Demographic and Health Survey – NDHS (2013 & 2018)

From Figure 5 above, the proportion of women in Ebonyi State who were assisted by skilled birth attendants during child delivery also declined from 62.1 percent in 2013 to 52.1 percent in 2018. Similarly, the proportion of women in Ebonyi State who delivered their children in healthcare facilities also declined from 59.6 percent in 2013 to 56.5 percent in 2018. It is not clear what could have contributed to the decline in the proportion of women who access reproductive healthcare services in Ebonyi State in recent years.

Apart from accessing reproductive healthcare services when pregnant and when due for delivery, women are also expected to access reproductive healthcare services when they no longer want to continue producing children. This brings about the demand for and use of contraceptives. Figure 6 below shows the demand for and use of contraceptives among women in Ebonyi State in recent years.

Figure 6: Demand for and Use of Contraceptives among Women in Ebonyi State



Source: Nigeria Demographic and Health Survey – NDHS (2013 & 2018)

Figure 6 above shows that the proportion of women in Ebonyi State who were using traditional contraceptives declined from 10.1 percent in 2013 to 2.3 percent in 2018. On the other hand, the proportion of women in Ebonyi State who were using modern contraceptives marginally increased from 5.6 percent in 2013 to 5.9 percent in 2018. At the same time, the proportion of women in Ebonyi State who had unmet need for contraceptives increased from 20.5 percent in 2013 to 23.0 percent in 2018.

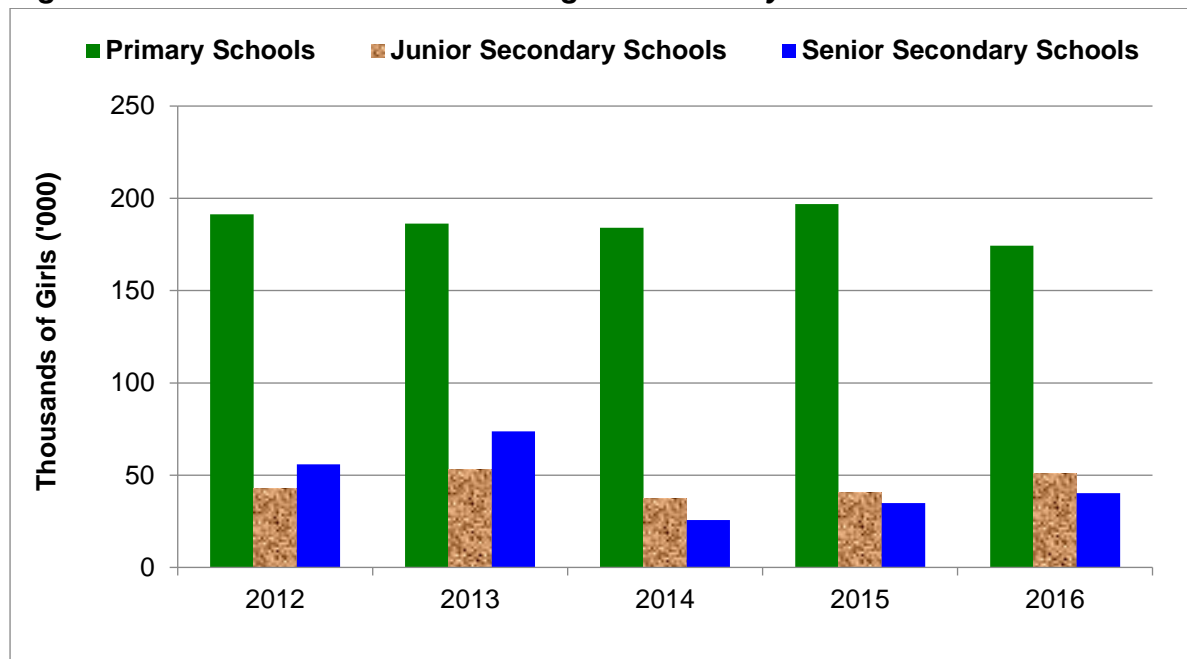
From Figures, 4, 5 and 6, access to ante-natal care, access to skilled birth attendants and medical care in hospitals as well as access to family planning and contraceptive goods and services is still limited and pose major challenges to the health of Ebonyi women.

3.5 Education and Equipping Girls against SGBV/VAWG

It is a known fact that one of the easiest ways to prepare a girl against any form of SGBV or VAWG is to educate her. Education has two functions in the preparation of the girl child for the later part of her life. The first function of education is to make the girl child able to know her rights and stand for them. The second function of girl-child education is to

increase her productive capacity and make her less dependent on men in and out of marriage. Therefore, it is important to understand the extent to which girl child education has improved in Ebonyi State in recent years. Available data from the Federal Ministry of Education is presented in the Figures below:

Figure 7: Female School Enrolment Figures in Ebonyi State



Source: Nigeria Education Indicators (2016)

From Figure 7 above, the number of girls who enrolled in primary schools within Ebonyi State declined by 2.64% from 191,420 girls in 2012 to 186,364 girls in 2013. There was a further decline in the number of girls who enrolled in primary schools within Ebonyi by 1.25% from 186,364 girls in 2013 to 184,037 girls in 2014 before improving by 7.01% to 196,938 girls in 2015. Incidentally, there was another decline in the number of girls who enrolled in primary schools within Ebonyi State by 11.43% from 196,938 girls in 2015 to 174,422 girls in 2016.

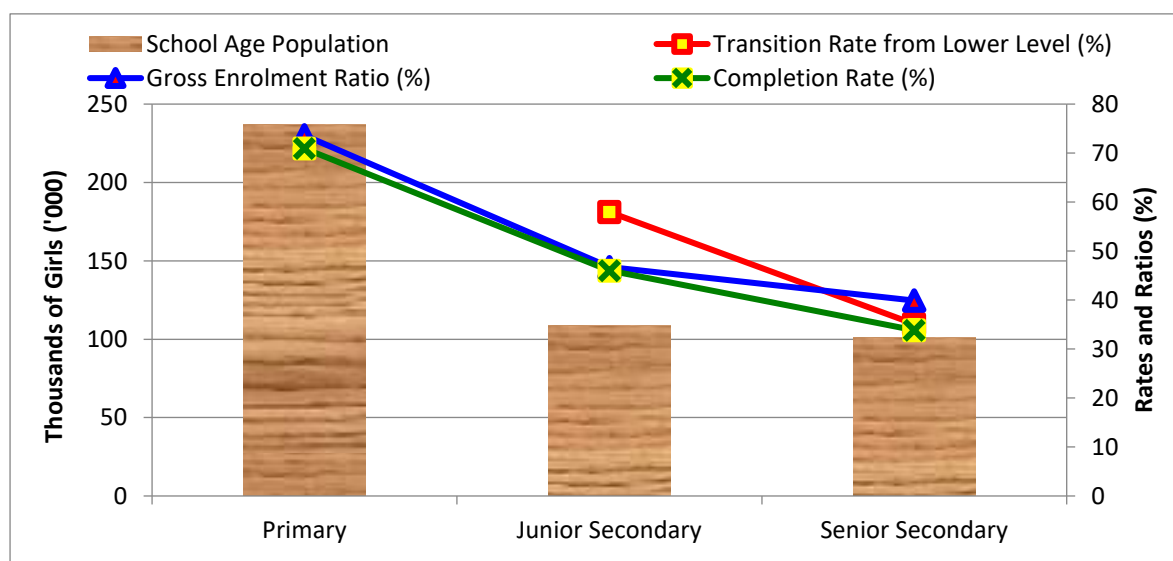
On the other hand, Figure 7 shows that the number of girls who enrolled in junior secondary schools within Ebonyi State increased by 24.24% from 42,721 girls in 2012 to 53,078 girls in 2013. However, there was a decline of 29.98% in the number of girls who enrolled in junior secondary schools within Ebonyi from 53,078 girls in 2013 to 37,166 girls in 2014 before improving again by 8.77% to 40,427 girls in 2015. There was a further increase of 25.51% in the number of girls who enrolled in junior secondary schools within Ebonyi State from 40,427 girls in 2015 to 50,741 girls in 2016.

In the same manner, Figure 7 shows that the number of girls who enrolled in senior secondary schools within Ebonyi State increased by 31.89% from 55,886 girls in 2012 to 73,709 girls in 2013. However, there was a decline of 65.24% in the number of girls who enrolled in senior secondary schools within Ebonyi from 73,709 girls in 2013 to 25,621 girls in 2014 before improving again by 36.16% to 34,886 girls in 2015. There was a further

increase of 15.53% in the number of girls who enrolled in senior secondary schools within Ebonyi State from 34,886 girls in 2015 to 40,304 girls in 2016.

The fluctuations in the number of girls enrolled in primary, junior secondary and senior secondary schools may not be well appreciated as they are presented in their absolute numbers. Available statistics from the National Bureau of Statistics shows that the population of young people within school age group has been on annual increase over the years. This means that there should be steady rise in the number of children (boys and girls) enrolled in primary, junior secondary and senior secondary schools in Ebonyi State. But that has not been the case as shown in Figure 7 above. Therefore, Figure 8 below presents some more interesting facts on the subject as found in Ebonyi State.

Figure 8: Female School Enrolment and Completion Figures in Ebonyi State (2016)



Source: Nigeria Education Indicators (2016)

From Figure 8 above, it is quite clear that out of the 236,950 girls who were within primary school age (6-11 years) in Ebonyi State as at 2016, only about 73.61% of them enrolled in any primary school. It is this proportion that represents the enrolment figure presented in Figure 7 above for girls in primary school within Ebonyi State. However, Figure 8 above also shows that it is not all the girls who enrolled into primary school within Ebonyi State that completed their primary education. Only about 70.93% of those enrolled into primary schools completed their primary education. This proportion represents only about 52.21% of the total population of girls in Ebonyi State who were within primary school age as at 2016. By implication, only about 123,715 girls out of the 236,950 girls who were within primary school age in Ebonyi State as at 2016 would finish their primary education.

Figure 8 above also shows that there were about 108,586 girls who were within junior secondary school age (i.e. 12-14 years) in Ebonyi State as at 2016. Out of this figure, only about 46.73% of them enrolled in any junior secondary school. This proportion of girls who enrolled in any junior secondary school represents about 57.96% of those who finished primary education among them. This means that about 42.04% of all the girls who completed primary school did not proceed or progress to junior secondary school. The

implication is that those ones did not complete their basic education according to Nigeria's prevailing and current standards. In addition, Figure 8 above also shows that it is not all the girls who enrolled into junior secondary school within Ebonyi State who completed their junior secondary education. In this case, only about 46.02% of those enrolled into junior secondary schools completed their junior secondary education. This proportion represents only about 21.51% of the total population of girls in Ebonyi State who were within junior secondary school age as at 2016. By implication, only about 23,352 girls out of the 108,586 girls who were within junior secondary school age in Ebonyi State as at 2016 would finish their junior secondary education.

Finally, Figure 8 above also shows that there were about 101,035 girls who were within senior secondary school age (i.e. 15-17 years) in Ebonyi State as at 2016. Out of this figure, only about 39.89% of them enrolled in any senior secondary school. This proportion of girls who enrolled in any senior secondary school represents about 35.10% of those who finished junior secondary school education among them. This means that up to about 61.11% of all the girls who completed junior secondary school did not proceed or progress to senior secondary school. Their inability to progress to senior secondary schools could easily be linked to issues around VAWG and discrimination against girls and women. For example, girl child teenage pregnancy, early marriage, etc. Apart from enrolment into senior secondary schools, Figure 8 above also shows that it is not all the girls who enrolled that completed their senior secondary education. In fact, only about 33.84% of those enrolled into senior secondary schools in Ebonyi State completed their senior secondary education in 2016. This proportion represents only about 13.50% of the total population of girls in Ebonyi State who were within senior secondary school age as at 2016. By implication, only about 13,638 girls out of the 101,035 girls who were within senior secondary school age in Ebonyi State as at 2016 would finish their senior secondary education.

Given these very poor statistics of girl child education in Ebonyi State, it is not surprising to have very high records of VAWG and SGBV in Ebonyi State. As stated earlier, there is a correlation between the proportion of poorly educated girls and women and the prevalence of SGBV as well as VAWG in any society.

Section Four

Budget Funding

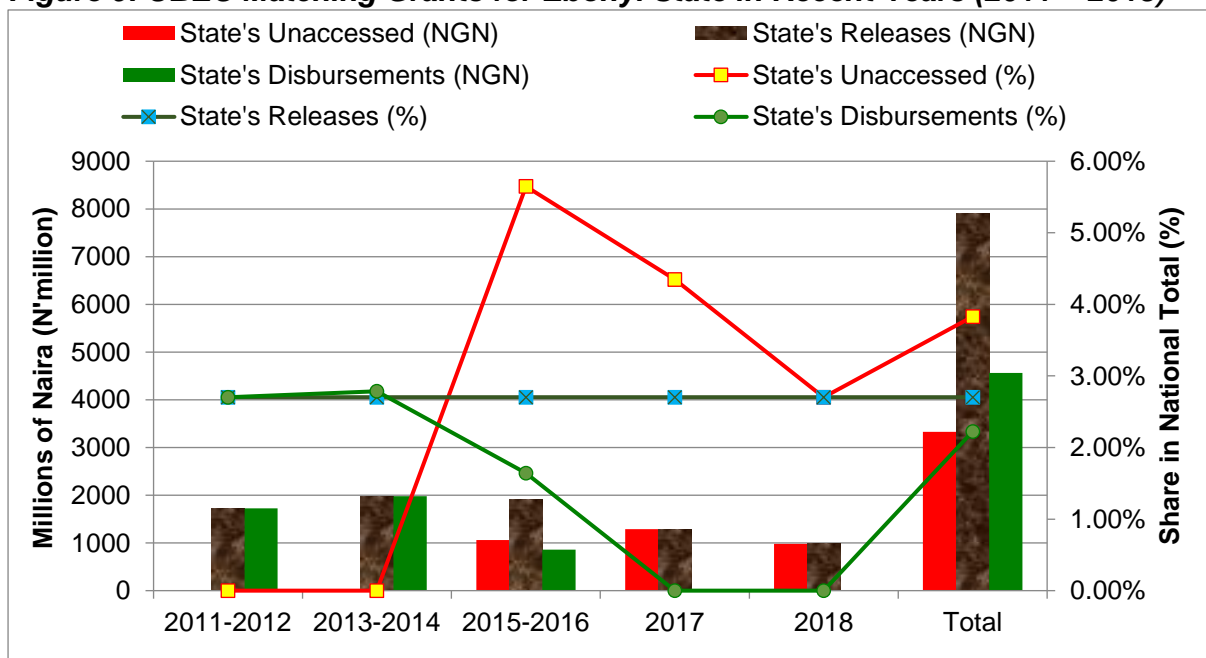
4.1 Introduction

There are four major MDAs that made budgetary provisions for issues and projects relating to SGBV/VAWG/HP and the SRHR of women and girls in Ebonyi State in the 2016-2019 study period. Ideally, they should be more in number considering that there are agencies charged with preventing, investigating and remedying violations of the right to freedom from violence. There are also agencies charged with providing education and sensitisation on the unacceptable and illegal nature of VAWG. Budgetary provisions were therefore expected from the ministries that had tasks related to the obligations to respect, protect and fulfil the rights of women and girls to freedom from violence. This would include the MWASD, Ministries of Education, Health, Justice, Law Enforcement and Information/Orientation, Economic Development, etc.

4.2 Funding for Universal Basic Education

Given the nature of Nigeria's federalism, there are some Federal Government-managed programmes that are meant for State Governments to access. One of such programmes is the Universal Basic Education (UBE) Fund. The Fund is meant for State Governments to access based on certain conditions which they are required to fulfil. As shown in Figures 7 and 8, the statistics on Ebonyi girl child enrolment and completion of basic education is poor. Figure 9 below presents the extent to which Ebonyi State Government has accessed the UBE matching grants in recent years.

Figure 9: UBE Matching Grants for Ebonyi State in Recent Years (2011 – 2018)



Source: Universal Basic Education Commission Website (2020)

To support Ebonyi State Government's efforts towards basic education funding, the Federal Government of Nigeria released the total sum of ₦11.551 billion to Ebonyi State Government within the period of 2011-2018. However, for whatever reason(s), the State Government was only able to access a total sum of ₦8.220 billion within the said period. Thus, the total un-accessed grants within the period amounts to ₦3.331 billion. The said amount could have been used by the State Government to meet some obligations in the efforts towards improving basic education statistics in Ebonyi State. But for whatever reason, the State Government could not access the funds meant for it to meet financial obligations.

As can be seen in the Figure above, the gap between releases and disbursement (i.e. un-accessed) started existing from 2015-2016 fiscal years. Within these fiscal years, the amount that Ebonyi State Government could not access was even larger than the amount it could access (i.e. ₦1.062 billion un-accessed is larger than ₦856.807 million disbursed). However, in 2017 fiscal year, the amount that Ebonyi State Government could not access was the same as the amount it was able to access. This means that the amount the State Government could access in 2017 only represents about 50% of the amount allocated to it.

4.3 The Proposals in the Approved Budget

The MDAs that made provisions are the MWASD; the Ministry of Health (MoH); Ebonyi State Primary Health Care Development Agency (SPHCDA); and Office of the Special Assistants to Ebonyi State Governor on Women and Child Development. In their capital expenditures, the four MDAs made budgetary provisions for line items to address various aspects of strategies for the elimination of VAWG and the improvement of SRHR of women and girls in Ebonyi State.

Table 1 below presents a list of such line items and the amounts being allocated to them in recent years.

Table 1: Budgetary Provisions for the Elimination of SGBV, VAWG, HP and Promotion of SRHR of Women in Ebonyi State

Project Code	Project Description	Budgeted Amounts (Million)			
		2016	2017	2018	2019
Ministry of Women Affairs and Social Development					
14001001/ 23020102/ 7000001	Construction of 6Nos 1 bedroom self-contained flat with big dining hall and kitchen for social welfare shelter. To serve as a stopover or temporary home for repatriated or lost and found persons.	20.00	13.00	20.00	10.00
14001001/ 23020102/ 7000002	Furnishing of 6Nos 1 bedroom self-contained flat with big dining hall and kitchen for social welfare shelter. To serve as a stopover or temporary home for	5.00	0.00	0.00	0.00

	repatriated or lost and found persons.				
14001001/ 23020118/ 7000007	State Government Empowerment for Women/ Ebonyi Women's Day Celebration.	80.00	130.00	150.00	1.00
Sub-Total		105.00	143.00	170.00	11.00
Office of the Special Assistants to the Governor on Women & Child Dev. (North, South & Central)					
14002001/ 23020118/ 7000003	Flag off of the programme on indigent/vulnerable women and children	0.00	23.40	25.00	0.00
14002001/ 23020118/ 7000004	Launching of a mentorship program for young people (inspiring the young generation programme)	0.00	6.50	20.00	0.00
14002001/ 23020118/ 7000005	Sensitization programme on female genital mutilation at Zonal & LGA levels	0.00	19.50	0.00	0.00
14002001/ 23020118/ 7000006	Girl Child programmes	0.00	3.25	25.00	0.00
Sub-Total		0.00	52.65	70.00	0.00
Ministry of Health					
21001001/ 23010122/ 4000014	Free Maternal Health Care Services.	10.00	6.50	5.00	100.00
21001001/ 23010122/ 4000015	Reproduction Health Services	5.00	0.00	0.00	20.00
21001001/ 23010122/ 4000020	Production/Procurement of sanitary equipment & enforcement documents	0.00	1.95	5.00	2.00
21001001/ 23020106/ 4000026	MNCH Week	0.00	0.00	15.00	30.00
21001001/ 23010107/ 4000034	Family Planning Services	0.00	0.00	0.00	10.00
Sub-Total		15.00	8.45	25.00	162.00
Ebonyi State Primary Health Care Development Agency					
23010122/ 23010122/ 4000003	Reproductive health services & family planning	0.00	13.00	0.00	0.00
23010122/ 23010122/ 4000005	Expanded programme on immunization activities (strengthening routine immunization activities)	0.00	22.75	25.00	25.00
23010122/ 23020105/ 4000009	Conduct of supplemental immunization activities (campaigns activities towards	0.00	22.75	25.00	25.00

	disease eradication, elimination & control example polio campaign.				
23010122/ 23010122/ 4000010	Conduct of Biannual Maternal, newborn & child health weeks (May/June & Nov/Dec).	0.00	22.75	25.00	25.00
23010122/ 23010122/ 4000011	Vaccine security & cold chain logistics - pushing vaccines from State to LGAs to Health Facilities)	0.00	32.50	30.00	5.00
23010122/ 23010122/ 4000012	Advocacy, communication & social mobilization activities geared towards community sensitization towards ownership and participation.	0.00	22.75	20.00	0.00
23010122/ 23030101/ 4000013	Baby friendly Initiative services promoting exclusive breastfeeding.	0.00	13.00	13.00	0.00
23010122/ 23010122/ 4000014	Safe motherhood services	0.00	22.75	20.00	0.00
23010122/ 23030101/ 4000015	Gender Health Services	0.00	6.50	7.00	0.00
23010122/ 23010122/ 4000016	Adolescent Health Services	0.00	6.50	7.00	0.00
Sub-Total		0.00	185.25	172.00	80.00
GRAND TOTAL		120.00	389.35	437.00	253.00

Source: Approved Budgets of Ebonyi State Government of Nigeria (2016 – 2019)

From Table 1, in the 2016 fiscal year, out of the four focal MDAs, only the MWASD, and Ministry of Health made budgetary provisions for capital projects targeted at eliminating or reducing violence and discrimination against women. The MWASD made provisions for only 3 capital projects, while the Ministry of Health made provisions for 2 capital projects, implying a total of 5 projects. In terms of monetary value, the MWASD allocated the sum of ₦105 million to the 3 projects, while the Ministry of Health allocated the sum of ₦15 million to the 2 projects, implying a total sum of ₦120 million for the two ministries.

On the other hand, in 2017 and 2018 fiscal years, all the four focal MDAs made budgetary provisions for capital projects targeted at eliminating or reducing SGBV, VAWG, HP and promoting SRHR in Ebonyi State. The MWASD made provisions for only 2 capital projects in both 2017 and 2018 fiscal years. The Office of the Special Assistant to Ebonyi State Governor on Women and Child Development made provisions for 4 and 3 capital projects respectively in 2017 and 2018 fiscal years. Similarly, the MoH made provisions for 2 and 3 capital projects respectively in 2017 and 2018 fiscal years. Also, the SPHCDA made budgetary provisions for 10 and 9 capital projects respectively in 2017 and 2018 fiscal years. In terms of value, the MWASD allocated the sums of ₦143 million and ₦170 million

to each set of 2 projects respectively in 2017 and 2018 fiscal years. On the other hand, the Office of the Special Assistant to Ebonyi State Governor on Women and Child Development allocated the sums of ₦52.65 million and ₦70 million respectively to the 4 and 3 projects provided for in 2017 and 2018 fiscal years respectively. The MoH allocated the sums of ₦8.45 million and ₦25 million respectively to the 2 and 3 projects provided for in 2017 and 2018 fiscal years respectively. Finally, the SPHCDA allocated the sums of ₦185.25 million and ₦172 million respectively to the 10 and 9 projects provided for in 2017 and 2018 fiscal years respectively. All the provisions above imply provisions of total sums of ₦389.35 million and ₦437 million respectively budgeted in 2017 and 2018 for the elimination of SGBV, VAWG, HP and limitations to SRHR of women and girls in Ebonyi State.

In 2019 fiscal year, three out of the four focal MDAs made budgetary provisions for capital projects targeted at eliminating or reducing SGBV, VAWG, HP and promoting SRHR in Ebonyi State. The MWASD made provisions for only 2 capital projects, while the MoH made provisions for 5 capital projects. In addition, the SPHCDA made budgetary provisions for 4 capital projects, implying a total of 11 capital projects. In terms of monetary values, the MWASD allocated the sum of ₦11 million to the 2 projects, while the MoH allocated the sum of ₦162 million to the 5 projects. In addition, the SPHCDA allocated the sum of ₦80 million to the 4 projects it made budgetary provisions for, implying a total sum of ₦253 million provided for the elimination or reduction of SGBV, VAWG, HP and promoting SRHR in Ebonyi State.

4.4 The Relevance of the Votes to SGBV, VAWG/HP and SRHR

Apart from the monetary value allocated to the various line items in the budget, it is equally important to consider the nature (i.e. contents and contexts) of line items in order to determine whether their execution will make significant impacts on the issues being addressed. There are four components of the discussion – (a) SGBV, (b) VAWG, (c) HP, and (d) SRHR. It is therefore imperative to review the line items presented in Table 1 in the light of their relevance to the four components of the discussion identified above.

A critical overview of the line items presented in Table 1 shows that there are no concrete budgetary provisions for projects that could help combat the prevalence of SGBV/VAWG/HP in the State throughout the study period. It is important to note that the budgetary provisions for a *social welfare shelter* in the votes of the MWASD is not a shelter for women and girls fleeing from violence but for repatriated or lost and found persons. This has nothing to do with SGBV. It is possible that during *the celebration of women's day* in the State, certain levels of sensitisation will be carried out. Yet, such sensitisation exercises will only be for the privileged few women who gather for the women's day celebration. The majority of the women who may not be privileged to gather for the celebration may never gain from the sensitisation exercise. Considering that the sum of money consistently voted for the women's day celebration is big, its value for money deployment could have raised greater sensitisation using radio, women's groups, faith and community-based organisation. As a result, the sensitisation that may be considered a proactive/preventive measure in combating SGBV in the State may not have been carried out.

There were no programmes targeting men and boys to discourage them from perpetrating SGBV and to modify their social and cultural patterns of conduct with a view to achieving the elimination of prejudices and customary and all other practices which are based on the idea of inferiority or superiority of either of the sexes.²³

Also, the *State Government Empowerment for Women* is not a specific project but a loose description that can support any activity which may not necessarily empower women. Also, *Girl Child programme* lacks specificity and presents on the face of it, no deliverables.

There seems to be no serious programmes targeted at the elimination or reduction of HP throughout the study period. The only exception is found in 2017 where the Office of the Special Assistant to Ebonyi State Governor on Women and Child Development made specific budgetary provision for *sensitization programme on FGM at zonal and LGA levels in the State*. Incidentally, this is not just the only specific sensitization programme on matters relating to HP, but also appeared in only one year throughout the study period. Ideally, matters of this nature and magnitude should annually appear in budgets of several MDAs in the State. There were no mentions of sensitisation programmes targeted at child/teenage marriage and other forms of HP prevalent in the State. There are policies and laws prohibiting and even criminalising these HP in the State, but budgetary provisions by relevant MDAs will ensure effective implementation and execution of the laws and policies. Further, there was no provision for surgery and rehabilitation of vesico-vaginal fistula (VVF) victims despite the prevalence of VVF in the State

The fourth component is SRHR. This is the only component that received significant budgetary provisions throughout the study period. All the budgetary provisions by the MoH revolve around this component, just as those of the SPHCDA also revolve around this component. It can therefore be deduced from Table 1 that it is mainly the two MDAs of MoH and the SPHCDA that made significant budgetary provisions for issues relating to any of the four components of this discussion. However, family planning services only got a vote of N10 million in four years.

4.5 The Missing Votes and Adequacy of the Allocations

No provisions were made for shelters for survivors of violence, remediation and rehabilitation of VVF victims,²⁴ establishment of Sexual Assault Referral Centres and legal aid to survivors who need to claim their rights. Also, targeted investments to improve the economic status of women was missing. Even though law enforcement (Police, Civil Defence Corps) is funded by the Federal Government, with the prevalence of SGBV in the State, there could have been votes in the state budget to support preventive and investigative measures.

The MWASD which should lead the charge against SGBV got very meagre votes which cannot really address or scratch the surface of the SGBV challenge. Allocating the sum of

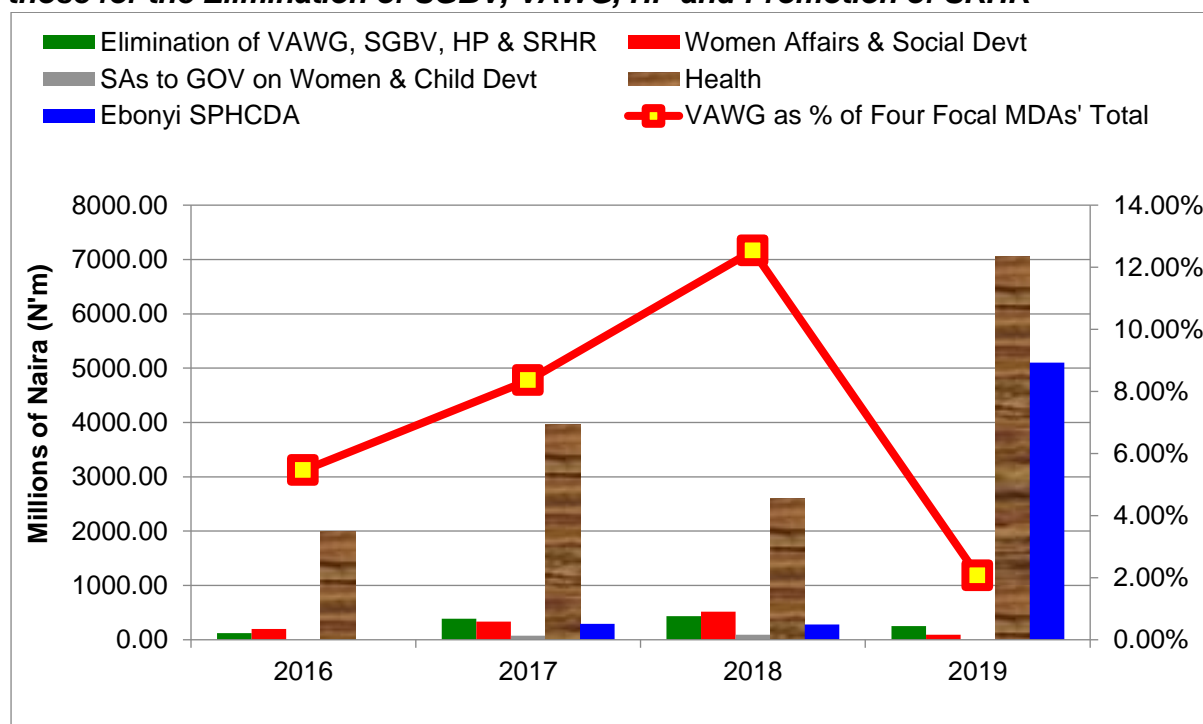
²³ See article 5 (1) of CEDAW.

²⁴ The Federal Government of Nigeria located a National Obstetric Fistula Centre in Abakaliki, Ebonyi State. This centre cares for VVF patients in the State. Beyond the medical rehabilitation done at the Fistula Centre, such patients need emotional rehabilitation and skill/career development. The state government needs to provide funding to supplement federal efforts.

N48 million across the MDAs to family planning services and reproductive health services over four years is grossly inadequate considering the population of men and women of childbearing age in the State. The vote of N13.50 million for adolescent health services, N121.50 million for free maternal health services, N42.75 million for safe motherhood services, etc. over a four-year period is inadequate to take care of the number of persons in need of these services and especially, when pitched against Nigeria’s embarrassing maternal mortality and morbidity rates.

It is important to look at the amounts allocated to capital projects targeted at the elimination of VAWG and promotion of SRHR in the light of the total capital amounts allocated to the focal MDAs earlier reviewed. The essence of Figure 10 below is not only to present the amounts allocated to the four focal MDAs alongside the amounts allocated to issues of SGBV, VAWG, HP and SRHR, but to focus on the capital allocated to our study items as a share of the total capital amounts allocated to the four focal MDAs.

Figure10: Budgetary Provisions for Capital Projects across Four Focal MDAs and those for the Elimination of SGBV, VAWG, HP and Promotion of SRHR



Source: Data Collected from the Approved Budgets of Ebonyi State Government of Nigeria (2016 – 2019)

Figure 10 above shows that in 2016, only two of the four focal MDAs had budgetary provisions for capital projects. The two MDAs are the MoH and the MWASD. These two MDAs received cumulative budgetary provisions of the sum of ₦2.2 billion for capital projects in 2016. Out of this amount, the MoH took the lead with a total sum of ₦2 billion allocated to it alone, while the MWASD received budgetary allocation of ₦200 million for capital projects. However, within the same year, all the capital projects that could help in eliminating or reducing SGBV, VAWG, HP and promoting SRHR in the budgets of the two focal MDAs amounted to the sum of ₦120 million. This amount represents only about 5.45% of the total amount allocated to capital projects within the two focal ministries.

On the other hand, in 2017, all the four focal MDAs had budgetary provisions for capital projects. The cumulative budgetary provisions of capital projects within the four focal MDAs amounted to the sum of ₦4.663 billion in 2017. Out of the huge amount, the MoH took the largest sum of ₦3.961 billion, while the Office of the Special Assistant to the Governor on Women and Children Development took the least sum of ₦77.4 million. From the capital expenditure budgets of the four focal MDAs, the value of capital projects identified as targeted at eliminating or reducing SGBV, VAWG, HP and promoting SRHR in the State amounted to the sum of ₦389.35 million in 2017. This amount represents about 8.35% of the total amount allocated to capital projects within the four focal MDAs.

Similarly, in 2018, all the four focal MDAs had budgetary provisions for capital projects. The cumulative budgetary provisions of capital projects within the four focal MDAs amounted to the sum of ₦3.488 billion in 2018. Out of the huge amount, the State MoH still took the largest sum of ₦2.592 billion, while the Office of the Special Assistant to the Governor on Women and Children Development also took the least sum of ₦95 million. From the capital expenditure budgets of the four focal MDAs, the value of capital projects identified as targeted at eliminating or reducing SGBV, VAWG, HP and promoting SRHR in the State amounted to the sum of ₦437 million in 2018. This amount represents about 12.53% of the total amount allocated to capital projects within the four focal ministries.

On the other hand, only three of the four focal MDAs had budgetary provisions for capital projects in 2019. The three MDAs include MoH, MWASD, and the SPHCDA. The cumulative budgetary provisions of capital projects within the four focal MDAs amounted to the sum of ₦12.240 billion in 2019. Out of the huge amount, MoH still took the largest sum of ₦7.050 billion, while MWASD took the least sum of ₦90.0 million. From the capital expenditures budgets of the three focal MDAs, the value of capital projects identified as targeted at eliminating or reducing SGBV, VAWG, HP and promoting SRHR in the State amounted to the sum of ₦253.0 million in 2019. This amount represents only about 2.07% of the total amount allocated to capital projects within the three focal MDAs.

Essentially, the votes kept increasing between 2016 and 2018 but took a nosedive in 2019. This is a backward movement that is not backed by paucity of resources.

4.6 The Actual Expenditure

It is one thing to make budgetary provisions for programmes and projects, and another thing to provide financing for the programmes and projects already budgeted for. This is especially the case in Nigeria where budgets (particularly, capital expenditures component) are not optimally funded. Table 2 below presents the extent to which the projects and programmes identified in Table 1 above were funded within the study period.

Table 2: Actual Provisions for the Elimination of SGBV, VAWG, HP and Promotion of SRHR of Women in Ebonyi State

Project Code	Project Description	Actual Amounts (N'million)		
		2016	2017	2018
Ministry of Women Affairs and Social Development				
14001001/ 23020102/ 7000001	Construction of 6Nos 1 bedroom self-contained flat with big dining hall and kitchen for Social Welfare Shelter. To serve as a stop-over or temporary home for repatriated or lost and found persons.	0.00	0.00	0.00
14001001/ 23020102/ 7000002	Furnishing of 6Nos 1 bedroom Self- contain flat with big dining Hall and Kitchen for Social Welfare Shelter. To serve as a stop-over or temporary home for repatriated or lost and found persons.	0.00	0.00	0.00
14001001/ 23020118/ 7000007	State Government Empowerment for Women/ Ebonyi Women's Day Celebration	15.00	0.00	0.00
Sub-Total		15.00	0.00	0.00
Office of the Special Assistants to the Governor on Women & Child Dev. (North, South & Central)				
14002001/ 23020118/ 7000003	Flag off of the programme on indigent/vulnerable women and children	0.00	0.00	0.00
14002001/ 23020118/ 7000004	Launching of a mentorship program for young people (inspiring the young generation programme)	0.00	0.00	0.00
14002001/ 23020118/ 7000005	Sensitization programme on female genital mutilation at zonal & LGA levels	0.00	0.00	0.00
14002001/ 23020118/ 7000006	Girl Child programmes	0.00	0.00	0.00
Sub-Total		0.00	0.00	0.00
Ministry of Health				
21001001/ 23010122/ 4000014	Free Maternal Health Care Services.	0.00	6.50	0.00
21001001/ 23010122/ 4000015	Reproduction Health Services	0.00	0.00	0.00
21001001/ 23010122/ 4000020	Production/Procurement of sanitary equipment & enforcement documents	0.00	0.00	0.00
21001001/ 23020106/ 4000026	MNCH Week	0.00	0.00	0.00
21001001/ 23010107/ 4000034	Family Planning Services	0.00	0.00	0.00
Sub-Total		0.00	6.50	0.00

Ebonyi State Primary Health Care Development Agency				
23010122/ 23010122/ 4000003	Reproductive health services & family planning	0.00	0.00	0.00
23010122/ 23010122/ 4000005	Expanded programme on immunization activities (strengthening routine immunization activities)	0.00	0.00	0.00
23010122/ 23020105/ 4000009	Conduct of supplemental immunization activities (campaigns activities towards disease eradication, elimination & control example polio campaign.	0.00	0.00	0.00
23010122/ 23010122/ 4000010	Conduct of Biannual Maternal, Newborn & Child Health weeks (May/June & Nov/Dec).	0.00	0.00	0.00
23010122/ 23010122/ 4000011	Vaccine security & Cold Chain logistics pushing vaccines from State to LGAs to Health facilities)	0.00	0.00	0.00
23010122/ 23010122/ 4000012	Advocacy, communication & social mobilization activities geared towards community sensitization towards ownership and participation.	0.00	0.00	0.00
23010122/ 23030101/ 4000013	Baby friendly Initiative services promoting exclusive breastfeeding.	0.00	0.00	0.00
23010122/ 23010122/ 4000014	Safe motherhood services	0.00	0.00	0.00
23010122/ 23030101/ 4000015	Gender Health Services	0.00	0.00	0.00
23010122/ 23010122/ 4000016	Adolescent Health Services	0.00	0.00	0.00
Sub-Total		0.00	0.00	0.00
GRAND TOTAL		15.00	6.50	0.00

Source: *Approved Budgets of Ebonyi State Government of Nigeria (2016 – 2019)*

Table 2 above shows that in 2016 fiscal year, it is only MWASD that got funds to implement any line items among all the projects budgeted for combating SGBV, VAWG, HP and promoting SRHR in Ebonyi State. The MoH on the other hand did not get funds to implement any aspect of their projects. Recall that these are the only two MDAs that made budgetary provisions for projects targeted at eliminating these vices. Out of the three capital projects targeted at the control or elimination of SGBV, VAWG, HP and promoting SRHR by the MWASD, only one project was implemented in 2016. Incidentally, the only executed capital project of the Ministry in 2016 fiscal year had to do with the celebration of women's day. Also, out of the budget of ₦80 million for this particular line item, only the sum of ₦15 million was spent on the project. This spent amount on the project represents only about 18.75% of budgeted amount on the project and 14.29% of total budgeted amounts for the three projects within the Ministry. It can therefore be argued that the only

implemented capital project for the control of SGBV, VAWG, HP and promoting SRHR by the MWASD may not have made any significant impact on the subject matter.

Furthermore, Table 1 above shows that the State MoH made budgetary provisions for two capital projects that could help in reducing the limitations to the enjoyment of SRHR of women and girls in Ebonyi State as at 2016. The value of the two budgeted projects amounted to the sum of ₦15 million. However, Table 2 above shows that none of the two projects got money for implementation. In all, the MWASD and MoH budgeted a total sum of ₦120 million for capital projects in 2016. Out of the ₦120 million for the projects, only the sum of ₦15 million was spent on a project. The expenditure represents only about 12.5% of total budgeted sum of ₦120 million for capital projects targeted at violence against women and SRHR in 2016.

Table 2 above also shows that in 2017 fiscal year, it is only State Ministry of Health that implemented any line item among all the projects budgeted for combating SGBV and promoting SRHR in Ebonyi State. The other three focal MDAs which made budgetary provisions for projects in 2017 did not get funds to execute any of the projects. However, out of the two capital projects targeted at the control or elimination of SGBV, VAWG, HP and promoting SRHR in the budget of the MoH, only one project was actually implemented in 2017. The only executed capital project of the Ministry as at 2017 is the free maternal health care services of the Ministry, and the exact amount budgeted for this project was spent on the project within the 2017 fiscal year. The MoH's project on *free maternal healthcare* was not the only relevant capital project of the Ministry; the sum of ₦6.5 million actually spent on the project, which is the full amount budgeted for the project, represents about 76.92% of the sum of ₦8.45 million budgeted by the Ministry for two projects on the subject matter. Furthermore, the MWASD that made budgetary provisions of the sum of ₦143 million for relevant capital projects did not get funding to execute any of the projects. Similarly, the SPHCDA and Office of the Special Assistant to the Governor on Women and Child Development, which budgeted the sums of ₦52.65 million and ₦185.25 million respectively for the same subject, did not get funding to execute any of the projects. Therefore, the sum of ₦6.5 million spent on free maternal healthcare service by the MoH represents about 1.67% of the sum of ₦389.35 million budgeted for relevant capital projects in 2017.

Table 1 above shows that as at 2018, each of the four focal MDAs made budgetary provisions for relevant projects. However, Table 2 above shows that none of the four focal MDAs got funds to execute any of the relevant capital projects for which they made budgetary provisions in 2018. This implies that the entire budget sum of ₦437 million provided for in 15 relevant capital projects remained unexecuted at the end of the fiscal year. The implication is also that out of the total budget sum of ₦946.35 million provided for capital projects which could help in combating SGBV, VAWG, HP and promote SRHR in Ebonyi State throughout the shortened study period of 2016 – 2018, only the sum of ₦21.5 million was actually spent on the projects throughout the period. This amount spent represents only about 2.27% of the total budget sum of ₦946.35 million provided for in relevant capital projects. The implementation figures for 2019 were not available as at the time of this study while reasons for the extreme poor budget implementation record is not clear.

Section Five

Conclusions and Recommendations

5.1 Conclusions

In terms of policies and laws, the FGN has taken steps towards the eradication of SGBV/VAWG and HP and the promotion of the SRHR of women and girls. These efforts are found in several ratified conventions, treaties, laws and policies. Ebonyi State Government, as a subnational government, is bound to implement all international standards ratified and applicable in Nigeria. These standards provide for obligations for the state not to be engaged in violations; to prevent violations by third parties and if violations still occur, to investigate, punish perpetrators and provide remedies to survivors; to render services that facilitate the enjoyment of the bundle of rights; and continuously improve on the implementation of state obligations.

Ebonyi State Government has enacted laws and policies targeted at the eradication of VAWG and promotion of SRHR. Ebony State is one of the states that have enacted the Child Rights Law and the Violence against Persons Prohibition Law. But there are still a lot of gaps in law and policy, especially in family planning and access to sexual and reproductive health and rights where new laws are required, and extant ones need to be amended to ensure conformity with international obligations. Extant laws and policies draw their relevance from the high prevalence rates of these vices in the State.

It is a known fact that the enforcement of laws and application of policies are as important as the enactment of the laws and the policymaking process. Therefore, it is not enough for Ebonyi State Government to have made the laws and policies, but implementation and enforcement is key. Some of the available statistics on the prevalence of these vices in Ebonyi State suggest that a lot still needs to be done. For instance, the proportions of the women and girls who had ever experienced physical and sexual violence increased from what they were in 2013 to higher levels in 2018. Similarly, the proportion of women and girls who experienced physical and/or sexual violence within the last 12 months prior to the surveys increased from what they were in 2013 to higher levels in 2018. These increases suggest that there is still need for more work on the part of the State Government for the actualisation of the total eradication of SGBV and VAWG in the State.

A second component of the issues of discussion has to do with HP. Early marriage and teenage motherhood among girls in Ebonyi State is one indicator of HP. Even for this indicator, the most recent data shows that the State still posts a high record of more than 16% of the girls being married before they turned 18 years of age. Similarly, there has been an improvement in the proportion of women and girls in Ebonyi State who had one form of female genital mutilation/cutting or the other. However, the improvement does not necessarily stand for total elimination of the problem. This is because up to 5.2% and 53.2% of the girls and women respectively still had one form of genital mutilation/cutting or the other as at 2018. These data are very scary because these harmful practices are usually associated with the prevalence of women who suffer from Vesico-Vaginal Fistula.

On the third component – which is the limited enjoyment of SRHR of women and girls, the study observes that the proportion of women with unmet need for contraceptives

increased from 20.5% to 23.0% in Ebonyi State between 2013 and 2018. This implies an increase in the demand for contraceptives without commensurate increase in the supply of contraceptives across health facilities in the State. Similarly, the proportion of women who were assisted by skilled birth attendants during child delivery declined from 62.1% in 2013 to 52.1% in 2018, just as the proportion of women who had their delivery in health facilities declined from 59.6% in 2013 to 56.5% in 2018.

Girl child enrolment and completion statistics in basic education is poor and could be traced to harmful practices such as child marriage and teenage motherhood. The compulsory and universal nature of basic education is honoured in the breach in Ebonyi State contrary to the provisions of the Compulsory, Free, Universal Basic Education Act of 2004.

The State Government is therefore expected to make enough budgetary provisions for capital and other projects which will help eliminate or reduce SGBV, VAWG, HP, and eliminate limitations to the full enjoyment of SRHR by women and girls in the State. These budgetary provisions should help in addressing the specific indicators of these vices as itemised in the study. However, the previous section shows that the annual budgets of Ebonyi State Government (through relevant MDAs) have not fully addressed the problem. Moreover, even the little allocations in the budget were not funded and executed. Out of several projects identified in budgetary provisions in Table 1 above, only two projects were executed throughout the study period. This is below acceptable standards - budget implementation represents only about 2.27% of the budgeted sum for a period of three years. Again, the State did not fully draw down its share of funds available in the Universal Basic Education Fund.

As such, the funding for the period under review was grossly inadequate and could not be said to have been to the maximum of available resources for the realisation of the right to freedom from violence. Even though some of the programmes were equally funded by the Federal Government and donors, this cannot excuse state abdication of responsibilities. There seems to be a lack of political will to implement relevant identified programmes.

There is a lack of clarity in terms of the choice of budget projects by the MWASD. A social welfare shelter to serve as a stop-over or temporary home for repatriated or lost and found persons has little or no links to violence against women. Such a project should not be prioritised over the need for shelters for women survivors of violence. Also, a lump sum of money for empowerment says nothing about its purpose. It is a nebulous vote that is not tied to clear deliverables.

5.2 Recommendations

Given the deteriorating statistics and the little budgetary provisions for the elimination or reduction of SGBV, VAWG, HP and promotion of SRHR of women and girls in Ebonyi State, this study makes the following recommendations:

- a. *Improved budgetary allocations to relevant projects by relevant MDAs:*** The study has shown that the budgetary allocations of relevant MDAs to projects that would facilitate the elimination or reduction of SGBV, VAWG, HP and improvement SRHR of women and girls in Ebonyi State are very meagre. There is need for the

State Executive Council led by the Governor and the State House of Assembly to improve on the funding of issues on VAWG and the SRHR of women and girls.

- b. *Improving project design:*** The MWASD and other relevant MDAs should improve on the design and framing of projects relevant to VAWG and SRHR. These projects need to be relevant, specific with clear deliverables and targeted at the identified challenges. In order to ensure efficient utilisation of available financial resources in the State, relevant MDAs must ensure that their budgetary allocations to projects are done with a sense of deriving maximum value from the execution of the projects. This means that each of the projects must address a component of the issues and be proved to be relevant in either the elimination or reduction of the identified problems.
- c. *Capacity building on gender responsive budgeting and fund raising:*** In furtherance of Recommendation B above, the MWASD and other relevant MDAs need capacity building in gender responsive budgeting to facilitate their improvement of programme and project design and implementation. Capacity building should also focus on how the Ministry can take advantage of existing donor funding mechanisms to deliver relevant projects. A technical assistance project to embed a facilitator for a brief period of one year should be considered.
- d. *Improved implementation of allocations to the budgeted projects across relevant MDAs:*** The study has also established that though the amounts allocated to various relevant projects may not be adequate, yet the release of funds for the implementation or execution of such projects falls below an acceptable level. It is therefore important that the Governor, State Budget Office and relevant MDAs prioritise the implementation of their budgetary allocations to projects which can facilitate the elimination or reduction of VAWG/SGBV/HP and improve the SRHR of women and girls in the State.
- e. *Improved coordination of activities and projects by the Ministry of Women Affairs and Social Development:*** There seems not to be a coordinating unit for the various activities of the MDAs on the relevant issues of this study in the State. This explains why each ministry or agency makes parallel plans without recourse to the budgetary focus of other related MDAs. Given the scarcity of financial resources in the State, it may not be out of place for a coordinating unit (in this case, the Ministry of Women Affairs and Social Development) to set an agenda for all budgetary provisions of the relevant MDAs - to be complementary, instead of standing alone. This way, whatever is spent will make greater impact on the lives of women and girls for whom the budgetary provisions are made.
- f. *Prepare a Costed Action Plan:*** Further to Recommendation E, it is imperative that the MWASD leads the process of preparing a costed action plan for the elimination of VAWG/SGBV/HP and the improvement of SRHR of women and girls. The action plan is to be prepared by a multi-sectoral team in recognition of the fact that some of the components will be implemented by other relevant MDAs.

- g. Multi-sectoral and multi-agency approaches to improved sensitisation of Ebonyi People:* There is much need for sensitisation of Ebonyi women and girls on the relevant issues especially, to understand the illegal and unacceptable nature of VAWG, enable them to claim their rights and use available mechanisms for redress. This is premised on the back of the result of the NDHS 2013 and 2018 which showed the practice of FGM/C and a good percentage of women justifying domestic violence. Also, there is need to sensitise boys and men on the dangers of VAWG/SGBV and the patriarchal system that facilitates these vices. All the above problems need multi-sectoral and multi-agency approaches to engage in improved sensitisation of men and boys and women and girls.
- h.* Basic education should be universal, compulsory and free in accordance with the provisions of the Compulsory, Free, Universal Basic Education Act of 2004 and this mandate should be enforced in the State. Sanctions as contained in section 2(4) of the Act should be meted to parents or guardians who violate the law by preventing their children or wards from completing basic education.
- i. Civil Society Advocacy:* The poor public funding of projects to address SGBV/VAWG/HP and SRHR demands a response from civil society. The response is strong advocacy to engage the Governor, MDAs, the legislature and other segments of society including religious and traditional institutions. Civil society should also engage in gender responsive budgeting.
- j. Improved collaboration between the State Government agencies and Federal institutions in the State:* There are a few institutions of the Federal Government of Nigeria located in Ebonyi State. These institutions and agencies have their mandates as given by the Federal Government of Nigeria. However, Ebonyi State Government has the responsibility of weaving in her programmes and projects to the mandates of those agencies and institutions in order to avoid duplication of activities, efforts and resources. Precisely, there should be a strong collaboration between the State MWASD, MoH and the National Obstetric Fistula Centre, Abakaliki. This will guarantee the optimal use of available resources.