Policy Brief

Thamani
FOR WOMEN AND YOUTH DEVELOPMENT INITIATIVE

Focus Area: Dass LGA, Bauchi State, North East Nigeria

Target Framework: Bauchi State House of Assembly, Ministry of Women and Child Development, Ministry of Justice, Ministry of Health and Social Welfare

The Impact of Gender-Based Violence on Community Development and Health Extension Services



Executive Summary

Gender-Based Violence (GBV) remains a formidable barrier to community development, economic resilience, and social cohesion across Nigeria's Local Government Areas (LGAs). In Dass LGA, GBV manifests acutely through early forced marriage, domestic battery, sexual assault, and economic control, compounded by agrarian poverty, low female literacy, and weak legal enforcement. Survivors face a **"Three Delays" pattern**: fear of stigma delays reporting; poor rural road networks delay access to Dass General Hospital; and under-resourced facilities delay treatment. The Bauchi State **Police Command recorded 412 GBV cases in 2024, with only 18%** proceeding to prosecution, a gap sustained by cultural norms that prioritize family reputation over survivor safety. This brief identifies these structural bottlenecks and proposes reform through the Gender Action Learning System (GALS) and multi-sectoral referral pathways, calling on Bauchi State to institutionalize rapid clinical response, mandatory legal channels, economic rehabilitation, household behavioral reform, and a legal framework to punish offenders, in line with the Violence Against Persons Prohibition Act 2015 and the Bauchi State Child Protection Law 2018.

Situational Context: Dass LGA

Dass LGA's rural, semi-urban structure, with female secondary school completion of just 22% and household poverty affecting 61%, creates conditions where GBV thrives largely unchecked. Community-level silence persists as informal arbitration and stigma keep the vast majority of cases outside the formal justice and health systems.

203,323
Population
(2006 Census Proj.)

13
Wards

3
Functional
PHCs

28.7%
Female Literacy
(NBS 2023)

61%
Households
in Poverty
(NBS 2022)

412
GBV Cases
Recorded by
Police, 2024

Introduction & Contextual Overview

Gender equity and the protection of vulnerable populations are constitutional imperatives under **Sections 33–35 of the 1999 Constitution**, and core tenets of grassroots governance. Yet in **Nigeria's North East, decades of insurgency, the displacement of 2.2M persons (IOM 2024),** and systemic underdevelopment have intensified GBV, undermining **SDGs 3, 5, and 16. Bauchi State**, with **20 LGAs** and a population **exceeding 8.1M (NBS 2023)**, records high prevalence of hidden violence spanning physical, sexual, emotional, and economic abuse, compounded by intersecting Sharia and customary law. Regionally, the NDHS 2018 found that **31% of women aged 15–49 in North East Nigeria** have experienced physical violence, with rural areas showing **40% higher underreporting due to stigma.**

The Public Health Intersection

Unaddressed violence cascades directly into the health system. Delayed clinical intervention leaves survivors at compounded risk of infectious disease, including HIV, tuberculosis, and malaria, alongside severe maternal and reproductive complications.

Underreporting

Go unreported to formal authorities

70-80% **of GBV cases**

Localized regional estimate

Access formal care after an incident

1 in 5 **Survivors**



WHO 2023, North East Nigeria

Health access gap

Delay 1
Fear and stigma delay reporting

Delay 2
Geography: avg. **7.4 km** to nearest PHC

Delay 3
Under-resourced health facilities

Bauchi PHCs with a trained GBV focal person

42% **of facilities**

SMoH 2023 audit



Epidemiological vulnerability

HIV prevalence, Bauchi State

1.3%

NAIIS 2018

New infections borne by women aged 20\u201324

60% **of new cases**

Driven by sexual violence and inability to negotiate safe sex

Maternal health

576 **maternal deaths per 100,000 live births in Bauchi**

NDHS 2018

+40% vs National Average



Physical abuse during pregnancy is linked to Miscarriage, Premature labour, Maternal death

Mental Health: Low trust in public facilities compels survivors to carry heightened psychological burdens; WHO estimates **1 in 3 develop PTSD without intervention.**

Strategic Policy Recommendations

Augmenting Community-Led Response

- Inaugurate confidential referral pathways linking all 13 wards to clinical and legal focal points, ensuring care within the critical 72-hour post-incident window.
- Incentivize the 36 Community Women Leaders as first responders with communication stipends and direct lines to civil defense and medical personnel.

Elevating Grassroots Structural Training

- Institutionalize the Gender Action Learning System (GALS) within primary healthcare and educational outreach.
- Expand CSO collaboration to grow youth enrollment in GBV prevention programs.

Male Ally Networks

- Establish a male-led Forum with traditional and religious leaders to challenge harmful norms and prioritize survivor safety in domestic mediation.
- Create joint dialogue platforms between Women Leaders and Male Allies to dismantle unequal household power dynamics.

Evidence-Based Action Planning

- Mandate bi-annual localized assessments of violence trends and reporting metrics.
- Prioritize the most resource-scarce wards for infrastructure and personnel upgrades.

Legal & Institutional Reform

- Statutory Data Registry: a confidential GBV Case Management Information System with mandatory quarterly reporting by all MDAs, CSOs, and health facilities.
- Offences & Penalties: codified offences (sexual assault, domestic battery, forced marriage, economic abuse) carrying minimum 7-year imprisonment and fines from **₦2,000,000;** concealment by traditional rulers is an "Obstruction of Justice" offence.
- School-Based Curriculum: mandatory GBV prevention and consent education across public and private schools, reaching 34,000 pupils, developed with UBEC/SUBEB.
- Victims' Compensation & Restitution Fund: funded by **2% of state security** votes plus offender fines, targeting **₦100M in annual allocation.**

The 72-Hour Rapid Response & Referral Protocol

At the core of the proposed Integrated GBV Protection & Grassroots Enforcement Act is a mandatory, structurally linked referral system across healthcare facilities, police gender desks, and social welfare offices, explicitly barring informal arbitration of felony-level GBV cases.

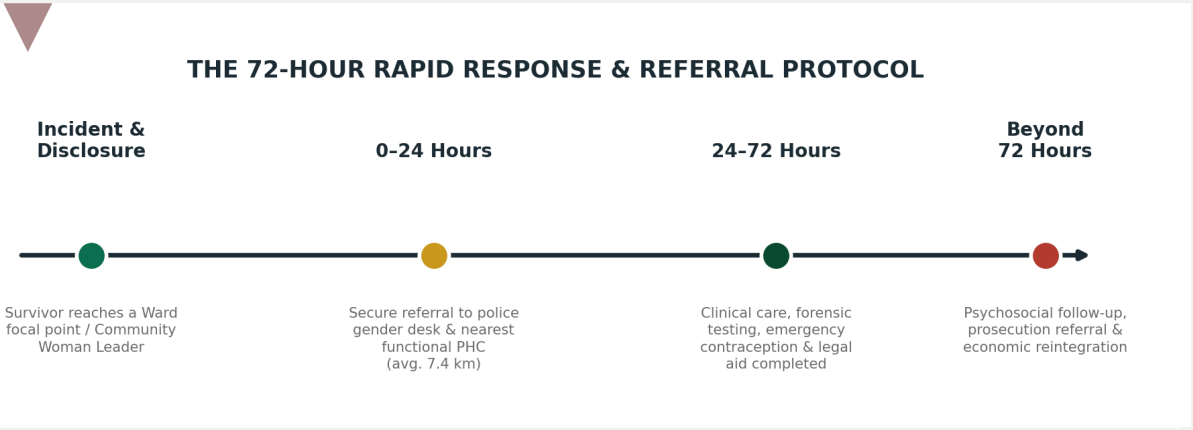


Figure 1. The proposed 72-hour rapid response and referral protocol



Implementation & Governance Structure

Implementation is overseen by an inter-ministerial task force to prevent bureaucratic friction:

- **Ministry of Justice:** prosecutes offenders; ensures pro bono Public Defender access, as practiced in Lagos State.
- **Ministry of Women and Child Development:** coordinates referral pathways, maintains the GBV registry, oversees the Victims' Compensation Fund.
- **Ministry of Health and Social Welfare:** manages the 72-hour clinical protocol across 323 PHCs statewide, training two GBV focal persons per facility.
- **Local Government & Traditional Councils:** execute the Fathers' Forum framework and enforce reporting mandates.
- **The Police Department:** ensures arrest of perpetrators, incidence data management, and victim protection.

Expected Policy Outcomes

Institutionalizing rapid clinical response, mandatory legal channels, and economic rehabilitation is projected to deliver measurable gains within 36 months:

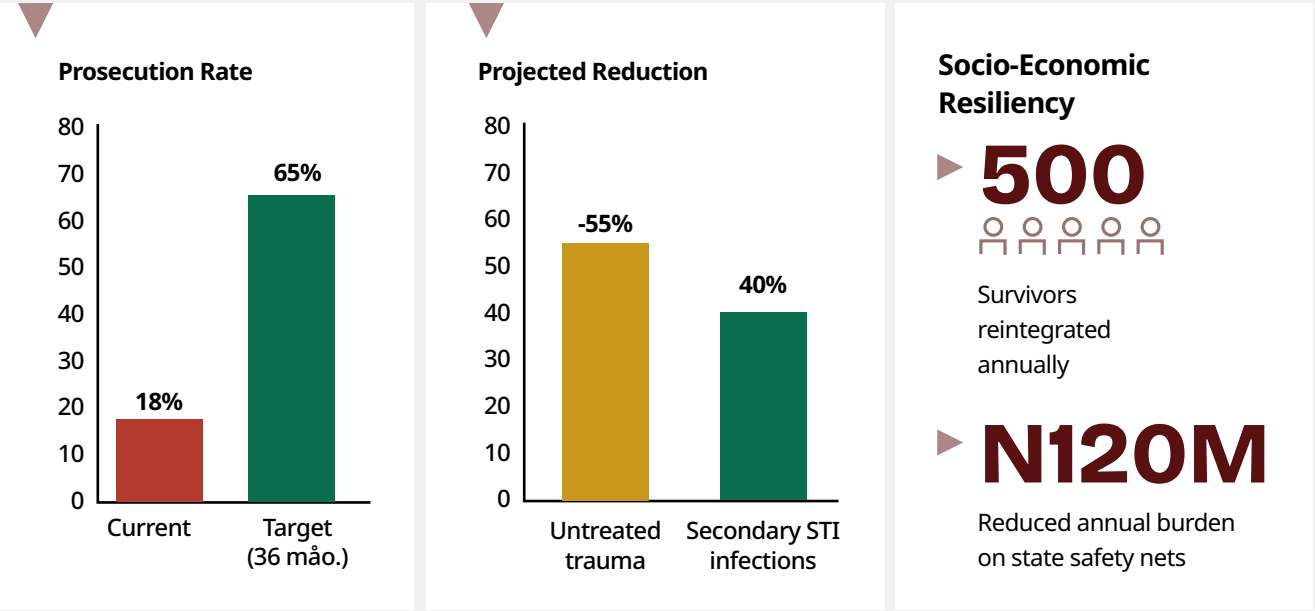


Figure 2. Projected outcomes of the Integrated GBV Protection & Grassroots Enforcement Act

Conclusion

The prevalence of GBV in Dass LGA constitutes a public health emergency and an affront to the dignity, safety, and economic potential of women and girls. GBV destroys families, overburdens health systems, increases HIV/TB/malaria vulnerability, and perpetuates cycles of poverty. With 412 reported cases in 2024, an estimated 2,000 unreported, and maternal mortality at 576 per 100,000 live births, the cost of inaction is measured in lost lives and stunted development.

The Bauchi State House of Assembly and Executive are urged to expedite passage of the Integrated Gender-Based Violence Protection & Grassroots Enforcement Act within the current legislative session, allocating ₦250M in the 2027 Appropriation for rollout across Dass LGA, scaling to 10 LGAs within 24 months. Justice delayed is justice denied; the women and girls of Bauchi cannot wait any longer.

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