Mapping of Laws, Policies and Services on
Gender Based Violence and its intersections with HIV in Nigeria.

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MAPPING OF LAWS, POLICIES AND SERVICES ON GENDER BASED VIOLENCE AND ITS INTERSECTIONS WITH HIV IN NIGERIA

FOREWORDS

Mounting evidence shows a strong link between Gender-Based Violence (GBV) and HIV. Nigeria has made significant progress in reducing the national HIV prevalence rate to 3.6 per cent. However, there is a clear intersection between HIV and GBV in Nigeria, and significant challenges still remain for women and girls living with HIV. For example, a recent study on HIV-related intimate partner violence among pregnant women in Nigeria showed that HIV positive pregnant women experienced physical violence in the course of the index pregnancy 6 times more than HIV-negative women in Nigeria; sexual violence about 4 times more than HIV-negative women.

At the global level, target seven (7) of the UN General Assembly 2011 Political Declaration on HIV/AIDS is to eliminate gender inequalities and gender based abuse and violence and increase the capacity of women and girls to protect themselves from HIV. In similar vein, the Government of Nigeria recognizes gender inequality as one of its major development challenge. Thus it has included Gender and HIV/AIDS as cross-cutting issues for its development priorities in the 'Seven-point agenda'.

In line with this realization that GBV is one of the key social drivers of the epidemic, and in order to move towards the achievement of one of the UNAIDS three zeros - Zero New Infection, UNDP in collaboration with the Joint UN Team on AIDS, NACA and other development partners have embarked on this initiative as a strategy for reduced gender-based violence and enhanced HIV prevention and mitigation. The first phase is this mapping of policies and laws including readiness assessment of available GBV services.

I hope this report will subsequently be a useful resource for incorporation of GBV and HIV linkages and strategies into the national strategic plan on AIDS and the President's Comprehensive Response Plan on AIDS at national and sub-national levels, including the development of country action plan on addressing the gender dimensions of the epidemic.

Daouda Toure
UN Resident Coordinator &
UNDP Resident Representative
Nigeria

This report presents a detailed assessment of the country's organizational readiness to deliver services related to Gender Based Violence (GBV) and HIV across many sectors. It reveals the existence of a number of laws, policies, guidelines and services that address the issues of HIV and GBV but not necessarily drawing the linkage. The legal environment for addressing issues of GBV and its intersections with HIV was adjudged weak partly because of the narrow definition of rape and the non-passage of critical Bills currently before the National Assembly including the Violence Against Persons Prohibition Bill (VAPP) and the law against stigma and discrimination against Persons Living with HIV/AIDS.
It is gratifying to note the report acknowledges the interesting commitment of service providers in their efforts to serve the people of Nigeria. It particularly highlights the role of family support centres and several non- governmental organizations in providing key important services for women, children, victims and survivors of GBV. However, current efforts fall far short in providing required services to all victims and survivors of GBV. The report noted key gaps in services for key populations such as men who have sex with men and commercial sex workers. There are also concerns about the concentration of service providers in the Southern parts of the country including lack of necessary skills to effectively respond to the victim/survivors of abuse even where certain services are said to be in place.

The mapping of laws and policies reveals the need for strengthening the legal environment for addressing the problem of Gender Based Violence. It calls for the urgent passage of some laws and the review of some policies and guidelines e.g. the VAPP Bill and the Anti-Stigma and Discrimination against Persons Living with HIV/AIDS Bill. It also emphasizes the need for adopting innovative measures of engaging men and boys in a range of programme areas on GBV responses. The exercise reiterates the need to train Judges, Lawyers and the Police towards ensuring that victims/survivors of GBV are able to get justice as well as to reduce the vulnerability of women and girls to HIV infection.

The report therefore recommends urgent steps to address gaps in services as well as the legal environment. It also recommends the formulation of a clear coordinating arrangement for national multi-sectoral policies and programmes on GBV and HIV services, including access to justice.

I have no doubt that this assessment is a giant stride in generating necessary evidence to inform the national response in addressing the challenges of GBV and its intersections with HIV in Nigeria including assisting in formulating effective legal, policy and programmatic national and sub-national responses.

Prof. John Idoko
Director General
National Agency for the Control of AIDS (NACA)
Nigeria

TABLE OF CONTENTS

List of Tables

Appendices

ACRONYMS/ABBREVIATIONS

ACTIONAID	ACTIONAID International
AIDS	Acquired Immune Deficiency Syndrome
APIN	AIDS Prevention Initiative in Nigeria
ART	Antiretroviral Therapy
ARV	Antiretroviral
ASWHAN	Association of Women Living with HIV/AIDS in Nigeria
ATHENA	ATHENA Network
BDP	Bureau for Development Policy
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CEWHIN	Centre for Women's Health and Information
CIRRDOC	Civil Resource Development and Documentation Centre
CLEEN	Centre for Law Enforcement Education
CRCs	Coordinated Response Centres
CRS	Catholic Relief Services
CSOs	Civil Society Organization
DCOs	Divisional Commissioners of Police
DEC	Development Exchange Centre
DOVENET	Daughters of Virtue and Empowerment Initiative
EB-MRC	Ebonyi Men's Resource Centre
EC	Emergency Contraceptives
FHI	Family Health International
FIDA	International Federation of Women Lawyers
FMWASD	Federal Ministry of Women Affairs and Social Development
FOMWAN	Federation of Muslim Women's Associations in Nigeria
FSS	Family Social Services
FSW	Female Sex Workers
GADA	Gender and Development Action
GARPR	Global AIDS Response, Country Progress Report
GAT	Gender Action Team
GBV	Gender base Violence
GHAIN	The Global HIV/AIDS Initiative Nigeria

MAPPING OF LAWS, POLICIES AND SERVICES ON GENDER BASED VIOLENCE AND ITS INTERSECTIONS WITH HIV

33. National Council for Women Societies (NCWS)
34. NAWOJ – Democracy and Governance Project, Kaduna
35. NAWOJ Enugu State Chapter
36. Nigeria Association of Women Journalists (NAWOJ)
37. Nigeria Youth AIDS Programme (NYAP)
38. Northern Cross River States Women Association – (NCRSWA)
39. Poverty Alleviation and Development Centre (PADEC) – Kaduna
40. Project Alert, Lagos
41. Raising Hope for the Woman and Child (RHWC)
42. Widows Development Organisation (WiDO) Enugu
43. Women Advocates Action Center (WADAC)
44. Women Advocates Research and Documentation (WARD C)
45. Women and Minority Rights Monitors (WAMRM)
46. Women in Detention Rights Initiative (IDRI)
47. Women in Nigeria (WIN)
48. Women Information Network (WINET)
49. Women Opinion Leaders Forum (WOLF)
50. Women, Law and Development Centre (WLDCN)
51. Women's Aid Collective (WACOL)
52. Women's Consortium of Nigeria (WOCON)
53. Women's Rights Advancement and Protection Alternative (WRAPA)
54. Women's Rights and Development Centre (WORDEC)

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Appendix 2

MEMBERS OF THE LEGISLATIVE ADVOCACY COALITION

ON VIOLENCE AGAINST WOMEN (LACVAW)

ORGANIZATIONS

Adolescent Health and Information Project (AHIP)

1. Alliances for Africa (AfA)
2. BAOBAB for Women's Human Rights
3. Centre for Rural Information and Community Development(CRICDEV)
4. Centre for Democracy and Development (CDD)
5. Centre for Women and Advancement Empowerment (CWAE)
6. Centre for Women Studies and Intervention (CWSI)
7. Christian Care for Widows/Widowers and the Aged
8. Church of Christ In Nigeria (COCIN)
9. Civil Liberties Organization – (CLO)
10. Civil Resource Development and Documentation Centre (CIRDDOC)
11. Committee for the Defence of Human Rights (CDHR)
12. Community Partners for Development (CPD)
13. Constitutional Rights Project (CRP)
14. Constitutional Watch (CONSWATCH)
15. Democratic Alternative – (DA)
16. Development Dynamics, Imo
17. FIDA Rivers State Zone
18. FIDA, Abuja Capital Chapter
19. FIDA, Edo
20. FIDA, Kaduna
21. Foundation for Women's Health – FORWARD – Nigeria
22. Gender Action Team (GAT) Kaduna
23. Gender Advancement and Development Action (GADA), Lagos
24. Girl's Power Initiative (GPI)
25. Human Rights Law Services – HURI-LAWS
26. Human Rights Monitor
27. Institute of Human Rights and Humanitarian Law (IHRHL)
28. International Association of Educationists for World Peace
29. League of Democratic Women, Nigeria (LEADS)
30. Legal Research Initiative – (LRI)
31. Legal Watch, Kaduna
32. Legal, Defence and Assistance Project (LEDAP)

MAPPING OF LAWS, POLICIES AND SERVICES ON GENDER BASED VIOLENCE AND ITS INTERSECTIONS WITH HIV

GPI	Girls Power Initiative
HCT	HIV/AIDS Counselling and Testing
HIV	Human Immunodeficiency Virus
HUFPED	Humanity Family Foundation for Peace and Development
IDU	Injecting Drug Users
IEC	Information, Educations, Communication
IHVN	Institute of Human Virology – Nigeria
J4A	Justice for All Programme
JUNTA	Joint United Nations Team on AIDS
LACVAW	Legislative Advocacy Coalition on Violence Against Women
LASUTH	Lagos State Teaching Hospital
LRRDC	Legal Research and Resource Development Centre
MARPs	Most At Risk Populations
MDAs	Ministries, Departments and Agencies
MEDIACON	Media Concern Initiatives
MGM	MenEngage Alliance
MICS	Multiple Indicator Cluster Survey
MPS	Model Police Stations
MSH	Management Sciences for Health in Nigeria
MSM	Men having Sex with Men
NACA	National Agency for the Control of AIDS
NAPTIP	National Agency for Prohibition of Traffic in Persons
NETCUSA	Network to Curb Sexual Abuse
NGOs	Non -Governmental Organizations
NHRC	National Human Rights Commission
NOPRIN	Network on Police Reform in Nigeria
NPF	Nigerian Police Force
NSP	National HIV/AIDS Strategic Plan 2010-15
O&G	Obstetrics and Gynaecology
OPD	Office of the Public Defender
OSIWA	Open Society Initiative for West Africa
PATA	Positive Action for Treatment Access
PBOF	Pastor Bimbo Odukoya Foundation
PEP	Post Exposure Prophylaxis
PEPFAR	Presidents Emergency Plan For AIDS Relief

PLWHA	People Living With HIV/AIDS
PMTCT	Prevention of Mother to Child Transmission
PRAWA	Prisoners Rehabilitation and Welfare Action
RH	Reproductive Health
SARC	Sexual Assault Referral Centres
SFH	Society for Family Health
SGBV	Sexual and Gender Based Violence
SRH	Sexual and Reproductive Health
STIs	Sexually Transmitted Infections
SWAAN	Society for Women and AIDS in Africa, Nigeria Chapter
TREM	The Redeemed Evangelical Mission
UN	United Nations
UN WOMEN	United Nations Entity for Gender Equality and the Empowerment of Women
UNAIDS	Joint United Nations Program on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nation Population Fund
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
USG-PEPFAR	United States Government –President's Emergency Plan for AIDS Relief
VAPP	Violence against Persons (Prohibition) Bill
VAW	Violence against Women
VCT	Voluntary Counselling and Testing
VSU	Victim Support Unit
VVF	Vesico-Vagina Fistula
WACOL	Women's Aid Collective
WAPA	Ministry of Women Affairs and Poverty Alleviation
WARDC	Women's Advocate and Research Documentation Centre
WHO	World Health Organisation
WLWHA	Women living with HIV/AIDS
WOCON	Women's Consortium of Nigeria
WRAPA	Women's Rights Advancement and Protection Alternative
WWD	Women with Disabilities

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MAPPING OF LAWS, POLICIES AND SERVICES ON GENDER BASED VIOLENCE AND ITS INTERSECTIONS WITH HIV

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The conduct of the mapping of policies and laws on GBV and its intersection with HIV which formed the basis of this report went through a participatory and consultative process that availed the inputs and technical expertise of several stakeholders at international, national and sub-national levels.

It is therefore our pleasure to express gratitude to everyone and institutions that contributed to this significant achievement that has provided evidence base to inform interventions on GBV and HIV in the national response to HIV in Nigeria; the UNDP Management for their guidance; David Owolabi, HIV Focal Point and Ifeoma Madueke, the Poverty & Gender Analyst for coordinating the entire process; the National Consultant, Adebanke Akinrimisi, the author of this report, whose technical expertise and extensive networks on both law and gender in Nigeria was put to use for the success of this exercise.

Furthermore, specific mention must be made of the support provided by the National Agency for the Control of AIDS (NACA), the National Planning Commission (NPC) and members of the Joint UN Team on AIDS (JUNTA) for their support in the process of design and implementation of the project. They include UNAIDS, UNICEF, UN WOMEN, UNFPA and UNODC. We also thank the UNDP HIV, Health & Development Group, BDP, New York, Susana Fried- Deputy Cluster Leader and Senior Gender, HIV and Health and Mami Yoshimura- Programme Specialist, Human Rights and Governance for their technical guidance and the provision of seed fund which was used to kick-start this process.

Our sincere gratitude also goes to all officers of government Ministries and Agencies as well as the partners of the USG-PEPFAR Partners who gave their time and expert knowledge in supplying the information that was put together to develop this report. It is also important to acknowledge the contributions of members of Civil Society Organizations that responded to the call for information even at a very short notice. These organisations include MEDIACON, Project Alert, GADA, PATA, WRAPA, FIDA, Hello Lagos, GAT, DEC, etc.

EXECUTIVE SUMARY

The elimination of GBV has been recognized as a key strategy in the fight against the spread of HIV, especially among women and girls. The three mechanisms through which violence is generally posited to increase HIV risk are: first, violence constrains women's and girls' ability to negotiate safer sex; second, sexual abuse during childhood or adolescence increases risk of engaging in risky sexual practices; and third, rape increases the biological likelihood of HIV transmission, particularly where there might be tears and lacerations as a result of the use of force. These critical areas have shown that GBV and HIV cannot be effectively addressed without the involvement of men and boys in efforts at addressing them.

This report documents the outcome of a mapping exercise aimed at identifying the laws, policies, services and other mechanisms available in the country for GBV and HIV intersections. It was also designed to assess the gaps in response and the opportunities available for engaging men in addressing the problem of GBV and its intersection with HIV as well as issues of women living with disabilities. It is the first in a five-phased regional project aimed at promoting the engagement of men and boys as partners for gender equality towards the reduction of women's vulnerability to GBV and HIV infection.
The mapping exercise was conducted through review of secondary data and gathering of primary data from different stakeholders in different sectors and different parts of the country. The review of secondary data reveals among other things that the overlap between GBV and HIV are five-fold: forced sex, which directly increases the risk of HIV through physical trauma; physical violence and threat of violence which often limits women's ability to negotiate safe sex; sexual abuse as a child, which may lead to adult sexual relationships at earlier ages and increased sexual risk taking; exposure to risk of violence following disclosure of HIV status by women and, the fact that key populations such as - men who have sex with men; transgender people; and transgender sex workers are at greater risk of gender-based violence due to high levels of stigma and discrimination, as well as legislation that criminalizes homosexuality and sex work (UNDP, 2013). It further reveals that the problem of GBV stems from the subordinate position that women are placed in, in most cultures and societies, compared to their male counterparts. Patriarchal norms, beliefs and practices continue to shape socialization such that boys and men see women and girls as persons of less power and tools for satisfying their sexual desires. The recognition that unequal power relations between women and men is the bane of women's problem has only led to the creation of awareness of this vice among a high percentage of women, leaving the men folk where they are with the dire consequence of unmet strategic needs of women.

The exercise reveals the existence of a number of laws, policies, guidelines and services that are addressing the issues of HIV and GBV but not necessarily drawing the linkage. The legal

MAPPING OF LAWS, POLICIES AND SERVICES ON GENDER BASED VIOLENCE AND ITS INTERSECTIONS WITH HIV

governmental and non-governmental organizations so that victim/survivor can know where to go to receive assistance in a timely manner.

- It is important that a national data collection system around GBV issues is made priority as it will facilitate the development of effective programmes and response strategies. Paucity of reliable data continues to hinder proper planning of interventions resulting in poor results.
- Strategic engagement with and involvement of males in a range of programme areas on GBV responses
- Design of innovative options for integrated responses, that will include different sectors responsible for GBV (law, order, justice, education and social services)
- The use of emerging technology such as mobile and social media in designing interventions and communication approaches will be very useful in reaching both in and out of school youths with information on the linkages between GBV and HIV/AIDS
- Sectors such as education and health should be used as champions for implementing structural interventions that will improve both GBV and HIV programme outcomes
- Work closely with the legal aid agencies and networks of relevant GBV& HIV/AIDS and build synergy between the various organizations and networks for a more consolidated work on GBV and HIV/AIDS
- Support the development of standard protocols and guidelines for the different actors within the response system for GBV
- Strengthen linkages amongst relevant civil society actors, such as between networks of women living with HIV, women's health and rights organizations, HIV service organizations and human rights organizations.

the Houses. There is also a lot of confusion about what constitutes rape and the appropriate punishment for the offence of rape. For instance the definition of rape as provided in the Ekiti State Law on GBV is very narrow and therefore inadequate to address the level and extent of abuse that young people (especially) are exposed to in recent times.

Apart from the controversies around existing laws, there are also serious challenges with the judicial system that makes it almost impossible for women and girls to get justice when abused and exposed to the risk of being infected with HIV. The mapping exercise revealed that the Police are not well equipped to determine appropriate charges for different cases, to prepare court papers and also prosecute cases to the point of convictions. Cases of GBV are often seen by the Police as opportunities to extort money from the suspects and the victims/survivors. The review calls for the need to train Judges, Lawyers and the police towards ensuring that victims/survivors of GBV are able to get justice as well as to reduce the vulnerability of women and girls to HIV infection.

To prevent GBV and HIV and also respond effectively to the intersections between them, a minimum set of coordinated activities must be undertaken quickly and in collaboration with all partners. These include:

- The need for more detailed and state level "legal environment assessments" in order to better understand the local barriers to ensuring strong HIV and GBV linkages
- There is a need for different strategic actors/stakeholders to work together to establish a coordinated multi-sectoral and inter-agency response. Effective coordination mechanism remain the key to successful programming for GBV and its intersections with HIV/AIDS
- Advocacy and capacity building on linkages between GBV and HIV/AIDS for Parliamentarians, members of the Executive, the Judiciary, Law Enforcement Agents and Health personnel
- Advocacy for review of training curriculum of the Police and other Law Enforcement Agents, Doctors, Nurses, Social Welfare Workers, Lawyers etc. to include GBV and HIV and the training of all these professionals
- There is a need to identify and support opportunities for dialogue and information sharing among NGOs and government ministries, working on both or either of the issues of HIV/AIDS and GBV and the development of a holistic strategy in relating with GBV and HIV/AIDS.
- Integrate a comprehensive set of responses to violence within health services, including confidential screening, emotional and medical support, and referrals to other services that support survivors
- Form linkages across sectors (e.g., clinics, shelters, police, and legal networks) to be able to provide comprehensive services to women and girls/survivors of GBV
- It is important to have a clear referral system amongst organizations and amongst

MAPPING OF LAWS, POLICIES AND SERVICES ON GENDER BASED VIOLENCE AND ITS INTERSECTIONS WITH HIV

environment for addressing issues of GBV and its intersections with HIV was adjudged weak because of the narrow definition of rape and the reluctance of the National Assembly to pass into law, the Bill on Violence Against Persons Prohibition Bill. This draft law expands the definition of rape and attempts the harmonization and update of different laws on different aspects of sexual and physical violence in Nigeria. The legal environment is also adjudged weak because many States still have laws that sanction physical violence on the one hand but they also have not outlawed child marriage. Furthermore, the country does not have a law against stigma and discrimination against people living with HIV/AIDS and the Law Enforcement Agencies are not well equipped to effectively protect women and children against sexual violence and other forms of abuse. There are also a number of identified bottle necks in the judicial system which makes access to justice a mirage rather than reality for many abused women and girls. A number of gaps and opportunities were identified in the course of the mapping exercise. For instance, the National Gender Policy is currently being reviewed by the Federal Ministry of Women Affairs and Social Development and this provides a window of opportunity to support the process and ensure that strategies for engaging men and boys in addressing GBV and HIV/AIDS form key strategies in the revised national policy. The National Policy on the Rehabilitation of Persons with Disabilities which does not have an implementation framework also provides a window of opportunity for calling for and supporting a process for the review of the policy in order to address the gaps identified therein and to develop an implementation framework that will take into consideration the importance of engaging men and boys in addressing GBV and its intersections with HIV especially as it concerns the issues of women and girls living with disabilities.

Available services for women and girls who experience physical and sexual violence are very few and concentrated in the Southern parts of the country. The necessary skills to effectively respond to the victim/survivors of abuse are also often lacking even when certain services are said to be in place.

The mapping of laws and policies reveals the need for the Nigerian Government to strengthen the legal environment for addressing the problem of Gender Based Violence. It calls for the urgent passage of some laws and the review of some policies and guidelines e.g. the VAPP Bill and the Anti-Stigma and Discrimination against Persons Living with HIV/AIDS Bill. The exercise calls for the need to train Judges, Lawyers and the Police towards ensuring that victims/survivors of GBV are able to get justice as well as to reduce the vulnerability of women and girls to HIV infection.

To prevent GBV and HIV and also respond effectively to the intersections between them, a minimum set of coordinated activities must be undertaken quickly and in collaboration with all partners. These include:

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- Advocacy and capacity building on linkages between GBV and HIV /AIDS for Parliamentarians, members of the Executive, the Judiciary, law enforcement agents and health personnel
- Advocacy for review of training curriculum of the Police and other law enforcement agents, Doctors, Nurses, social welfare workers, lawyers etc. to include GBV and HIV training for the Police and medical personnel
- The formation of linkages across sectors (e.g., clinics, shelters, police, and legal networks) to be able to provide comprehensive services to women survivors of GBV
- Strategic engagement with and involvement of males in a range of programme areas on GBV responses
- The use of emerging technology such as mobile and social media in designing interventions and communication approaches will be very useful in reaching both in and out of school youths with information on the linkages between GBV and HIV/AIDS
- The need to work closely with the legal aid agencies and networks of relevant GBV and HIV/AIDS and build synergy between the various organizations and networks for a more consolidated work on GBV and HIV/AIDS
- Support the development of standard protocols and guidelines for the different actors within the response system for GBV.

MAPPING OF LAWS, POLICIES AND SERVICES ON GENDER BASED VIOLENCE AND ITS INTERSECTIONS WITH HIV

CHAPTER 5

CONCLUSION AND RECOMMENDATIONS

The problem of Gender Based Violence stems from the subordinate position that women are placed in most cultures and societies compared to their male counterparts. Patriarchal norms, beliefs and practices continue to shape socialization such that boys and men see women and girls as persons of less power and tools for satisfying their sexual desires. The recognition that unequal power relations between women and men is the bane of women's problem has only led to the creation of awareness of this vice among a high percentage of women, leaving the men folk where they are with the dire consequence of unmet strategic needs of women. Unless processes of change are designed to carefully engage with men and boys in order that they can begin to unlearn that which society has made them to believe that they are, it may be difficult for change to occur.

With rising attention to the links between GBV and HIV, government and non-governmental organizations are gradually beginning to carry out programmes that link both epidemics. Despite this, in comparison to the political will for driving a multi-sector national response to HIV/AIDS, the level of political commitment for addressing and ultimately eliminating gender based violence is not as strong. Although gender equality principles are often mainstreamed into the national strategic documents and policies that drive HIV response in Nigeria, the same level of zeal and commitment to gender equality is often not transferred into action plans, hence the obvious missing link at programming level.

From the review of literature and discussions held with different stakeholders, it is obvious that victims of physical and especially sexual forms of violence are at a great risk of getting infected with HIV. It is therefore crucial that GBV and HIV services are interlinked to minimise both the risk and impact of the two epidemics. The result of the mapping exercise points to the growing levels of sexual violence especially rape and the increasing reports of abuse of under-aged girls as an important trend indicating the need to scale up response activities on the link between HIV/AIDS and gender based violence.

The mapping of laws and policies reveals the need for the Nigerian Government to strengthen the legal environment for addressing the problem of GBV. While pieces of laws were found in some states in the South, the situation in the North seems gloomy. The legal environment at the national level is also not encouraging in view of all the pending bills before the National Assembly coupled with the lengthy years that they have been before

Inadequate and limited awareness on the intersection between GBV and HIV/AIDS amongst young people

An important gap identified is the lack of adequate and limited awareness raising on the intersection between GBV and HIV/AIDS for youth. With a high out of school young population, breakdown in our value system and virtually absent structure of family support for guiding young people, the country is headed for a further dissolution of the social order. The increase in the trend of incest, rape and gang rape, the lack of reprehension among culprits for this practice and the non-recognition of the rights of the 'other' are serious impediments to addressing GBV and HIV/AIDS. According to respondents, rape and defilement is now like "pure water" with extremely high occurrence rates. Despite the fact that there are a lot of programs and youth directed initiatives such as the school clubs by HELLO LAGOS, and other youth targeted programmes, the level of awareness on GBV is still very low and the tolerance levels of GBV high. According to a respondent from Hello Lagos, majority of the girls they work with feel that battery or physical abuse by a boyfriend or husband shows that he cares and loves her.

MAPPING OF LAWS, POLICIES AND SERVICES ON GENDER BASED VIOLENCE AND ITS INTERSECTIONS WITH HIV

CHAPTER 1

INTRODUCTION

BACKGROUND

The need for increased attention to the problem of Gender Based Violence (GBV) has been acknowledged globally. Persistent exposure of women and girls to various forms of violence across the globe coupled with the challenges posed by HIV epidemic continue to exacerbate their appalling situation. This justifies the "zero tolerance for gender-based violence" in the UNAIDS Strategy 2011-2015. The point has been made that "failure to realize and protect rights in the context of HIV, harmful gender norms and gender-based violence obstruct the social transformations that are needed to reduce HIV infections and the related sickness and deaths." The 2011 Political Declaration agreed by the UN General Assembly similarly points to the fact that violence against women is a key component in women's vulnerability, pledging "to eliminate gender inequalities and gender-based abuse and violence" within the context of the global HIV response.

Research continues to show a strong association between gender-based violence and HIV. Local and 'international organizations are increasingly focusing on the elimination of violence against women as key in the battle against the spread of the epidemic.[1]Nigeria made a significant progress in reducing the national HIV prevalence rate to 3.6 per cent from 4.1%. However, there is a clear intersection between HIV and GBV in Nigeria, and significant challenges still remain for women and girls living with HIV. For example, a recent study on HIV-related intimate partner violence among pregnant women in Nigeria showed that HIV positive pregnant women experienced physical violence in the course of the index pregnancy 6 times more than HIV-negative women in Nigeria; sexual violence about 4 times more than HIV-negative women. . The Government of Nigeria recognizes gender inequality as one of its major development challenge. Thus, the Government of Nigeria included gender and HIV/AIDS as cross-cutting issues for its development priorities in the 'Seven-point agenda.'

The mechanisms through which gender-based violence increases women's and girls' vulnerability to HIV are complex and a more thorough understanding is still being elaborated. However, there are three mechanisms through which violence is generally

posited to increase HIV risk: first, violence constrains women's and girls' ability to negotiate safer sex; second, sexual abuse during childhood or adolescence increases risk of engaging in risky sexual practices; and third, rape increases the biological likelihood of HIV transmission, particularly where there might be tears and lacerations as a result of the use of force. Moreover, women living with HIV may experience increasing violence based on their HIV status, exacerbated if they are among key populations (e.g. sex workers, people who use drugs, etc.).

Often easily forgotten are women with disabilities; they face stigma, discrimination, violence and poverty; in addition their sexual and reproductive health issues have not received the desired attention. They have limited access to health and social services; their sexuality has been ignored and their reproductive rights denied. They are seldom included in HIV-prevention, care and support programs.

Girls and women of all ages with any form of disability are among the more vulnerable and marginalized of society. Often, Women with Disabilities (WWDs) are invisible both among those promoting the rights of persons with disabilities, and those promoting gender equality and the advancement of women. There is therefore a need to take them into account through mainstreaming their issues in the national HIV/AIDS response/NSP.

In recent years, the UN family has intensified its focus on addressing gender-based violence in the context of HIV. In 2009, WHO and the Joint UN Programme on HIV/AIDS (UNAIDS) organized a consultation with expert researchers, policy-makers, and practitioners to review the current evidence and practice in developing and implementing interventions to address the intersections of violence against women and HIV, and to make policy and programmatic recommendations for national and international HIV/AIDS programmes.

This report documents the outcome of a mapping exercise which sought to assess the legal and policy environment for responding to the problem of GBV and its intersection with HIV in Nigeria. The mapping exercise also covers the assessment of available services and facilities on ground for meeting the immediate needs of abused women and girls as well as those of abused women living with disabilities in order to reduce their vulnerability to HIV infection. The assessment took place during the month of August, 2013.

OBJECTIVES

The mapping exercise had the following as its objectives:

- To map existing Laws, Policies, Services and other mechanisms available in the country for GBV and HIV /WWD/SRH intersections
- To assess the gaps in response and the opportunities available for engaging men in addressing the problem of GBV and its intersection with HIV/WWD/SRH.

An apt example of the level of disconnect is the existence of two centres in the LASUTH premises that both run programmes to deal with GBV and HIV/AIDS issues but did not know of each other's existence until very recently and are just trying to see how their programmes can complement each other. Violence prevention organizations seem to have a slightly better awareness of the seriousness of the HIV/AIDS epidemic and its linkages to GBV, the various responses in place, and potential programs that they could turn to for support.

Members of the public are also not well informed about GBV and its link with HIV as well as where to visit or call when they fall victim of abuse. According to a respondent "many women and girls have not heard of PEP or GBV counselling services, as such they suffer in silence over the years without receiving care or support. Some are continuously exposed to abuse and therefore get infected in the process".

There is no comprehensive data base of GBV related services across the country. The response mechanism, if there is, is not very clear. There are too many parallel programs and the strategic frameworks developed do not spell out how to achieve harmonization of intervention with perhaps the Ministry of Women affairs coordinating the harmonized program. The resources are definitely too few but the available ones are not maximized through clear collaborative efforts between government and non-governmental stakeholders.

Poor linkage of GBV and HIV/AIDS Programmes - According to a respondent – leader of an NGO, "Actors (NGO) working in the field of GBV and HIV programmes operate in parallel and sometimes in competition with each other. Every organization wants to be a superstar, hence instead of working together, they tend to compete with regards to achievements and laying claims on work being carried out".

Weak referral links: Not only is there little coordination between programs within or across organizations, the referral chain is very weak within the country. Those interviewed frequently highlighted that within service delivery there is no systematic practice of referral either in the health system as a whole or within the NGO sector. There are few guidelines or incentives promoting referrals either in HIV/AIDS or GBV programs.

Low Quality of service for women with disabilities: A significant gap is the lack of mental health programs and trained human resource to implement such programs. Services for women with disabilities are almost nonexistent and the available services are inadequate. Additionally there is little information or support provided to think through and plan for the consequences of GBV for HIV/AIDS as relates to women with disabilities be it mental or physical and vice versa.

CARE, Zambia	A "one-stop" model of comprehensive support services for survivors of gender-based violence (GBV) in Zambia • survivors can access medical, psychological and legal support under one roof at Coordinated Response Centres (CRCs) • CRCs provide direct services which focus primarily on medical services, psychosocial and paralegal counselling, and also refer clients to social services, support groups, and shelters • counselling and follow-ups by other service providers, especially the police. These services include trauma prevention, HIV pre- and post-test counselling, and PEP adherence counselling • Carried out media awareness campaigns, community education and mobilization activities designed to increase knowledge and change attitudes and behaviour regarding gender among men, women, service providers, leaders, youth, and children

Gaps Identified in current GBV/HIV/AIDS Services

As commendable as the identified services are, GBV remains a challenge. The gap between laws, policies and practices, where they exist, remains unacceptably high. Major gaps and challenges do exist that limit the effectiveness of the national response to these epidemics. A major gap is that although there are massive and comprehensive efforts to address HIV/AIDS the efforts to address gender based violence as well as link GBV and HIV/AIDS is adjudged low compared to the enormity of the problem. There is therefore the need to integrate the two epidemics and have an all-inclusive national response to both issues. From the overview of the responses to HIV/AIDS and GBV, certain key gaps are evident.

Lack of coordination: Currently, majority of the efforts to address HIV/AIDS and GBV mainly operate in isolation of each other. Many of the HIV/AIDS focussed organizations have little understanding of gender based violence. They have little awareness of what responses are in place for GBV and of the key players who may be a source of information and support. At the level of government, there is no coordination of interventions and this creates lack of continuity and/or synergy amongst programmes. Stakeholders run vertical programmes with no linkages.

Programming experiences have revealed that no single sector or agency can adequately address gender based violence and HIV/AIDs prevention and response. There is very little coordination among different organizations that have the responsibility to address the issues of GBV and HIV/AIDS and as such programmes are run at variance with each other e.g. there is no synergy between the Ministry of Health, Women Affairs, Youth, Sport and Social Development (Social Welfare), Justice and Education on these issues. Different ministries are responsible for different aspects of GBV with no single authority or point of accountability within government. Even within organizations that may be addressing both issues, there is little coordination and cross-dialogue.

METHODOLOGY

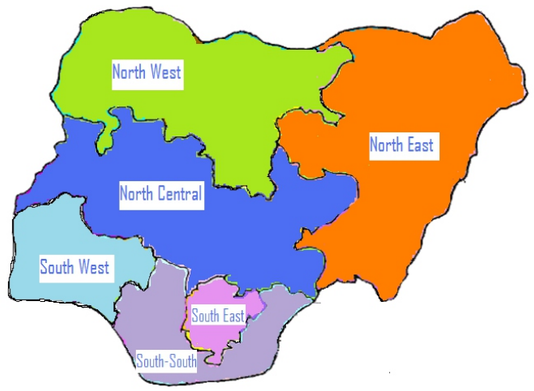
The mapping of laws, policies, existing services and other mechanisms available in the country for Gender Based Violence and HIV intersections was conducted through review of secondary data and gathering of primary data from different stakeholders in different sectors. In reviewing secondary data, Laws, Policies, Conventions and Guidelines that have implications for HIV were identified, collected and reviewed. Other reports, published and unpublished materials related to the subject were also reviewed in order to have a general overview of the subject, gaps in literature and opportunities for future interventions. In reviewing the laws, policies, Plans/Guidelines, a tool of analysis was developed.

Tool of Analysis

1. What are the key issues that form the basis of the law/policy/ guideline?
2. Can this law/policy/guideline help to achieve reduction in women and girls' vulnerability to HIV infection or is it bound to increase their vulnerability?
3. Does the guideline serve the purpose of a protocol to enable actors know what step to take in different situations?
4. What are the gaps in this law/policy/guideline and how can they be addressed?
5. Can this law serve as a deterrent to offenders?

In gathering information for the mapping exercise, a questionnaire with open-ended questions was developed and used as a guide to generate relevant information from stakeholders. The questions asked include, but are not limited to the following: What services/mechanisms are available to address GBV and HIV/WWD/SRH intersections? Where are such services/mechanisms located? What is the level of coverage of such services/mechanisms and what are the gaps and opportunities in such services/mechanisms?

MAP OF NIGERIA SHOWING THE SIX GEO-POLITICAL ZONES



Source: MICS 4

In selecting those that were interviewed, stakeholders were drawn from the 6 geo-political zones of the country. In other words, major stakeholders located in each zone or those that have projects in any of the zones were identified. The idea was to ensure that information was generated regarding the status of GBV/HIV/AIDS intersections in all zones of the country.

The stakeholders that were interviewed include the national HIV Coordinating body for HIV – National Agency for the Control of AIDS (NACA), Government service providers, NGOs/Human Rights Advocates working on GBV and HIV/AIDS or providing service, Beneficiaries of existing services, Policy makers and Development Agencies etc.

Interviews were conducted physically and electronically. Physical (one-on-one) interviews were limited to Lagos and Abuja. Electronic interviews were conducted through either completion of questionnaires or telephone discussions. The interviewees were purposively selected through a snow ball approach where one stakeholder led us to another.

LIMITATIONS

This is by no means an exhaustive exercise. There is room for expanding the information generated so far. Some of the key limitations of the exercise are: the short time within which the mapping exercise had to be conducted, the resources available for the exercise and the slow pace at which stakeholders responded in completing the questionnaires that were given to them to answer/fill. The questionnaires came in trickles and it took time and a lot of follow-up calls and letters for some people to turn in their responses. Future work of this nature should be conducted by more than one consultant. It is obviously more than the work of one person in view of the time available for it to be executed. However, the information generated so far is a fair assessment of the environment being researched as the information gathered through literature review aligns with information gathered through interviews and can therefore serve the purpose of aiding planning and the design of necessary interventions.

STRUCTURE OF THE REPORT

The report is divided into four chapters. The first chapter is the introduction which presents the background to the project, the objectives and the methodology for its implementation. The second chapter is the review of literature which is an examination of how existing literature defines gender-based violence, the prevalence of gender-based violence and HIV, the causes of gender-based violence and its link with the spread of HIV. The third chapter is the outcome of the mapping exercise. It presents a list of laws, policies, plans and guidelines that are connected in some way with GBV and HIV in Nigeria. It also presents a modest review of such laws and policies as well as the services and facilities available across the country, highlighting the gaps and opportunities available for strengthening response to

MAPPING OF LAWS, POLICIES AND SERVICES ON GENDER BASED VIOLENCE AND ITS INTERSECTIONS WITH HIV

There are some examples/best practices from other African countries that might give great insights into how to run a coordinated/comprehensive centre for victims of GBV taking into consideration its linkages with HIV. Comprehensive/coordinated response models represent a promising model for providing comprehensive care to survivors of gender-based violence, offering medical, legal and psychosocial services either within one location or through a referral system that links services. The main aim of the coordinated response is to increase survivor safety and perpetrator accountability by coordinating and linking core services, including providing immediate to longer term health care service, access to police and legal services, and appropriate counselling services. An important finding is that there are various models of comprehensive care that can be learnt from within the African region.

Table 5 below summarizes some of different approaches that are being used successfully by some groups in Africa. They range from Thohoyandou Victim Empowerment Program (TVEP) a dedicated centre that provide all elements of comprehensive care on-site in Sibasa, Limpopo, South Africa to Tshepong Thuthuzela Care Centre (TTC) in Bloemfontein, South Africa.

Table 5: Models of Comprehensive Care

Name of Organization	Key elements of model
Thohoyandou Victim Empowerment Program (TVEP)	Care provided at dedicated trauma centres adjoining district hospitals, independently operated by TVEP • Medical services (PEP, EC) • Forensic evidence collection and documentation • Safe house on-site • Victim advocates support survivor • 24-hour services
Tshepong Thuthuzela Care Centre (TTC)	Care provided at dedicated trauma centres adjoining district hospitals, independently operated by TVEP • Health care services (Prophylactic ARVs, EC, HIV testing – 6 wks, 12 wks and 6 months) • Psycho social support – Trauma Counselling • Security –investigates case and gets statements • Legal services – Victim assistance in court • No 24-hour services yet • No overnight stay facility at the moment • TTC staff conducts advocacy and awareness campaigns
Kamuzu Central Hospital, Malawi	SV services centralized in one hospital unit • All medical services provided in STI clinic during business hours (in obstetrics and gynaecology ward during nights and weekends) • Trauma counselling provided by HIV counsellors • Referrals to shelter • Referrals to and from 24-hour Victim Support Unit (VSU) at Lilongwe Police Station • VSU officers conduct community awareness activities

Legal Aid	Legal enforcement by actors and deterrence	Provision of Legal Aid to victims/survivors of GBV/HIV e.g. paralegal services, pro bono services etc.
Data Management /Research/ Documentation	Provision of evidence based information to inform planning and programming	Carried out researches on different aspects of GBV and HIV/AIDS
Referrals	Victim support and ensuring adequate service provision	Creating linkages amongst different levels and areas of service provision for victims/survivors of GBV/HIV

Best Practices in service provision for GBV/HIV linkage

Despite all the good work mentioned above, Nigeria lacks a comprehensive centre where a client can get a full package of health care, psychosocial support, security and legal advice at one stop. There also seems to be no clear and specific general procedures laid out across board, especially for handling victims of sexual abuse. Table 3 below shows the key components of a comprehensive multi-sectoral response to SGBV/HIV.

Table 4 : Key components of a multi-sectoral response to SGBV/HIV

S/N	Sector	Key components of response
1.	Health	Pregnancy testing and emergency contraception HIV diagnostic testing and counselling and post-exposure prophylaxis (PEP) Prophylaxis for sexually transmitted infections Evaluation and treatment of injuries, forensic examination and documentation Trauma counselling Referrals to/from police and social support sectors
2.	Social Support	Provision of safe housing, shelter services, if required Long-term psychosocial counselling and rehabilitation Referrals to/from police and health sectors Community awareness-raising and stigma reduction
3.	Security	Statement-taking and documentation Investigation of crime scenes Collection of forensic evidence and maintaining the chain of evidence Ensuring the safety of the survivor Prosecution of the perpetrator Referrals to/from health and social support sectors
4.	Legal	Statement-taking and documentation Prosecution of the perpetrator

GBV towards reducing the vulnerability of women and girls to GBV. The last section is the conclusion and recommendations.

CHAPTER 2

LITERATURE REVIEW

Understanding GBV

Gender based violence (GBV) can be described as any form of violence that is directed at individuals on the basis of their gender (Interagency Coalition on AIDS and Development, 2008, Terry & Hoare, 2007). Women and girls constitute a majority of the victims of this form of violence. Gender-based violence affects women and girls irrespective of their race, ethnicity, class, age, economic or educational status, religious or cultural divide etc (UNAIDS). Some can also face multiple forms of discrimination and this may put them at heightened risk of being targeted for violence – for example, Women Living with Disabilities, Women Living with HIV/AIDS, Sex Workers, Women of Racial/Ethnic minorities, Refugees and Internally Displaced Women etc. Article 1 of United Nations Declaration on the Elimination of Violence Against Women (DEVW) provides that violence against women is: "Any act of gender–based violence that results in, or is likely to result in physical, sexual or 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 (United Nations, 1993). GBV is therefore 'a continuum of acts that violate women's basic human rights' (UNFPA). GBV is also said to refer to a range of harmful customs and behaviours against girls and women, including intimate partner violence, assaults against women, child sexual abuse and rape (The Foundation for AIDS Research, 2005). GBV is one of the driving forces of the HIV/AIDS epidemic worldwide (NACA, UNAIDS, WHO, (Interagency Coalition on AIDS and Dev. 2008).

GBV has been recognized as a direct cause of injury, poor health, and sometimes death. It indirectly affects the health of victims through unwanted pregnancies and attendant health risks, mental illness, sexually transmitted diseases, and HIV and AIDS (Terry & Hoare, 2007). Studies have also continued to suggest that intimate partner violence is an important contributor to women's vulnerability to HIV and STIs. The factors that influence this include direct infection from forced sexual intercourse, as well as the potential for increased risk from the general effects of prolonged exposure to stress. Women in violent relationships often live in constant fear meaning that they often have little or no control over the timing or circumstances of sexual intercourse and therefore unable to negotiate safer sex practices (WHO, 2013). Separation resulting from partner violence may also mean having a new sexual partner and increased exposure to possibility of HIV infection. Violent male partners are also said to be 'more likely to have HIV risk behaviours such as having multiple sexual

Table 3: Services in place to Address GBV/HIV

Services	Objective in addressing GBV/HIV	Type of Intervention
Trainings/Capacity Building	• Victim support and empowerment • Capacity building for key actors in service provision for victims/survivors	Targeted training of professionals who interact with those impacted by GBV and HIV. • Police • Medical Staff/Health Officers • Legal Aid Workers • Women living with HIV/AIDS (WLWHA)
Rehabilitation/ Shelters	Victim/survivor support	Provision of temporary safe accommodation for survivors of GBV/WLHIV while their cases are being resolved
Hotlines/Helplines	Victim/survivor support and empowerment	Provision of telephone services for victims/survivors to call and request for assistance, ask for information or report a case
Awareness Raising, Mobilization and Advocacy	To educate and create awareness on Gender Based Violence (GBV) and its intersection with HIV Prevention and reduction	Awareness raising, mobilization and advocacy efforts include a broad range of activities, from local awareness events to edutainment. • community legal outreach programmes • publication of legal literacy series to create awareness on legal/thematic issues on GBV and HIV • develop and produce Information, Education and Communication (IEC) materials • Advocacy on legal reforms
Health/Medical	Protection and victim/survivor support	Provision of emergency contraception; post-exposure prophylaxis treatment for HIV and other STIs; medical examination and treatment for illness and injuries caused by the assault as well as forensic medical examinations. Prevention of mother-to-child transmission of HIV (PMTCT) services
Counselling	Victim/survivor support and empowerment	Counselling services being provided are legal counselling, group and individual counselling, psycho-social counselling, family counselling, group counselling, Voluntary Counselling and Testing (VCT), SGBV crisis counselling and trauma counselling

and international levels and assess the extent to which violence against women and their vulnerability to HIV&AIDS have been prioritized. A second aim was to record the experiences of women survivors of violence and women living with HIV&AIDS.

- UNFPA also carried out a research in 2010 into the root causes of gender based violence and assessment of the repertory centre in four zones of the country (Abia Zone: Abia, Akwa Ibom, Ebonyi and Imo states, Lagos Zone: Lagos and Ogun States, Sokoto Zone: Sokoto and Kebbi States and Borno Zone: Borno and Adamawa States).
- To support the advocacy for the passage of the VAPP Bill, members of LACVAW conducted an overview and analysis reporting Gender Based Violence (GBV) cases generated from 18 States and the media between January-June 2010. Four hundred and seventy-nine cases (479) made the sample size, with sexual violations accounting for 21.08%; physical violations 44.25%; domestic violence 18.37%; harmful traditional practices 11.48%; economic violations 2.92%; other violations 1.87%. This affirmed the realities of the scourge of GBV in every part of Nigeria.
- Other organizations that have also carried out researches on different aspects of GBV and HIV/AIDS are the Centre for Women's Health and Information (CEWHIN), Gender And Development Action (GADA), MEDIACON, WARDC, WRAPA, WACOL, WOCON, Project Alert etc.

Despite the above mentioned, there is still a gap in research and available data on issues of GBV and its intersection with AIDS. A lot more is required in terms of data and planning for survivors of GBV and prevention of HIV infection.

Referral services

The referral chain is very weak within the country. This assessment could not establish a clear link between organizations or whether they have put a proper referral system in place. A referral system is very important as it would enable organizations to easily refer cases that are beyond their scope or reach. Specifically WARDC and MEDIACON carry out referrals for other psychosocial needs like emergency protective custody, evacuation of victims, etc. PATA also provides referral services to the general public for prophylaxis to prevent HIV, pregnancy and STI post rape, and other GBV related issues.

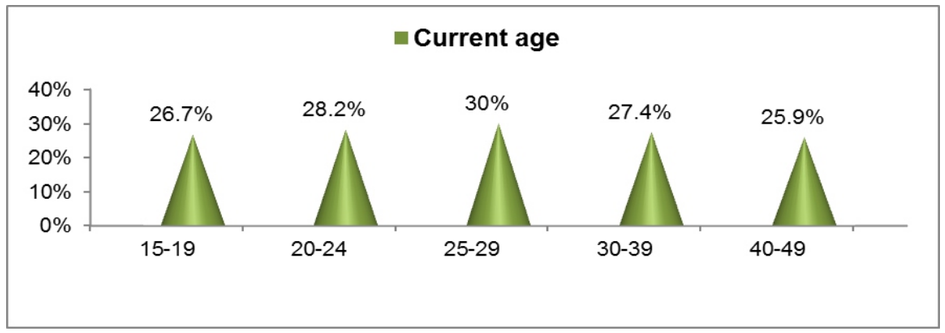
partners, frequent alcohol use, visiting sex workers, and having an STI, all of which can increase women's risk of HIV' (WHO, 2013).

Prevalence of GBV and HIV in Nigeria

The prevalence of GBV across the world is very high and has been described as one that 'occurs in epidemic proportions' (UNDP, 2005). According to WHO (2013), 35.6% of women across the world 'have experienced either non-partner sexual violence or physical or sexual violence by an intimate partner, or both'. 'Regional estimates show prevalence rates of intimate partner violence and non-partner sexual violence combined, ranging from 27.2% to 45.6%'. A further breakdown of the regional rates shows that women in Africa have the worst experience of intimate partner violence and non-partner sexual violence among low and medium income regions of the world with 45.9%. In investigating violence against women at the country level during the 2008 NDHS, female respondents aged 15 – 49 years were asked if they had ever experienced sexual violence, their age at first experience of sexual violence, and their relationship with the perpetrators. About 7% of the 21,468 respondents reported having experienced sexual violence at some point. The study also revealed that young girls in the 15 – 19 age category are highly vulnerable to sexual abuse in Nigeria. Of the girls in this age bracket, 23% reported being violated between the ages of 10 -14 years and another 45% reported being violated between the ages of 15 – 19 years. Another 5% of the young girls were abused sexually before they turned ten (10). Across all age categories (15 – 49 years) reports of first experience of sexual violence is highest between the ages of 15 – 19 years. Women in the South - South
and south-east zones experienced sexual violence most, with 13.4% and 11.8% respectively. The north-west and south-west had the least at 2.7% and 3.2% respectively. The reason for this wide disparity in rates by region is not clear.

The 2008 NDHS also revealed that women of different age brackets experienced physical violence since age 15, and within the last 12 months preceding the survey at almost the same rate (between 26% and 30%).

Figure 1: Experience of physical violence since age 15 by current age



Source: Women's Experience of Gender Based Violence in Nigeria: Findings of the 2008 National Demographic and Health Survey Report
Josephine Effah-Chuchwuma (Not Published)

As shown in Figure 1 above, the peak of exposure to violence was among women aged 25 – 29 years. NDHS (2008) also revealed that women in urban areas (30.2%) have high rate of experience of physical violence than women in the rural areas (26.3%). Rate of experience of physical violence by women in the different zones of the country however revealed interesting scenarios with rate in some zones being double or triple that of others. Women in the south-south zone had the worst rate of experience of physical violence, at 52.10%, followed by north central, south-east and south-west at 31%, 29.6% and 28.9% respectively. The north-east and north-west had the lowest rates of experience at 19.7% and 13.1% respectively. It is necessary to try and understand the reasons for the wide disparity in the levels of exposure to violence by women in different regions of the country.

A university based study in Northern Nigeria in 2011 revealed that the overall prevalence of gender-based violence was 58.8%. A further breakdown of this rate reveals that 22.8%, 22.2% and 50.8% of students experienced physical, sexual or emotional violence respectively (Iliyasu *et al*, 2011). Media reports also confirm an increase in incidences of child sexual abuse as well as gang rape in higher institutions. For instance, the Lagos State Police Command reported that it recorded 678 cases of rape in the State between March 2012 and March 2013 (Punch Newspaper, April 15, 2013).

Studies have shown that exposure to violence is a strong predictor of HIV infection (WHO, 2000). For instance, data from a counselling and testing centre in Tanzania in year 2000 revealed that HIV positive women are 2.6 times likely to have experienced sexual violence by intimate partner when compared to their counterparts that are HIV negative (Maman et al, 2000 in UNDP, 2005). Furthermore, a more recent WHO study (2013) found that women who have been physically or sexually abused by their partners in some regions of the world are 1.5 times more likely to acquire HIV when compared to women who have not experienced partner violence.

HIV prevalence among the general population in Nigeria is 3.6% and the national median prevalence among pregnant women is 4.1%. With about 3.1 million people are living with HIV, women showed a higher HIV prevalence than men (NACA, 2013). Result of the National HIV/AIDS Reproductive Health Survey (2007) revealed that gender inequality is an important driver for the epidemic. Prevalence rates were found to be higher among females (4.0%) than males (3.2%). The survey showed higher levels of vulnerability and infections for girls and women relative to boys and men. Many factors have been identified as contributory to the spread and higher risk of infection among women and girls compared

MAPPING OF LAWS, POLICIES AND SERVICES ON GENDER BASED VIOLENCE AND ITS INTERSECTIONS WITH HIV

and receiving their results in 2011. According to the Minister for Health, "In Nassarawa State there is a 205 percent increase in the number of health facilities providing PMTCT services. Currently, at least 41 Private Health facilities now offer PMTCT services in a systematic and coordinated way and 67.57 percent of women testing positive in private facilities are receiving ARVs" – Premium Times, July 10, 2013.

Global HIV/AIDS Initiative Nigeria – Reproductive Health's (GHAIN-RH) primary focus areas include integrating counselling, testing, and family planning services; strengthening the family planning component of PMTCT; and meeting the family planning needs of HIV positive clients including those on antiretroviral therapy. GHAIN-RH also develops and evaluates "integration sites" within the umbrella project to increase access to integrated family planning and HIV prevention, care, and treatment services.

In response to the call to scale up PMTCT services in the country a lot of organizations have included in their programmatic plan, support for PMTCT. The following organizations - PEPFAR, John Hopkins, Management Sciences for Health in Nigeria (MSH), APIN, Pathfinder International, UNFPA, The Institute of Human Virology – Nigeria (IHVN), FHI 360 amongst other organizations carry out programmes and support for PMCTC services. Pregnant women living with HIV have been one of the beneficiaries of services rendered by IHVN. They have been given access to prevention of mother-to-child transmission of HIV (PMTCT) services. 16,934 pregnant women received prophylaxis. IHVN's AIDS Care and Treatment Project (ACTION) have trained 1906 health care providers on PMTCT and 137 supported sites provide PMTCT services."

In addition to the above mentioned, the Lagos State Government, in conjunction with the United Nations Population Fund, UNFPA, and Project Alert, organised training for 100 health workers in Lagos State on responding to GBV. The event, facilitated by Project Alert focused on understanding GBV, Human Right and the Link; Understanding the Signs: Red Flags for Health Workers/Health Consequences of GBV; Examination, Documentation and Reporting; Communicating with Survivors: Risk Assessment and Safety and Role of Health Workers/Facilities and 10-Point Intervention Strategy. Several other organizations e.g. Partners for Justice (Mirabel Centre) are also carrying out trainings for medical personnel.

Data management/Research/Documentation

Quite a number of organizations have carried out and are still carrying out research on GBV in the country. For instance:

· CIRDDOC partnered with Action Aid Nigeria to conduct a research in 2006 on the intersection of two current pandemics: Violence against women and HIV/AIDS. The primary aim of the study was to investigate HIV&AIDS funding, policies and programmes at national

medical examination and treatment for illness and injuries caused by the assault as well as forensic medical examinations.

Whereas most of the organizations carry out referrals for health and medical services, MEDIACON provides/facilitates access to: HIV screening, Provision of Post Exposure Prophylaxis (PEP) within 72 hours to prevent HIV infection, facilitation of emergency prophylaxis against Hepatitis B, Treatments for other Sexually Transmitted Infections (STIs), provision of Emergency Contraceptives (EC) to guard against unwanted/unplanned pregnancy and other emergency medical treatment. According to NACA, in its Global AIDS Response, Country Progress Report (GARPR) 2012 , there are no concrete public engagement programmes that promote PEP access by the general public. PEP provision is still limited to about 20% of health facilities. Very few organizations provide health/medical services for GBV victims/survivors. There is a need to identify the organizations that provide health/medical services and have a strong referral system to such.

HIV/AIDS Counselling and Testing (HCT) – According to a respondent, "Free and Voluntary Testing Services for HIV as well as free provision of Retroviral Drugs for HIV/AIDS infected persons is fairly implemented in most Northern States". Access to HCT in the country is high with majority of the HIV testing being conducted in health facilities. A large number of organizations both governmental and non-governmental provide HCT services – PATA, SWAAN, AIDS Prevention Initiative in Nigeria (APIN), Society for Family Health (SFH), Catholic Relief Services (CRS) etc. According to NACA, GARPR 2012 there has been an expansion of HCT services into the private sector – faith based organizations and private hospitals, through partnership with Hygeia. Most services are still facility based, located mainly at tertiary and secondary facility level and in urban centres. These all provide access challenges to communities and hard-to-reach populations with increased risk for HIV infection.

There is direct access for GBV victims and survivors in Lagos State to the emergency departments of the state general hospitals. The medical doctors and medical social workers work together to ensure that evidence is in place and the case can be prosecuted. All general hospitals in Lagos State and LASUTH have a medical welfare unit that can assist victims/survivors of GBV. This service is not available at health centres at the moment. The health care system remains a key but underutilized entry point through which to identify and assist victims of gender based violence.

Increased attention has been paid to Preventing Mother to Child Transmission (PMTCT) in the national response to HIV/AIDS in the country, thereby bringing it to the forefront as a priority agenda for the country. According to the GARPR 2012, PMTCT coverage still remains low with only 1,120,178 (16.9%) pregnant women counselled and tested for HIV

to their male counterparts. For instance a study conducted on 7,350 young girls of less than 16 years old in Dar es Salaam revealed that in over 97% cases, the same equipment could be used to perform Female Genital Mutilation (FGM) on between 15 – 20 girls and this led to the conclusion that FGM operations facilitated HIV/AIDS/STD transmission (Mutenbei and Mwesiga, 1998; Brady 1999; Post, 1995). Also, some women who have undergone certain types of FGM do have very narrow virginal opening, just enough for passage of urine and blood. They are therefore exposed to difficult sexual intercourse which often leads to tissue damage, lesions and post coital bleeding. All these make room for higher risk of HIV infection among women and girls (Hrdy, 1987).

Causes of GBV

GBV is rooted in unequal power relations between men and women. The social construction of different roles for women as opposed to those of men, have and continues to spell doom for women. It shapes the way women and men think, limits the extent of power that women think they have and expands, often beyond limits, the level of power that men think that they have. The implication of this is that in many societies across the world, women find themselves in subordinate positions to men, making them socially, culturally, and economically dependent on men. Violence against women is "an extreme expression of male dominance" and "one of the most intractable violations of women's human rights" (Bradley qtd. in Davies, M (ed): 1994). Just as unequal power relation is at the root of GBV, it also increases women and girls' vulnerability to HIV infection. Studies have shown that the reasons for the increased feminization of AIDS are discrimination and violence against women, as well as unequal power relations. Often, women and girls have less access to education and less say in sexual relations. They are marginalized when it comes to allocation of funds and have little role to play in designing AIDS policies. Also, women and girls including children are often exposed to non-consensual sex. Anecdotal evidence suggests a steady increase in the rate of rape and children sexual abuse including incest.

Poverty and financial insecurity have also been found to be high risk factors for gender-based violence. 'If a man cannot establish his authority intellectually or economically, he would tend to do so physically. Another cause is the image created by the society which portrays a man to be viewed as strong, educated, creative, and clever while a woman is the opposite of all these traits. The way some parents bring up their children, which create disparity between boys and girls, also is a source of gender-based violence in later life. When a boy grows up, knowing that he is not supposed to wash his own clothes, cook or help in the house, if he grows up and gets married to a woman who comes from a home where duties are equally shared between girls and boys, this can create tension that might lead to violence' (Njenga 1999:6 quoted in Jekayinfa {N.D})

GBV and HIV Intersection

Studies have demonstrated strong links between GBV and HIV infection with violence as a risk factor for HIV as well as a consequence of being HIV positive. The intersections between Gender-Based Violence and HIV have been well articulated by many writers (Harvard School of Public Health, 2006). The overlap between GBV and HIV has been classified as follows:

'

· Forced sex, which directly increases the risk of HIV through physical trauma

· Physical violence and threat of violence, especially by a husband or partner, which may limit the ability of women to negotiate safe sexual behaviour, particularly condom use and the ability to say no to sex

· Sexual abuse as a child, which may lead to adult sexual relationships at earlier ages and increased sexual risk taking, including involvement in sex work and higher numbers of sexual partners in adolescence and adulthood

· Women who test positive to HIV and share test results with partners and families may be at increased risk of violence from their partner or other family members [Lewis, Maruia, Mills and Walker, 2007; World Health Organisation (WHO) 2004]

· Men who have sex with men; transgender people; and male, female; and transgender sex workers are at greater risk of gender-based violence due to high levels of stigma and discrimination, as well as legislation that criminalises homosexuality and sex work (UNDP, 2013).

In examining the problem of GBV, Cramona *et al* 2012, concludes that GBV can only be stopped with both men and women taking responsibility to end it.

According to UNAIDS, women who have experienced violence are up to three times more likely to be infected with HIV than those who have not.[3] Country statistics compiled by the United Nations show that younger women in Africa are more likely to experience physical or sexual violence than older women, generally from an intimate partner. According to a 2005 WHO study, HIV-positive women report higher rates of interpersonal violence, and GBV survivors face an increased risk of HIV through direct risk of infection and the creation of an environment where women are unable to adequately protect themselves from HIV. The WHO study also indicates that children subjected to sexual abuse are much more likely to encounter other forms of abuse later in life than are children who are not subjected to violence. In addition, a history of sexual abuse in childhood and adolescence has consistently been found to be significantly associated with increased health risks and health-risk behaviours in adult women and men survivors of abuse.

The prevalence of HIV among female injecting drug users was almost seven times that of male IDUs – 21.0% vs. 3%. Among the police, prevalence was higher amongst female police at 4.5% than their male colleagues at 2.0%. (IBBS, 2010) shows a prevalence rate of 17.2%

In the North, Christian Hospitals like St Geralds Hospital Kakuri, Kaduna, offers Psycho Social counselling for survivors of GBV especially those around sexual violence/rape. The services being provided goes a long way in alleviating the sufferings of victims of GBV especially sexual violence, however, there is an urgent need for standardised training programmes for gender based violence counsellors across board in the country. There is also a need for adequate referral chains to enable victims get the appropriate type of counselling required. According to one of the respondents, a medical doctor, "there is a huge gap in the services available to victims of abuse in the State. They often do not get the quality of counselling services that they need for the kind of trauma that they have experienced. Social workers are not equipped to give clinical counselling services. There is a limit to what they can do. There are very few clinical psychologists in the country and because of the way the health system is structured, they are based in psychiatric hospitals. We lose track of what happens to quite a number of victims of abuse when we refer them to the clinical psychologists at the psychiatric hospital for trauma counselling. They do not go there and also do not come back here because of the stigma associated with being seen to be visiting psychiatric hospitals".

Health/Medical services

Gender-based violence has dire health consequences on the victims ranging from physical injury, anxiety and depression to deadly outcomes such as suicide. Physical and sexual violence puts women at increased risk for unintended pregnancies and unsafe abortion as well as sexually transmitted infections (STIs), including HIV/AIDS and Hepatitis. Based on the above it is clear that the health sector is the primary service provider of HIV/AIDS and GBV services. According to a respondent, "there is a general lack of access to adequate health care in Nigeria which is worsened in the Northern States by cultural beliefs and harmful traditional practices and stereotypes that target women and children".

Various medical support is available to victims of GBV in the country including provision of emergency contraception; provision of post-exposure prophylaxis treatment for HIV and other STIs; medical counselling providing emotional support, assuring women that the abuse is not their fault and that they can receive help; documentation that can be used to access the legal system and support legal proceedings (this service is very limited and in fact jeopardises a lot of cases in court); Information about and referrals to legal aid; free and voluntary counselling and testing services for survivors of GBV as well as free provision of Retroviral Drugs for HIV/ AIDS etc.

Hello Lagos provides Health education/Reproductive health education. The organization has an Obstetrics and Gynaecology (O&G) team and resident doctors that assist with treating victims of sexual abuse. The organization provides emergency contraceptives and ART for victims of sexual abuse. Mirabel Centre provides the following medical services -

on their areas of expertise for people who have experienced or are experiencing physical or sexual violence. Some of the counselling service providers are Project Alert, GPI, WACOL, CIRRDOC, Mirabel Centre, Hello Lagos, MEDIACON, OPD etc. Majority of the counselling services being provided are legal counselling, group and individual counselling, and health related counselling. Counselling in cases of domestic violence and sexual and child abuse requires a deep knowledge of causes of violence and its effect on the victim, the use of trauma counselling techniques to control trauma symptoms etc. Most of the organizations refer victims for Psycho-social and Trauma counselling/management. This is however, an area of strength for MEDIACON whose primary assignment is the provision of such services. The organisation has over the years gained experience on different aspects of counselling. MEDIACON provides the following types of counselling services: psycho-social counselling, family counselling, group counselling, legal counselling, Voluntary Counselling and Testing (VCT), SGBV crisis counselling and trauma counselling. Mirabel Centre also provides sexual assault trauma counselling services. According to a respondent, a representative of the OPD, "most of the counselling being carried out is amateurish and is not professionally done as capacity in the area is lacking".

Getting people to know their HIV status is very critical in the fight against HIV/AIDS. It is also important to ensure that victims of sexual abuse that are not reported immediately and within the 72-hour window of which Post Exposure Prophylaxis (PEP) can be administered get tested for HIV. The mapping revealed that most sexually abused persons especially under-aged children do not report their experience of abuse immediately, hence they are often unable to access PEP. A gap that was also observed by one of the medical doctors that was interviewed in the course of the mapping exercise was the fact that the HIV Counselling Centres located within the premises of Health Centres do not operate 24-hour services, as such those who come after closing hours may not be able to access PEP. Several organizations carry out Voluntary Counselling and Testing (VCT) services on GBV and its link with HIV e.g. Society for Women and AIDS in Africa, Nigeria Chapter (SWAAN), PATA, HUFPED etc. VCT centres are available at all Lagos State general hospitals through the heart to heart centres but are focussed on HIV counselling.

The Social Welfare department of the Lagos State Ministry of Youth, Sports and Social Development also provides counselling services to victims of GBV through their family social services (FSS), school social work, medical social work, child protection unit etc. The Ministry has an internal referral system within its units and between the school counsellors and the school social workers. Such Counsellors are available in LASUTH and all General Hospitals in Lagos State at present. The Ministry collaborates with others like the Ministry of Women Affairs and Poverty Alleviation (WAPA) and the Office of Public Defenders (OPD) in executing its work. It also collaborates with NGOs especially in respect of placing abused children in homes for safety purposes.

MAPPING OF LAWS, POLICIES AND SERVICES ON GENDER BASED VIOLENCE AND ITS INTERSECTIONS WITH HIV

among Men having Sex with Men (MSM). Men having Sex with Men (MSMs) are not protected by any specific law in Nigeria. The Lagos State Government has a law which criminalizes same sex marriage while at the federal level there is a Same-Sex Marriage Prohibition Law which has just received Presidential assent (January 2014). Also, Sections 214 & 217 of the Criminal Code Cap C38 and Penal Code Cap P3 of the Laws of the Federation of Nigeria 2004 criminalize same-sex activities between consenting adults. Studies have shown that in all regions of the world, men who have sex with men, bisexuals and transgenders are severely affected by HIV, but their needs are often ignored and/or under-funded. Many societies fail to plan for them because of stigma and the denial of the fact that they exist and have human rights. According to UNDP, 'recent studies show that while HIV prevalence is dropping among sex workers and truck drivers, HIV prevalence among men who have sex with men (MSM) has increased from 13.5% in 2007 to 17.4% in 2013. In urban areas this trend is even more evident. For instance, in Lagos the HIV prevalence rate among the general population is 5.1%, while the HIV prevalence among MSM is almost five times higher, at 25.4% (NSS, 2008; UNDP, 2011). Unprotected sexual practices among MSM and other key populations do increase the vulnerability of women and girls to HIV infection which therefore makes the recognition of their existence and their health needs priority issues.

The *UNAIDS strategy (2011-2015)* emphasizes that meeting the HIV needs of women and girls and calling for zero tolerance for gender based violence are essential to advancing global progress toward universal access to HIV prevention, treatment, care and support and to halting and reversing the spread of HIV, thus contributing to the achievement of the Millennium Development goals by 2015.

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and personal financial gains. The United Nations Office on Drugs and Crime (UNODC) is also currently implementing the Justice Sector reform project which is geared towards ensuring access to free legal counsel/legal aid and access to justice on GBV.

An integral part of the legal justice system is the police and a lot of work is being carried out to improve their services. According to a respondent, "*despite the many trainings, the Nigeria Police have a lackadaisical attitude towards sexual abuse, always very reluctant to prosecute the case and are ignorant of the human right violations that arise from the abuse*". There are continuing reports of police cruelty, including sexual abuse of commercial sex workers and female crime victims that are in police custody. Another respondent stated that, "*police demand of money to prosecute or charge offenders of sexual violence to court discourage women from reporting coupled with the initial fear of stigma. This is responsible for a high percentage of sexual offences remaining unreported and in turn encouraging impunity*".

However disheartening this report may be, there have been positive initiatives to improve the police response to GBV and other related issues. Recently, the Inspector General of Police directed that all State Trafficking in Persons units be expanded to cover issues of abuse of women and children. This service is gradually being rolled out and will be integrated in all the states of the federation. The J4A is working with the police force to develop Model Police Stations (MPS). The idea of creating an MPS arose from the need to have a place where police services are centres for the users of the service. The intention is to provide an environment where citizens can report crimes or conflict without restriction or fear; and where the police have the capacity to resolve the conflict and investigate the crime using standard and effective processes. MPS have been set up in Lagos and Enugu States. One of the core objectives of the MPS is to introduce Family Support Units and Sexual Assault Referral Centres (SARCs) that provide specialist support to victims of crimes specifically targeted at women, children and other vulnerable groups.

A couple of NGOs that work with the Police such as CLEEN Foundation, Network on Police Reform in Nigeria (NOPRIN) and PRAWA are doing a lot of work with the police on how to deal with cases of GBV. Currently, PRAWA is developing a training manual for all Police Institutions with a view to getting the police to understand and internalize best practice of international standard on policing. UNFPA in collaboration with UNWomen and the Nigeria Police Force (NPF) has developed a context specific Gender Policy for the Nigeria Police. This was one of the demand outcomes of a workshop on improving a gender sensitive response to the issues of GBV organized in November 2009.

Counselling services

The different organizations mapped have different types of counselling services depending

sexual diversity and provision of MARPs friendly services. Two health centres were selected in each of the LG as a pilot - Ojodu Primary Health Centre for Ikeja LGA and Wright Memorial PHC for Shomolu LGA.

The focus of the project is to increase the municipal response to HIV prevention and treatment needs of key population, by effectively programming for MARPs. Basically, the pilot health centres do provide healthcare services to MSM and FSW in a friendly manner free of stigma and discrimination. They also make appropriate referrals when need be. The idea is to provide an environment that supports gay and FSW willingness to uptake healthcare services, devoid of stigma and discrimination. The pilot health centres are working towards this. The facility is providing HIV prevention services to gay and FSW: counselling, HCT, condoms and lubricants, STI management and appropriate referral services. Although the initiative is at the exploratory phase, each of the facility has MARPs focal person that serves as the first point of contact for the key population. With the support of the MARPs focal person, the MSM and FSW, attending the health facilities are supported to receive HIV related services. The project is in the process of training MARPs peer educators that will interface between their community and the health centres-create awareness among peers and refer them to the centres.

Legal Aid

The mapping shows that NGOs and Government agencies provide legal aid for victims of GBV. Some states in Nigeria now operate the office of public defenders or the citizens department where complaint of human rights abuses and gender based violence are heard. These complaints are also heard at the ministry of youth, sports and social development (Social Welfare department). NGOs such as MEDIACON, FIDA, WARDC, Project Alert, CIRRDOC, WACOL, WOCON, Legal research and Resource Development Centre (LRRDC), Partnership for Justice and governmental agencies such as the National Human Rights Commission (NHRC), OPD, NAPTIP etc. are all working towards promoting the rights and interests of women and children through legal justice. Several organizations assist victims in litigation of cases of gender based violence and HIV/AIDS.

GPI coordinates a network on sexual abuse called Network to Curb Sexual Abuse (NETCUSA) which assists in litigation of cases of sexual abuse. The OPD offers legal assistance to the poor and indigent in Lagos state. OPDs major focus over the years has been majorly on the rights of women and children as well as other vulnerable groups. The organization assists in litigation of cases by watching briefs, offers free legal representation, rendering advice to the police on case presentation and profiling of evidence etc. The OPD has recorded majorly cases relating to women and children with a high record of child defilement. According to a respondent "a setback to the legal aid service is the fact that victims several times withdraw their cases for various reasons especially societal pressure

MAPPING OF LAWS, POLICIES AND SERVICES ON GENDER BASED VIOLENCE AND ITS INTERSECTIONS WITH HIV

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Foundation for Peace and Development (HUFPED), Catholic Caritas foundation amongst many others. Most of the awareness campaigns on GBV and its intersection with HIV/AIDS are usually carried out during the 16-day of activism against violence against women and are usually a one day activity which seldom registers in the minds of the target audience. Awareness raising on the issues of GBV and HIV has to be continuous and sustained over a period of time addressing new trends as they come up.

Mobilizing men in the fight against GBV/HIV

The involvement of men is very crucial to the change in gender based norms which fuels the incidences of GBV. To this end, various organizations are mobilizing men and boys to reduce GBV and promote gender equity and equality. Project Alert has a program called the "Male Involvement program", where men are deployed to speak with their fellow men on changing their attitude towards women and taking on positive gender role interpretations and to express positive masculinities. It is evident that men/boys are the main perpetrators of GBV. The Male involvement project hosted a "Men's summit in Lagos, 2010. The theme of the summit: Eliminating Violence Against women: the role of Nigerian Men, had men speaking out against all forms of violence and abuse on women.

The Ebonyi Men's Resource Centre (EB-MRC) which is hosted by Daughters of Virtue and Empowerment Initiative (DOVENET) has a network of men, allied with women, acting as role models in violence prevention and positive masculinity. The vision of the network is to cultivate a group of gender sensitive men who will join in stopping violence against women and children and be prepared to work for a better community. To this end a workshop on the theme: "Partnering with Men to end Violence Against Women" was carried out and more than 30 EB-MRC members and supporters participated in the training workshop. UNFPA carries out a yearly dialogue with young boys and traditional rulers on the role of young men and traditional rulers in eliminating gender based violence, the UN women also has a network of male champions on VAW. Two years ago, the Association of Women Living with HIV/AIDS in Nigeria (ASWHAN) engaged men in a project on the Prevention of Mother To Child Transmission (PMTCT) of HIV in four States (Akwa Ibom, Kaduna, Niger and Cross River) with support from NACA in order to promote better usage and acceptance of PMTCT services. Although work is being carried out with males to combat GBV there is an urgent need to increase male involvement in the battle against GBV. There is no comprehensive and holistic approach of engaging men and boys as partners in halting GBV, HIV and bringing more gender - equitable communities.

UNDP is partnering with the Ikeja and Shomolu municipal authority towards increasing the key population (Men having Sex with Men (MSM) and Female Sex Workers (FSW)) access to HIV prevention and care services. The health care providers from the PHCs were trained on

campaigns to sensitise trafficked young women and girls in market places on the spread and prevention of HIV/AIDS highlighting the linkages of the spread of HIV/AIDS to the incidents of trafficking of women and children in Lagos.

In order to reach a wider audience, majority of the organizations working on GBV and HIV/AIDS develop and produce Information, Education and Communication (IEC) materials such as flyers, hand bills, information leaflets etc. in different Nigerian languages for their various target groups to provide information on services and create awareness/sensitize the populace on GBV/HIV/AIDS/STIs and other related issues. These materials are widely distributed and usually reach members of the public that the organisation does not reach directly through its other programmes and activities.

WRAPA and other organizations like WARDC, CIRRDOC etc carries out advocacy on legal reform to enact appropriate legal frameworks that will offer more robust protection to survivors of GBV. The Legislative Advocacy Coalition on Violence Against Women (LACVAW), a civil society membership coalition works towards the elimination of all forms of violence against women. The coalition which consists of fifty five (55) organizations and nine (9) individual members carries out legislative advocacy. In 2008, LACVAW harmonised all bills dealing with Violence Against Women (VAW) into a bill titled 'Violence Against Persons (Prohibition) Bill' (VAPP Bill). Since 2009, United Nations Children's Fund (UNICEF) and UNFPA among other key actors have supported WRAPA/LACVAW in its engagement for the passage of the VAPP Bill. The Bill was finally passed by the House of Representatives on 14th March, 2013 and has since been transmitted to the Senate for concurrence. LACVAW is also working with the support of the Executive, the Legislature, Development Partners and the Media to influence passage of the Bill in at least 23 States of Nigeria. WRAPA/LACVAW has also gone a step further in exploring the possibility of getting private sector organisations to join the campaign for the passage of the bill as a corporate social responsibility issue. The series of engagement held with private sector organisations is beginning to yield positive results as organisations who prior to the WRAPA/LACVAW engagement have not heard of the VAPP Bill have committed to supporting the course as a corporate social responsibility issue. Ipas Nigeria also advocates on law reform - building commitment and action among key stakeholders towards improving policy and law enabling environment for the elimination of all forms of GBV using the violence against persons (prohibition) bill.

Other organizations that carry out advocacy and awareness raising activities are Project Alert, WACOL, DEC, GPI, International Federation of Women Lawyers (FIDA), Society for Family Health (SFH), AIDS Prevention Initiative in Nigeria (APIN), Humanity Family

MAPPING OF LAWS, POLICIES AND SERVICES ON GENDER BASED VIOLENCE AND ITS INTERSECTIONS WITH HIV

CHAPTER 3

FINDINGS OF MAPPING EXERCISE: LAWS AND POLICIES ON HIV AND GBV INTERSECTIONS

Introduction

This section presents findings of the mapping exercise as it concerns laws, conventions, policies, plans and guidelines identified as having links with HIV and Gender Based Violence as well the human rights of women, men, boys and girls within the context of HIV and GBV. Each law and policy identified may not expressly address both issues but are believed to have implications for their intersection. Not all the laws, conventions, policies, plans and guidelines that were identified were reviewed in view of the limitation of the scope of the mapping exercise, however strategic issues requiring attention especially as they concern the intersections between GBV and HIV/AIDS were highlighted. The list of identified laws, conventions, policies, plans and guidelines presented herein is by no means an exhaustive one. It therefore lends to expansion.

Background to Nigeria Laws

Nigeria legal system is comprised of multiple regimes of laws e.g. statutory laws such as laws passed locally and laws received into the country otherwise known as received English statutes of general application that were in force before 1900 and have not been repealed by local laws or enactments, received principles of common law and doctrines of equity, case law or decisions of the court, Customary laws, Sharia law as well as international and regional conventions and treaties that Nigeria is a signatory to. Until 1999, Customary and Sharia laws had been restricted largely to family and personal status law—marriage, divorce, child custody, inheritance etc. In principle, Nigerians had the choice of abiding by Received English Law, Customary, or Sharia laws. The constitutionality of three parallel legal systems regulating issues of marital and personal issues have always generated some confusion about which law takes precedence over what and when (Atsenuwa, 2010). Despite these gaps in the legal environment, great steps have been taken in addressing issues relating to violence against women through statutory laws, policies, plans and guidelines. The following is a list of some of the relevant laws, policies, plans and guidelines and the outcome of the review of some of them:

Table 1: LIST OF IDENTIFIED LAWS, CONVENTIONS, POLICIES, PLANS AND GUIDLINES

S/NO	LEVEL OF LEGISLATION	NAME OF LEGISLATION
	CONSTITUTION	The Constitution of the Federal Republic of Nigeria, 1999
	NATIONAL LEVEL	• Criminal Code CAP C38 • Penal Code Law, cap 89, Laws of the Federation of Nigeria (LFN), 1963. • Child's Rights Act, 2003 • The Trafficking in Persons (Prohibition) Act, 2003 establishing the National Agency for the Prohibition of Trafficking in Persons (NAPTIP) • The Trafficking in Persons (Prohibition) Law Enforcement and Administration (Amendment) Act, 2005 • *African Charter on Human and People's Rights (Ratification and Enforcement) Act, Cap A9, 2004 Laws of the Federation* • An Act to make Provision for the Prevention of HIV Discrimination and to Protect the Human Rights and Dignity of People Living with HIV and Affected by AIDS and Other Related Matters, Bill. • Violence Against Persons Prohibition Bill
	STATE LEVEL	• *Anambra State Gender and Equal Opportunities Commission Law, 2007.* • *Anambra StateMalpractices against Widows and Widowers (Prohibition) Law No. 2005* • Bauchi State Withdrawal of Girls from Schools for Marriage (Prohibition Law No 17 of 1985) • People Living with HIV/AIDS (anti-stigmatization and discrimination) Law, 2013 of Benue State • Child Rights Laws of 24 States of the Federation out of 36 • *Ebonyi State Domestic Violence and Related Matters Law, Law No 003 of 2005* • HIV/AIDS Anti-discrimination and protection Law, 2012 • Edo State Female Circumcision and Genital Mutilation (Prohibition) Law No.4 of 1999 • *Enugu State Prohibition of Infringement of a Widow's and Widower's Fundamental Rights Law No. 3 of 2001* • Imo State Gender and Equal Opportunities Law No 7 of 2007 • Imo State Widows (Protection) Law 2003 • Street Hawking (Prohibition) Law of Lagos State • Street Trading Law of Anambra State • Lagos State Protection Against Domestic Violence Law 2007 • Lagos State Administration of Criminal Justice Law, 2011 • Lagos State Protection of People Living with HIV and Affected by AIDS Law 2007

- HIV and Gender Based Violence
- Vulnerability of women and girls to HIV infection
- No woman should die giving life
- Children and Sexual Abuse
- Community Reactions to Sexual Abuse
- Domestic Violence (Wife Battery)
- Youth and Gender Based Violence
- Domestic Violence: Understanding the Law
- Emotional and Psychological Abuse: Understanding the Law
- Role of Law Enforcement Agency in Combating Gender Based Violence
- Building Media Support for Gender Based Violence.
- Sexual Harassment of Young people and HIV infection

There is good progress in the advocacy context of making GBV/HIV linkage, however, a lot more needs to be done in terms of creating awareness on the linkages between HIV and GBV.

UNFPA and other groups support the production of movies to educate and create awareness on Gender Based Violence (GBV). One of the movies produced is "Hajja" the damaged merchandise, the movie provides vivid illustrations of the disabling effects of VVF and how the society (opinion leaders, traditional rulers and individuals) could organize against GBV. The central message it portrays also is how women can take charge and become change elements in spite of restrictive cultural norms and practices. The airing of this movie increased knowledge, discourse and commitment to the reduction of Vesico-Vagina Fistula (VVF) as a form of GBV. The movie was premiered in April 2009 at the Maternal Mortality Workshop with the First Lady of the Federal Republic of Nigeria Hajiya Turai Umar 'Yar Adua'a and all the wives of 36 state governors in Nigeria. Another movie "Freedom in Chains" was used to educate and create awareness on Gender Based Violence (GBV). DEC (Development Exchange Centre), Bauchi also carries out outreach drama in communities on HIV/AIDS and linking people to viable health care centres where they can access services.

Organizations also carry out community legal outreach programmes as well as publication of legal literacy series to create awareness on legal/thematic issues on GBV. Whereas majority of the organizations have focused on raising awareness on GBV, HIV and other women's rights issues, MEDIACON has focused over the years on the issue of Sexual and Gender Based Violence (SGBV) being the strongest link in the intersection between GBV and HIV/AIDS. WOCON has also carried out enlightenment campaigns to empower adolescents and young people against child trafficking and child labour and linkages with HIV/AIDS in Edo, Delta and Ondo States. The organization also carried out enlightenment

A gap observed in the provision of hotline services is that what most organizations refer to as hotlines are not really hotlines in the real sense. Organizations just have phone lines where they can be reached and make appointments for clients to come into their organizations for further discussions and as such have no specialised lines or services but rather have what can be referred to as dedicated lines in some cases. The organizations that have real hotlines are few. NAPTIP has a hotline focused on trafficking in persons; the hotline is decentralised with different numbers for their headquarters and all their zonal offices. NACA has a hotline focused on HIV/AIDS. MEDIACON is the only hotline service that is set up with a deliberate sense of linking GBV and HIV/AIDS, other sexually transmitted infections and unwanted pregnancy. As a next step, it is really important to ensure that hotline workers are trained to observe and respond to HIV vulnerability or infection, in addition to addressing GBV and vice versa.

Awareness raising, Mobilization and Advocacy

Awareness raising, mobilization and advocacy efforts include a broad range of activities, from local awareness events to edutainment. Majority of the organizations interviewed revealed that advocacy is one of the important activities of their programme and that awareness raising is an integral part of what they do. Several organizations carried out enlightenment campaigns during the 16 days of activism on violence against women to raise awareness on issues of GBV, sometimes its linkage with HIV and its impact on the society. Various groups have held awareness campaigns in tertiary institutions and in secondary schools to raise awareness on either HIV/AIDS or GBV or both. Others have media campaigns, Television and Radio programmes. Development Exchange Centre (DEC), an NGO based in Bauchi focuses on campaign, sensitization and education. The organisation creates awareness on the impact of the culture of silence or non-disclosure for fear of discrimination, stigmatization and rejection on GBV and HIV/AIDS in the communities where it works. In most cases women and men are educated on the effects and implication on the health and rights of women through radio discussions and outreach drama in communities.

PATA aired topical GBV issues in a broadcast titled "HALT GBV" for 9 months on EKO FM Lagos (every last Saturday of the month, 7.30am-8.00am). PATA also integrates GBV issues into HIV radio broadcast "In Moments Like These" supported by UNILEVER Plc in 4 languages (English, Yoruba, Hausa, Igbo) using 10 radio stations across the six geopolitical zones of Nigeria. The program with Unilever dates back to 2007 and still continues till date. The radio program focuses on issues of HIV prevention and links it with issues of child sexual abuse and seduction. Some GBV topics discussed in the two media program include:

· Rape: Accessing services and information

		• A Law to Provide Rules on Criminal Conduct, Regulate Public Order and for Connected Purposes, 2011, Lagos State • Lagos State Same Sex (Prohibition) Law 2007; • A law to Prohibit Girl-Child Marriages and Female Genital Circumcision or Genital Mutilation in Cross River State, Law No. 2 of 2000 • A Law to Prohibit Domestic Violence Against Women and Maltreatment of Widows Law No. 10 of 2004 • A Law to Provide for the Right of a Female To own and to Inherit Property and for Matters Connected therein, Law No. 4 of 2004 • The Female Genital (Prohibition) Law, Bayelsa State, 2000 • A Law for Monitoring of Maternal Mortality in Edo State and Other Matters Connected Thereto, 2001 • River State Reproductive Health Service Law No. 3 of 2003 • River State Schools Rights (Parents, Children and Teachers) Law No.2, 2005 • Women's Reproductive Rights Law, Anambra State, 2005 • Enugu State HIV/AIDS Anti-Discrimination and Protection Law, 2007 • Ekiti State Gender-Based Violence (Prohibition) Law, 2011 • Akwa Ibom State Law to prohibit certain obnoxious traditional widowhood practices and rites and for other matters connected there to (Awaiting Governor's Assent)
	PLANS AND GUIDELINES	• National HIV/AIDS Strategic Framework 2010 – 2015 • National HIV/AIDS Strategic Plan • Annual State Strategic Plans of State Agencies for the Control of AIDS • National Strategic Framework on the Health and Development of Adolescent and Young People in Nigeria –Federal Ministry of Health (2007-2011) • National Health Strategic Development Plan 2010 – 2015 • National Gender Policy Strategic Implementation Framework and Plan, 2008 • Jigawa State Gender Policy Action Plan
	CONSENSUS DOCUMENT	• International Conference on Population and Development (ICPD), 1994 • Beijing Platform of Action, 1995 • Millennium Development Goals, 2000

OUTCOME OF REVIEW OF LAWS, CONVENTIONS, POLICIES, PLANS AND GUIDELINES

Apart from the constitution, the review of laws listed in the table above is reported according to different thematic areas for ease of understanding of their linkage with various issues within the context of the intersections between HIV and GBV as well as for coherence in presentation. In essence, they will be considered under the following themes – HIV/AIDS, Physical and Sexual Violence, Harmful Traditional practices, Marriage and Rights of the Child.

CONSTITUTION OF THE FEDERAL REPUBLIC OF NIGERIA

The ground norm in Nigeria is the 1999 Constitution of the Federal Republic of Nigeria. Section1 (1) states that 'the Constitution is supreme and its provisions shall have binding force on the authorities and persons throughout the country'. It goes further in sub section (3) to state that 'If any other law is inconsistent with the provisions of this Constitution, this Constitution shall prevail, and that other law shall, to the extent of the inconsistency, be void'. This provision in itself is problematic as would be seen in this review. There are constitutional provisions that are tantamount to the rights of women and girls and unfortunately, by reason of Section 1(1) laws that seem to provide otherwise in order to protect women can be challenged on the basis of their inconsistency with the Constitution.

Sections 15(2) and 42 of the Constitution prohibit discrimination on ground of sex (among other things) and affirm a legally enforceable right to equality of all persons. Unfortunately section 29, Sub-section 4(b) endorses child marriage when it proclaims that *every woman who is married shall be regarded as an adult*. Child marriage is harmful as it predisposes women and girls to HIV infection (UNIFEM, 2006). Contrary to the above position is the provision of the Child's Rights Act 2003 which sets the age of marriage at 18 years. However, this is an Act that is only operational in the Federal Capital Territory. Although some States (24) have adopted the law as part of their laws, both the federal and state laws could be challenged for being incompatible with section 1(3) of the Constitution. Efforts of women's rights advocate to get the National Assembly to amend section 29(4)(b) was met with a brick wall lately when the Senate decided to retain the old provision that endorses child marriage.

Furthermore, Section 21 of the Constitution enjoins States to protect, preserve and promote Nigerian cultures that "enhance human dignity and are consistent with the fundamental objectives as provided…" The challenge here is the definition of *cultures that enhance human dignity*. For many people, a practice such as Female Genital Mutilation enhances human dignity, however, as presented in the review of literature, its ability to contribute to the spread of HIV has been widely documented. This section of the constitution has in some way aided the denial of women's human rights and therefore perpetuated acts of violence against women. Women's rights advocates have called for it to

Trafficking in Persons (NAPTIP) has eight (8) shelters across the country (Abuja, Lagos, Benin, Uyo, Enugu, Kano, Sokoto and Maiduguri) mainly for rescued victims of trafficking. These eight facilities together have the capacity to house 293 people. Alongside the shelter , these organizations have been providing skill based trainings, awareness, medical support, formal and non-formal education and legal aid services by themselves and through referrals to other organizations.

Provision of Hotlines/Help lines

Several organizations have telephone lines that they refer to as hotlines/help lines on GBV albeit with a specific focus on different aspects of GBV. Most of the hotlines run 24 hours with very few being toll free. The costs of *the* calls are often borne by the callers and the organizations bear the cost of follow up calls which they say are enormous.

MEDIACON runs a 24-hr confidential help-line (08023331036, 08058207164 and 08099522487) which attends to callers nationwide on incidences of sexual abuse or suspicion of such. The hotline service provides information on HIV infection, unwanted pregnancies and other forms of sexually transmitted diseases.

- Project Alert also runs a form of 24 hour hotline (+2348052004698). Calls made to this line are immediately assessed and the officer who receives the call decides whether Project Alert can take it on or refers such a caller to an appropriate organisation. The hotline is not toll free.
- Women Advocate and Research Documentation Centre (WARDC) also runs a 24-hour hotline service (08094440125 – 28) which was launched during one of its GBV awareness raising campaigns in 2012.
- Lagos State Office of the Public Defender (OPD) runs separate child abuse Help lines (08085753932, 08102678442, 07080601080 and 07098733732) and Family Violence Help lines (08085754226, 08102678443, 07098733734 and 01-7617508).
- WAPA runs separate child help lines (p\08085753932, 08102678442 and 07098733732) and Women help lines (08085754224, 08102678443 and 07098733734). The lines run for 24 hours and each phone call is domiciled and monitored from the deputy governor's office.

Some hotlines are not specifically set up for GBV issues but deals with certain aspects of GBV as part of the work that they do. For instance Positive Action for Treatment Access (PATA) and the National Agency for the Control of AIDS (NACA) have hotlines specifically for issues related to HIV/AIDS but they get reports on cases of rape and other GBV related issues from time to time. To this end PATA's hotline (08098728264) deals with issues of rape, HIV/AIDS, STIs and unwanted pregnancy. However, the staffs handling these cases are not specifically trained on GBV issues.

Peace Okonkwo of The Redeemed Evangelical Mission (TREM). Rehoboth Homes is based in Lagos and houses stranded ladies who have been trafficked, and who are deported or repatriated into the country.

- Genesis House by Freedom Foundation and Rehabilitation Centre (Peace Villa) by The Real Woman Foundation, an initiative of Pastor Nike Adeyemi of Daystar Christian Centre is also located in Lagos. It is a residential rehabilitation centre for girls and young women who have been victims of sexual abuse and sexual exploitation. The Centre seeks to give hope through rehabilitation and empowerment. The vision of the villa is to help sexually abused ladies and former commercial sex workers within the ages of 13 & 25 years. The Peace Villa has a rehabilitation programme, which runs for six months and includes counselling and vocational training.
- Hope House by Pastor Bimbo Odukoya Foundation (PBOF) is also located in Lagos. It is basically for pregnant single girls aged between 13 and 23 years. The girls are sometimes victims of abuse.

The shelters are open to WLHIV, and positive women are not discriminated against by staff of the organizations that run the shelter. However, the conditions given are that they must not be very sick and in need of constant medical care, they must also be on medication and observe safety procedures that will not endanger others. There is a huge gap in the provision of shelters in the country as many States to do not even feature on the list of those with such facilities and especially in a country that does not have clear cut social protection programme(s) to address the needs of those with social problems and challenges. The duration of stay in most shelters identified is inadequate for an abused woman to get her acts together and be able to stay on her own. The situation can even be more precarious in the case of poor women or women with disabilities. Several of the established shelters in the country are not functioning effectively or not functioning at all mostly due to financial constraints. For instance, the only shelter for victims of domestic violence in Kurudu, Abuja owned by the Federal Ministry of Women Affairs and Social Development (FMWASD) is reported not to be functioning by some respondents and some were of the opinion that it was functioning highly below capacity. Where shelters exist, demand for accommodation is greater than what can be provided and sometimes the cost of running the shelters is enormous that they run below capacity. There is a dearth of shelters in the Northern part of the country. The lack of adequate funding is also an issue for most providers of shelters.

Asides from shelters for abused women, some organizations run homes for abused children who need to leave an abusive situation for a time. The Lagos State government provides temporary shelters for abused children and mostly works with other NGOs like MEDIACON to provide shelters for abused young people. The National Agency for the Prohibition of

MAPPING OF LAWS, POLICIES AND SERVICES ON GENDER BASED VIOLENCE AND ITS INTERSECTIONS WITH HIV

be expunged from the Constitution. The test for determining whether or not a culture/practice should be upheld by the Court or not is the Repugnancy Rule which tests to ensure that the culture/practice is ***not repugnant to natural justice, equity and good conscience or incompatible either directly or by implication with any law, for the time being in force.*** This gives a lot of discretionary power to the Judge.

HIV/AIDS

A major issue that affects persons living with HIV/AIDS negatively, increases their vulnerability to HIV re-infection and also has intersections with GBV is stigma and discrimination. An Anti-stigma law is currently before the National Assembly and Nigeria is said to be the only country without Anti-Stigma and Discrimination Law. Of the 36 States and the Federal Capital Territory in the country, only about five States have Anti-Stigma and Discrimination Law. These include Lagos, Nasarawa, Enugu, Ebonyi and Benue States.

The Bill for an Act to make Provisions for the prevention of HIV and AIDS based on Discrimination and to Protect the human Rights and Dignity of people living with and people affected by HIV/AIDS and other related matters Bill (2009)

The need for an Anti-stigmatization law for Nigeria is long overdue. The bill before the national assembly seeks to (among other things) eliminate all forms of discrimination based on HIV status especially as it concerns employment, accommodation and access to health care services etc. The equivalent of this law in Benue State is cited as People Living with HIV/AIDS (anti-stigmatization and discrimination) Law, 2013 of Benue State. The Benue State law is broader than the bill at the federal level. The law provides that certain persons be subjected to HIV/AIDS test – pregnant women, persons charged with a sexual offence for purposes of criminal investigation and prison inmates awaiting trial. The court can also order that a person be tested. The law also provides that 'Any person, who, with fore knowledge of his status, intentionally transmits HIV to another person commits an offence and shall be liable on conviction to one year imprisonment without option of fine'. The implication of this law is that where a HIV positive person sexually abuses another person, apart from the punishment for the sexual offence he can also be charged with the offence of wilfully transmitting HIV and upon conviction, be sentenced to one year imprisonment.

Law for the Protection of Persons Living with HIV and Affected by AIDS in Lagos State and for Other Connected Matters, 2007.

In 2007, the Lagos State Government passed a Law for the Protection of Persons Living with HIV and Affected by AIDS in Lagos State and for Other Connected Matters. This law provides protection of persons living with HIV and affected by AIDS in the State. It addresses issues around access to drugs, voluntary counselling and testing, protection against discrimination in the area of employment, education, shelter, access to health care, social,

religious or political gathering, transportation, insurance etc. The law does not address the issue of GBV, however, the Law provides for the establishment of 'The Anti-Retroviral Drugs Fund Board'. Members of the board are drawn from different sectors e.g. Health, Justice, Social Welfare, Civil Society, People Living with HIV, Private sector etc. There is also a slot for a 'physician and a Nurse vast in the care of people living with HIV and affected by AIDS on the board.

Although this law makes government responsible for provision of anti- retroviral drugs to all positive people, it did not do the same in the area of care and support. In Section 12 (1), the law states that 'Government shall make adequate provisions as appropriate to ensure the establishment and funding of:
(Ihomes for the protection of orphans and children of deceased HIV/AIDS patients within orphanages in the State in order to ensure their integration with other orphans

(ii) homes or where required adequate provisions for the protection of vulnerable and abandoned children of HIV/AIDS patients in the State
(iii) Sub section 2 of the same section of the law provides that 'government shall make adequate provision of social security, care and support for:
(iv) children that are heads of households; and
(v) vulnerable widows and widowers who, in the reasonable estimation of the State Government are not able to provide adequate care and support for themselves
(vi) grandparents

Access to social security and other social services help to reduce vulnerability to HIV infection. From the foregoing other women (aside widows) and young people who are in difficult circumstances (but not HIV related) seem to be out of the picture of government social security, care and support. Provision of shelter can help protect women and girls from being vulnerable to HIV through sexual violence on the one hand, or help protect positive people from being exposed to sexual violence thereby getting re-infected or infecting their abusers. There is room to advocate the expansion of the scope of this law to mainstream GBV. The slot of the Physician and Nurse on the Anti-Retroviral Drugs Fund Board can be reviewed to be for a Physician or Nurse vast in GBV issues and in the care of persons living with HIV/AIDS.

Young people with disability, Street Children and Orphans and Vulnerable Children (OVC)
Children in difficult circumstances are also vulnerable to GBV. The Lagos State Law for the protection of Persons Living with HIV/AIDS makes provision for OVCs, however, in practice many of them are unable to access necessary support, care and treatment from government. The issue of street kids and young people with disabilities is particularly disheartening in Lagos as they are all over the place without adequate provision for them.

4.	Ekiti	Ekiti State Ministry of Women Affairs - Social Intervention Home	Transition/temporary shelter for abused/displaced women.
5.	Abuja	Federal Ministry of Women Affairs and Social Development	Temporary shelter for abused women.
6.	Cross River	Destiny Care Centre	Home for abandoned children and those who suffer sexual abuse.
		Mothers Against Child Abandonment	Home for pregnant teenagers.

The following shelters designed for victims of GBV were identified in the course of the mapping exercise:

- **Sophia's Place** established in Lagos in May 2001 by Project Alert for Violence Against Women. The shelter is designed to provide a safe, quiet and serene space for women (and their children) seeking time and space away from their abusive environments. Accommodation is on a temporary basis with a maximum stay of four weeks.
- WACOL also runs a shelter in Enugu in the Eastern Part of Nigeria. The shelter provides temporary accommodation to female victims of battery and violence pending WACOL's mediation in the matter.
- In August 2009, the Lagos State Government commissioned a 156-bed shelter for women and children victims of GBV.
- The Wife of the Governor of Cross Rivers State has two shelters for victims of domestic violence - **Destiny Care Centre** which is a home meant for abandoned children and those who suffer sexual abuse. Some women whose children suffer sexual abuse by fathers and are threatened by families of perpetrators after or due to litigation are also housed there. The second home is called **Mothers Against Child Abandonment** - this is a home for pregnant teenagers. Some are pregnant due to sexual abuse/rape.
- The Ekiti State Ministry of Women Affairs under its Social Welfare Department also has a **"Social Intervention Home"** which serves as a transition/temporary shelter for abused/displaced women for about three months before being re-integrated into the society.
- The United Nations Population Fund (UNFPA) in collaboration with the Kaduna State Ministry of Women Affairs and Social Development is constructing a shelter in Kaduna State which is at finishing stage.

Other identified shelters that are run by faith based organizations are as follows:

- Rehoboth Homes which is owned by Women of Global Impact, an initiative of Rev.

police, counsellors, judiciary, health personnel etc.

Rehabilitation Services/Provision of Shelters

Many victims of gender based violence require temporary safe accommodation while their cases are being resolved. There are very few shelters in existence in Nigeria, however, it is worthy of note that there has been a steady increase in the number of shelters available over the years. Majority of the shelters are owned by NGOs and some religious foundations. Some states in the country own shelters for battered women and other victims of gender based violence.

Table 2: Shelters and their Location

	Location	Name of Organization	Services Rendered
1.	Lagos	Project Alert – Sophia's Place (NGO)	Provides a safe, quiet and serene space for women (and their children) seeking time and space away from their abusive environments
		Lagos State Government	156-bed shelter for women and children victims of GBV
		Rehoboth Homes - Women of Global Impact (The Redeemed Evangelical Mission (TREM)	Houses stranded ladies who have been trafficked, and who are deported or repatriated into the country.
		Genesis House by Freedom Foundation	Helps sexually abused ladies and former commercial sex workers within the ages of 13 & 25 years
		Rehabilitation Centre (Peace Villa) by The Real Woman Foundation	Rehabilitation centre for girls and young women who have been victims of sexual abuse and sexual exploitation. Runs rehabilitation programme, which runs for six months, it includes counselling and vocational training.
		Hope House by Pastor Bimbo Odukoya Foundation (PBOF)	Provides shelter for pregnant single girls aged between 13 and 23 years. The girls are sometimes victims of abuse.
		MEDIACON	Provides shelter for sexually abused young people.
2.	(Abuja, Lagos, Benin, Uyo, Enugu, Kano, Sokoto and Maiduguri)	National Agency for the Prohibition of Trafficking in Persons (NAPTIP)	Eight (8) shelters across the country mainly for rescued victims of trafficking.
3.	Enugu	Women's Aid Collective (WACOL)	Provides temporary accommodation to female victims of battery and violence.

There is need for law to address the needs of these groups of young people in order to reduce their vulnerability to HIV infection and GBV generally.

PHYSICAL AND SEXUAL VIOLENCE

Physical Violence

The operational legal code on crimes in Northern Nigeria is the Penal Code cap 89, Laws of the Federation of Nigeria (LFN), 1963. This law endorses wife battery when in Section 55 (1) (D) it proclaims *that wives may be corrected provided grievous harm is not inflicted* on them. As presented in the review of Literature, there is a strong correlation between exposure to physical and sexual violence and high risk of HIV infection. There is a need for this law to be repealed. Apart from this section of the law that endorses women's exposure to physical violence, there is a gamut of provisions of the law that criminalizes physical violence either of males or females.

Sexual Violence

As seen in the Review of Literature, the correlation between sexual violence (which is a form of GBV) and the risk of HIV infection is very strong. According to WHO (2000), violence can contribute to women's increased risk of HIV infection both directly through forced sex and indirectly by constraining women's ability to negotiate the circumstances in which sex takes place and the use of condoms. In addition, sexual abuse during childhood seems to be associated with high-risk behaviours in later stages of life that may also increase the risk of HIV. Section 182 of the Penal Code provides that "sexual intercourse by a man with his own wife is not rape if she has attained puberty." This provision of the law condones defilement of young girls and child marriages, thereby increasing their risk of exposure to HIV infection.

The Criminal Code on the other hand is the applicable law in the Southern parts of the country. Section 221 of the Criminal Code addresses the issue of defilement of girls less than 16 years of age. It provides that a person cannot be convicted of the offence of unlawful carnal knowledge of a girl being of or above thirteen years and under sixteen years of age; or knowing a woman or girl to be an idiot or imbecile, has or attempts to have unlawful carnal knowledge of her, is guilty of misdemeanour, and is liable to imprisonment for two years, with or without caning…A person cannot be convicted of any of the offences defined in this section upon the uncorroborated testimony of one witness. The question here is, how can girls who fall into this category ever get justice? Perpetrators of this kind of crime will never do such in the presence of other people. There is a need for this requirement to be expunged from the law so as to make prosecution and conviction of offenders easier and to reduce vulnerability of girls to GBV and HIV infection.

By virtue of section 27 of the Child's Rights Law of Lagos State, the age of consent for sex in

Lagos is 18 years as opposed to what obtains in the UK where it is 16 [sixteen years]. A person cannot legally have sex with someone under the age of 18 years. Provisions such as this call for caution in over criminalising actions as further problems may be created in trying to deal with one. A girl who has STI for instance may not want to report out of fear of being asked whether she has been engaging in sex.

Section 258 of the Criminal Law of Lagos State criminalises unlawful sexual intercourse by any man with a woman or girl without her consent. Such a person is guilty of rape and liable to life imprisonment. Such a woman or girl is deemed not to have consented to sexual intercourse if she submits to the act by force, threat or intimidation, fear or harm or false or fraudulent representation. Additionally, the Law laudably extends its provision to include that sexual intercourse is complete on the slightest penetration of the vagina. Therefore any person who sexually penetrates the anus, vagina, mouth or any other opening in the body of another person with a part of his body or anything else without the consent of the person is guilty of a felony and liable to life imprisonment. The law however does not recognize marital rape as section 258(3), provides that 'Sexual intercourse between a man and a women who are married is not unlawful'. Studies have however shown that women do experience this form of assault in marital relationships. Although a new offence is created in section 259 (sexual assault by penetration) which victims of rape in marital relationships can pursue as a channel for seeking redress, the probability that women and girls would be able to get justice under that section is 50/50 as it depends on the individual judge handling the matter. A judge may decide to stick by what is contained in the preceding section by holding that a married man cannot be charged for sexual assault by penetration since sexual intercourse between married persons cannot be unlawful and sexual intercourse is deemed complete on the slightest penetration.

It is worthy of note that the incident of rape is on the increase in the society. Cases of students being gang raped in institutions of higher learning abound. The law on rape is clear and the punishment is stiff. The problem however is with stigma attached to rape victims which makes it difficult for many victims to speak out and report such cases as well as the stringent rules around the proof of rape. The slow pace at which cases are dispensed with in law courts also discourage many rape victims from pursuing such cases, where they do they are often discouraged after sometime and abandon such cases along the line. With the challenge of HIV infection, the training of members of the police force can be updated on how to handle victims of rape. It can be made mandatory for the police to inform rape victims about the need to access antiretroviral drugs to prevent possible HIV transmission.

In trying to strengthen the legal environment for the protection of women against gender-based violence, Civil Society Groups in Nigeria formed the Legal Advocacy Coalition on Violence Against Women (LACVAW), an advocacy Network with over 60 members (List of

MAPPING OF LAWS, POLICIES AND SERVICES ON GENDER BASED VIOLENCE AND ITS INTERSECTIONS WITH HIV

programmes that have been implemented have focused on either GBV or HIV and not necessarily linking both epidemics. Training to integrate HIV and AIDS with gender-based violence are very few and far in between. Despite the many reports of trainings involving the police, information from interviews reveals that there is still a wide gap in police training and that interventions involving the police should be a continuous effort. For instance, one of the NGOs that reported having trained police officers on GBV was asked how many police officers participated in the training and the response was 50. Although, small efforts are important and should not be despised in any way, this figure is less than 0.5% of police officers in the country. This calls for a more strategic approach at getting the police to be a part of the active force for addressing GBV. There is the need for GBV and its intersection with HIV to be integrated into the police college curriculum and the initiative of training the police on the subject not left to the auspices of NGOs/CSOs.

CIRRDOC in collaboration with Action Aid carried out training workshops for Women living with HIV/AIDS (WLWHA) and service providers such as the police, health officers and legal aid workers. While the latter were sensitized on their rights as well as trained to acquire skills for asserting their rights, the service providers were trained on skills for the provision of better services to WLWHA as well as to advocate for laws and policies in favour of People Living with HIV/AIDS (PLWHA). Gender Action Team (GAT) carried out trainings for women on their rights and that of the girl child especially to education. The trainings were aimed at reducing early and forced marriages, human trafficking, rape cases, and the practice of hawking which exposes girls in all Northern States to sexual abuses that may end in early marriage to older men whose HIV status they are not sure of.

There are very few programs related to GBV/HIV/AIDS and WWDs. According to a respondent, "the response to victims of GBV that have disabilities is probably worse than the response to able bodied women because women with disabilities are considered not to be sexually active and should be grateful if anyone found them attractive enough for sex". To this end, Independent Living Programme for People with Disabilities trains adolescent girls and women with disabilities Life Building Skills and Sexuality and Reproductive Health Education as an HIV/AIDS Prevention Strategy for In-School and Out of School. Furthermore, Mirabel Centre, a sexual assault referral centre set up by the Partnership for Justice and located within the premises of Lagos State Teaching Hospital (LASUTH) trains doctors and nurses working at the Centre on forensic medical examinations and their counsellors have undergone training on sexual assault trauma. In 2013, the Centre trained ten (10) doctors from LASUTH and twenty (20) nurses from various government hospitals in Lagos State. Information gathered during the mapping exercise reveals that there is a dearth of forensic experts and specialised counsellors in the country. It also reveals that trainings are carried out based on different standards depending on the organization carrying out the training programme. There are no standardised training formats for the

Some police officers have been trained on issues of GBV and mainstreaming gender and human rights principles into their programmes and actions by various NGOs e.g.

- Justice for All Program (J4A) has facilitated various trainings of police officers on GBV in Lagos and Enugu State. The J4A capacity building programme aims to improve safety, security and access to justice for Nigerians by improving capability, accountability and responsiveness of key organizations in the safety, security and justice sectors.
- Media Concern Initiative (MEDIACON) in 2010 trained all the Divisional Commissioners of Police (DCOs) and key officers within the Lagos State police command on how to handle cases of sexual violence.
- -Ipas carried out training of police officers on women's reproductive health rights
- Girls Power Initiative (GPI) trains not just the police but other law enforcement agencies on issues of handling cases of GBV
- Women's Consortium of Nigeria (WOCON) in 2013 trained about 40 police officers on GBV in Lagos State and is still in the process of training in Ogun and other states in the south west zone of the country. The training however, focussed on GBV and did not inculcate HIV/AIDS.
- The Lagos State Ministry of Women Affairs and Poverty Alleviation (WAPA) trained twenty eight human rights/ gender desk officers in the Lagos State police force on GBV in 2011. The ministry also had training sessions on GBV focussing on the provisions of the domestic violence law on the prosecution of rape for members of family courts (ten in number) in the state.
- Other organisations such as CLEEN Foundation, *Women's Rights Advancement and Protection Alternative* (WRAPA), Civil Resource Development and Documentation Centre (CIRRDOC), Women's Aid Collective (WACOL), Open Society Initiative for West Africa (OSIWA) etc., have also conducted one form of training or the other for officers of the police force in some states of the federation.

These trainings, however, have been in pockets and will need to be more concerted and planned in a cohesive manner such that everyone in the force that makes contacts with members of the public are exposed to similar training opportunities. All the above mentioned trainings have been carried out by NGOs, there is the need for government to invest in training their staff on issues of GBV and its intersection with HIV amongst other things.

There have been positive fallouts from the trainings carried out by several NGOs e.g. The Isokoko Model Police station has been reported to have changed in its handling of GBV cases especially domestic violence which was earlier treated as family matter. Also, MEDIACON reported that as a result of trainings carried out for DCOs there has been increased cooperation amongst the police and their organization. Majority of the training

members is attached and marked Appendix 2). LACVAW has been in the forefront for advocating the passage of a law on GBV. Recently the lower House of the National Assembly passed a Bill on the Prohibition of Violence Against Persons, the Bill is currently before the upper house. Other States with laws on Gender Based Violence include Ekiti and Niger States. The Bill addresses different forms of sexual violence in Nigeria.

Violence Against Persons (Prohibition) Bill' (VAPP Bill)

The VAPP Bill is a national draft law on different forms of violence including GBV. It was passed by the House of Representative (lower house) on March 14, 2013. It is currently before the Senate. The Imo State Government passed a similar law on 29th May, 2013, but turned around to repeal same in September 2013 (a few months after) following pressure by the Catholic community who posited that the law was nothing but one aimed at promoting the procurement of abortion. Section 1 of the draft National Bill provides for the offence of rape. The positioning of the offence of rape as the first offence in the law can be said to be strategic in view of the possibility of high level of contribution of sexual violence to the rate of HIV infection especially among women and girls at a time when the country is said to be experiencing increased rate of report of rape cases. The draft law expands the definition of rape to cover penetration of the vagina, anus or mouth of a person or any part of the body of either a male or female as opposed to the definition in the criminal and penal codes that cover only carnal knowledge.

Despite the expansion of the definition of rape, marital rape was deliberately left out of all that constitute rape. As presented in the Review of Literature, the 2008 NDHS reveals that 3.4% of women who reported having experience of spousal violence reported experience of being forced to have sexual intercourse by their partner. This percentage is not one that should be ignored by law. Women should be protected by law so they can feel safe within relationships including marital relationships.

Ekiti State Gender Based Violence (Prohibition) Law, 2011

The Ekiti State GBV (Prohibition) Law opens with a detailed definition of GBV. It provides among other things that all "acts of violence that impair or nullify the enjoyment of human rights and fundamental freedoms under general international law or under human rights conventions are discriminatory". The definition of rape under the law is however narrow. It only covers carnal knowledge as against different forms of penetration as provided for under the National VAPP Bill. Adopting a narrow definition of rape means low level of legal protection for women, men, boys and girls against exposure to HIV infection through violence or abuse.

The Law has a list of over 20 offences, the commission of any of which amounts to an offence of GBV. The punishment for GBV or an attempt to commit an offence of GBV is a fine of

N50,000 or imprisonment for two years or both. The offence of rape attracts a punishment of 7 years as opposed to the provisions of the National law (Criminal Code, Penal Code) which is a minimum of 14 years. The Ekiti State Law somehow makes a mess of punishment for different crimes as provided for in the Penal and Criminal Codes as well as other related laws. The punishment for GBV and that of rape under this law are adjudged low in view of the damage that is often done to the life of a victim/survivor of GBV.

The Law, states explicitly the role of the police and medical personnel when they come in contact with a victim of sexual violence. This is a very good development as every professional is clear about the role that they have to play in different situations. It however places a lot of responsibilities on the medical personnel including counselling. Doctors are also supposed to "provide victims with information about the full spectrum of intervention and options available and shall support them in making decisions the woman thinks is best.

The Law has extensive provisions on the issue of protection order. It however has some controversial provisions that can create problems for women and girls. It provides that parties to a crime of GBV will be allowed to settle out of court if the complainant decides not to continue with such a case. This is a highly controversial provision. Crimes are offences against the state and not one that lends to the discretion of the victim on whether or not the perpetrator should be prosecuted. For the Ekiti State GBV Law to serve the purpose to reducing vulnerability of women, men, boys and girls to HIV, it has to be carefully reviewed towards introducing some critical changes.

HARMFUL TRADITIONAL PRACTICES

Some of the harmful traditional practices that women, men, boys and girls are exposed to and that have implications for GBV and HIV intersections include negative widowhood rites, female genital mutilation, use of children as domestic helps and child marriage etc. Some States have laws against these practices. For instance, many states in the South East have legislated against negative widowhood rites and many States across the country have legislated against child marriage.

Negative widowhood rites

Some of the rites that women are exposed to that have the potential of exposing them to HIV infection are the practice of being forced to marry a family member of a deceased husband without knowing the person's HIV status, shaving of the widow's hair with unsterilized sharp objects and disinheritance which render women poor, thereby increasing their vulnerability to HIV infection due to poor economic status. States such as Imo, Enugu, Lagos, Edo, Anambra Ebonyi, Ondo, Ekiti have laws against this practice. A major challenge with this law in Imo State is that it is the Customary Court that has jurisdiction over cases brought under the law. Customary Courts are set up to uphold customary and cultural laws.

MAPPING OF LAWS, POLICIES AND SERVICES ON GENDER BASED VIOLENCE AND ITS INTERSECTIONS WITH HIV

CHAPTER 4

FINDINGS OF MAPPING EXERCISE: GBV AND HIV SERVICES IN NIGERIA

INTRODUCTION

This chapter presents findings of the mapping exercise as it concerns services connected to HIV and Gender Based Violence in different parts of the country. It outlines the services currently functioning in different parts of the country. Although it does not cover all the services available in the country in relation to the subject, it presents a fair appreciation of available services.

FINDINGS

In Nigeria, organizations have different initiatives to address different forms of GBV and these are mostly implemented by women-led/women focused NGOs/CSOs and are funded by different donors. There are also numerous programmes that address the issues of HIV/AIDS implemented by both government MDAs and various NGOs. Although there are some overlaps in the services being provided, services are generally fragmented and are based in a few locations across the country. Below are examples of services being provided by both government and non- governmental organizations that address both GBV and HIV:

- Trainings/Capacity building
- Rehabilitation services/Provision of shelters
- Provision of hotlines/help-lines
- Awareness raising, Mobilization and Advocacy
- Health/Medical services
- Counselling services
- Legal Aid Services
- Data management/Research/Documentation
- Referral services

Training/Capacity building (*Police, Health Care Workers, Counsellors and Others)*

Targeted training of professionals who interact with those impacted by GBV and HIV has been a critical aspect of the work on linking GBV and HIV. Training generally provides information, knowledge, and sensitization as a first step in changing norms, attitudes, and behaviour, as well as the technical skills needed to implement a range of services and support to victims of GBV.

funded as they should be in order for changes to be visible.

The President's Comprehensive Response Plan for HIV/AIDS in Nigeria 2013 – 2015
This plan is aimed at accelerating 'the implementation of key interventions over a two-year period to bridge existing service access gaps, address key financial, health systems and coordination challenges and promote greater responsibility for the HIV response at the federal and state levels'. One of its targets is to provide access to combination prevention services for 500,000 MARPs (Most At Risk Populations) and 4 million young persons. Comprehensive prevention services should address all issues surrounding vulnerability and risks. Unfortunately, this plan does not explicitly address the intersections between GBV and HIV/AIDS as the background information to the section on prevention does not highlight such issues, although it seeks to promote behaviour change by expanding school-based Family Life, HIV and AIDS Education (FLHE) and National Youth Service Corps. Addressing the intersections between HIV and GBV requires involvement of all segments of the society and essentially paying particular attention to the role of men and boys and seeking to engage them in efforts at preventing violence and vulnerability to HIV. A seeming recognition of the importance of mainstreaming gender issues into the interventions addressed in the plan is the provision for the development of tools for gender mainstreaming within the section on Care and Support. This does not reflect any serious commitment to the reduction of risks and vulnerability to HIV infection by women and girls.

Consensus Document
Consensus documents emanating from landmark international meetings also influence to a large extent national response to issues of HIV and GBV. Some of such documents are listed below:

- International Conference on Population and Development (ICPD), 1994
- Beijing Platform of Action, 1995

Millennium Development Goals, 2000

The personnel of Customary Courts are often not well equipped to handle cases that are designed to promote human rights against the tenets of culture. If such a case is brought to a customary court judge -who is biased, the tendency is that perpetrators may go scot free which means that this practice may be difficult to stop. Another controversy around this law is the fact that it gives Customary Courts jurisdiction over criminal cases which is contrary to the constitutional role of a Customary Court.

Female Genital Mutilation (FGM)
FGM is a harmful traditional practice that is found among different ethnic groups in Nigeria. Although with awareness the practice is gradually dying, some people still practice it. Section 10 of the Child's Rights law guaranties the right of every child to respect for dignity of his or her person. By virtue of section 10(a) no child is to be subjected to physical, mental or emotional injury, abuse, neglect or maltreatment including sexual abuse. Section 10(b) also forbids the subjection of any child to torture, inhuman or degrading treatment or punishment.

Use of children as Domestic Helps

Any person who-

(1) has carnal knowledge of any person against the order of nature;

(11) has carnal knowledge of an animal; or

(3) (111) permits a male person to have carnal knowledge of him or her against the order of nature;

is guilty of a felony, and is liable to imprisonment for fourteen years.

215. Any person who attempts to commit any of the offences defined in the last preceding section is guilty of a felony, and is liable to imprisonment for seven years.

The offender cannot be arrested without warrant.

216 Any person who unlawfully and indecently deals with a boy under the age of fourteen years is guilty of a felony, an offence and is liable to imprisonment for seven year

Trafficking of adults and children is a fundamental violation of the most basic human rights. Children need special programs to protect their rights and ensure their needs are met by their parents and the government. Children are still being trafficked to different parts of the country to serve as domestic helps in people's home and local eateries. This is contrary to the Section 30 (2)(a) of the Child's Rights Act, 2003. It is also contrary to Section 25 (1) (d) of the Child's Rights Law of Lagos State 2007 which provides that 'No child shall be employed as a domestic help outside his own home or family environment'. There is a need to expand the scope of the law on the issue of use of children as domestic help as it involves different forms of denial of fundamental human rights. This law only covers children whereas there are situations when young people above the age of 18 years are employed as domestic helps and a series of their rights are abused by their so called employers. Such young persons are denied right to health and education because of their poor background. Their rights in relation to hours of work are constantly being infringed upon. They are often forced to undergo HIV test without obtaining their consent and without proper counselling. Some also experience physical and sexual violence all of

The term "deal with" includes doing any act which, if done without consent, would constitute an assault as hereinafter defined.

217. 217 Any male person who, whether in public or private, commits any act of gross indecency with another male person, or procures another male person to commit any act of gross indecency with him, or attempts to procure the commission of any such act by any male person with himself or with another male person, whether in public or private, is guilty of a felony, and is liable to imprisonment for three years.

The offender cannot be arrested without warrant.

which increases their vulnerability to HIV infection and GBV. *Child Marriage*

Child marriage is a harmful traditional practice that is rife especially in the Northern parts of the country. It is a practice that increases girls' vulnerability to GBV and HIV infection. Section 21 of the Child's Rights Act, 2003 provides 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'. Section 22(1), (2) and section 23 address issues of betrothal of a child and stipulates a fine of N500,000 or five year imprisonment for anyone who marries a child or promotes the marriage of a child. Although this is a Federal Act, 24 States of the Federation have passed similar laws. Unfortunately the core Northern States where this practice is rife have not passed the law. There is a need to intensify advocacy effort on the passage of such a law in States that have not done so and to step up implementation in States that have the law.

Laws relating to marriage

Nigeria legal system is characterized by multiplicity of laws. These laws govern various aspects of life including marriage. For instance, marriage is governed by Statutory Law, Customary Law and Islamic law. Marriage can be contracted under any of the law regimes. These laws have different provisions concerning similar matters. The jurisprudence that form the basis of their development are from extremely different ideological point of view. Women often encounter problem of subjective interpretation especially when women wish to seek redress of wrongs meted out to them by their spouses. This is further complicated by unwritten family laws and traditions that most often do not favour women especially in cases relating to divorce, child custody and inheritance of properties.

Multiple law regimes mean inequality in protection and enjoyment of rights by women of different religious affiliation and different cultural backgrounds. For instance, for women married under the Matrimonial causes Act, 1970 and contract HIV or other venereal disease on their matrimonial bed can divorce their husband on this ground. This right cannot be enjoyed by women married under Customary Law. The implication of this for women subject to Customary Law is exposure to re-infection over and over again. Christian women, especially Catholics and those of the Pentecostal sect are also taught that there is no ground for divorce and all they need to do is to pray in every situation that they find themselves. This

MAPPING OF LAWS, POLICIES AND SERVICES ON GENDER BASED VIOLENCE AND ITS INTERSECTIONS WITH HIV

practices were not linked to their potential for exposing women to HIV infection. Apart from stating it as a bullet point on a list of reproductive health consequences in section 2.7.1, there is no mention of HIV again in the situational analysis. The implication of this is that the strategies designed for implementing the policy did not address explicitly how victims of GBV should be protected against possibility of HIV infection. No case was made for the establishment of temporary shelters so that victims of abuse can have a safe place to stay pending rehabilitation. A guideline of this nature should be seen to make a strong case for prompt and adequate services for victims of GBV.

Furthermore, the guidelines and strategies do not speak directly to the responsibilities of health personnel upon coming in contact with a victim of abuse. With the development of a national gender policy by the Federal Ministry of Women Affairs and social development one would expect that what all other sectors should do is to develop guidelines and strategies that will bring the National Policy to the level of direct responsibilities and expectations of each sector. It would have been more useful for the health sector to have a Guideline/protocol that each health care official at all levels (including local government level) would be able to look at and know all the steps he or she needs to take to be able to effectively respond to the needs of a victim of abuse. This Guideline does not provide such information.

National HIV/AIDS Strategic Framework (NSF) 2010 – 2015

The NSF is developed among other factors with the consideration that women are more vulnerable to HIV infection than their male counterparts. Over 58% of infected persons in Nigeria are females and over 80% of infections are through heterosexual intercourse. With this background the overarching priority of the NSF is the prevention of new infections. The section of the NSF on Promotion of Behaviour Change and Prevention of New Infections highlights the need to address issues around risky behaviour and practices but fails to mention protection of women and girls against the acts of those that may engage in risky practices like rape, incest and other forms of sexual abuse. The section on Policy, Advocacy, Human Rights and Legal Issues should be seen to address efforts at strengthening the capacity of the Judiciary and law enforcement agents on the linkage between GBV and HIV in order to reduce women and girls' vulnerability to HIV infection through sexual violence and other forms of sexual abuse.

The National HIV/AIDS Strategic Plan (NSP) 2010 – 2015

The National HIV/AIDS Strategic plan as written, has gender equality principles mainstreamed into it, however, information gathered in the course of the mapping exercise revealed that the operational system in place for its effective implementation is weak. The strong linkage between GBV and vulnerability to HIV infection presented in theory is not so reflected in implementation. According to a respondent, 'Key activities on GBV are not been

as special target groups (among others) for the policy.

Section 2.3.2 specifically provides that 'the fact that such children are unable to defend themselves, they are often left alone at home and are under-valued by those around them hence they become vulnerable to physical, sexual and emotional abuse. Such children, when born into families of poor socioeconomic backgrounds are often confronted with many problems, which tend to have negative effect on their emotional growth and development'

The two issues raised here have implications for vulnerability to HIV infection, however the policy does not state what should be done to protect children with disabilities which here should include girls with disabilities.

Section 2.3.3 which articulates the issue of women with disabilities does not in any way highlight the challenges of women with disabilities in relation to GBV, HIV as well as their sexual and reproductive health. These are areas of serious challenge for women with disabilities. For a policy to be seen to be responsive to the needs of women with disabilities these issues should be well articulated and what needs to be done to address them clearly stated. There is no implementation plan attached to the policy other than the fact that each section in the policy has its objectives and the strategies for implementation. A revised Policy on Persons with Disabilities should address the challenge of vulnerability to GBV as well as HIV and the need to engage men and boys in charting the course for the protection of the rights of women and girls with disabilities. There is a window of opportunity to support a process for the review and development of an implementation framework for the policy which will address more concrete issues of women and children with disabilities.

IMPLEMENTATION PLANS AND GUIDELINES

Gender Based Violence Policy Guidelines and Strategies for Implementation

Following the development of the National Gender Policy in 2006, the GBV policy guidelines and strategies for implementation was produced in 2008 by the Federal Ministry of Health with support of the World Health Organisation (WHO). The guideline covers many GBV issues and what each sector should do to address them. The guideline is based on a thorough analysis of the situation of gender equality related issues in the country. Despite its comprehensive nature the situational analysis upon which the guideline is based does not present data to show the strong connection between different forms of GBV and HIV. For instance link between rape and HIV infection was mentioned casually. The implications of child marriage for young girls' exposure to HIV infection were not highlighted even though its implication for vesico vaginal fistulae (VVF) was mentioned. Issues of harmful traditional practices such as Female Genital Mutilation (FGM), harmful widowhood

teaching has exposed many women to injustice in Christian marriages.

Marriages contracted under the Act cannot be dissolved except in a law court. Women who marry under this law tend to have more rights than women who marry under Customary Laws because none of the parties to a marriage contracted under the Act can marry another person during the subsistence of such a marriage. Ordinarily women in such marriages should be less vulnerable to HIV infection, however, because of cultural norms associated with masculinity in most African cultures, men within such marriages often have sexual relationships with third parties and thereby exposing their wives to risk of HIV infection. In view of the fact that the law is dated, emerging issues and recent developments in human relationships that are detrimental to the health and rights of women are not addressed by this law. For instance, the general thinking among men, and women as well, is that a woman does not have the right to demand use of condom from her husband even when she knows that the husband is not faithful. She cannot also complain of been raped because it is believed that she belongs to the husband and should be available for sex anytime the man wants to have it. With the emergence of the HIV epidemic, there is a need for re-orientation and a radical review of the laws regulating marriage in order for them to be more realistic and responsive to the present day challenges.

Law against Same Sex Marriage

Homosexuality is becoming a serious issue for young people across the nation partly because of lack of access to comprehensive sexuality education. The Federal Government has just passed a law on same sex marriage. The law prescribes a 14-year jail term for anyone who engages in same sex marriage or civil union. It also stipulates a 10-year jail term for any person who directly or indirectly makes a public show of same-sex amorous relationships. All persons, clubs, societies or organisations and those who register, aid and abet such unions, would be liable on conviction to 10 years imprisonment. The bill further specifies that where same sex marriage or unions had been contracted abroad, such contracts will not be recognized in Nigeria.

The Lagos State Same Sex (Prohibition) Law 2007 prohibits marriage between persons of the same sex and for other connected purposes. The Lagos State Law contains no specific provisions or definitions relating to young persons but merely criminalizes same sex marriage and defines "same sex marriage as "the coming together of two persons of the same gender or sex in a civil union, marriage, domestic partnership or other forms of same sex relationship for the purpose of cohabitation as husband and wife (Section 6)." Although it does not make mention of homosexual relationships that do not end up in marriage, the criminalization of homosexuality often make the practice to be hidden and this is having severe implications for the spread of HIV infection among members of the public and especially among men having sex with men or young people generally.

Criminalization of homosexuality has been a part of the Nigerian Law for a long time. Section 214 of the Criminal Code CAP C38 provides for Unnatural Offences. It provides that: Any person who (1) has carnal knowledge of any person against the order of nature; or (2) has carnal knowledge of an animal or (3) permits a male person to have carnal knowledge of him or her against the order of nature; is guilty of a felony, and is liable to imprisonment for fourteen years. Attempts at committing the above stated offences attract a punishment of seven years. It is not clear how the law intends to arrest offenders especially if this is being done by consenting adults. The use of the term '*against the order of nature*' is highly controversial and debatable. For instance having babies through artificial insemination is in a way against the order of nature and that is not considered an offence. Helping people to have access to information that can enable them lead healthy lifestyles is more beneficial than making laws that can be hardly implemented and therefore not beneficial to anyone.

Furthermore section 216 provides for indecent treatment of boys under fourteen years and this attracts a punishment of seven years. There is also provision for a similar offence against a girl under sixteen years (section 222). There is a need to advocate the speedy passage of the VAPP Bill which is before the Senate as many of these laws have been updated and harmonized therein.

RIGHTS OF THE CHILD

Child Rights Act, 2003
The Child's rights Act was passed in 2003 and following that, 24 States of the federation have adopted the law. Despite this, the Nigerian child has not been able to benefit from the seeming viable legal environment. According to UNICEF, 'this landmark legislative achievement has not yet translated into improved legal protection throughout the Federation. Nigeria has been unable to deal with several issues hindering the protection rights of children such as children living on the streets, children affected by communal conflict, drug abuse, human trafficking and the weaknesses of the juvenile justice system amongst others'.

The Child's Rights Act addresses different issues such that have links with the intersections between HIV/AIDS and Gender Based Violence. The Act addresses issues of rights and protection such as right to freedom from discrimination, right to dignity of the child, right to health and health services, prohibition of child marriage, hawking or begging for alms or prostitution, unlawful sexual intercourse with a child, prohibition of recruitment of children into the armed forces etc. The challenge is with the implementation of the law which has been adjudged weak. There is a need to the implementation mechanisms to be strengthened across the country.

MAPPING OF LAWS, POLICIES AND SERVICES ON GENDER BASED VIOLENCE AND ITS INTERSECTIONS WITH HIV

Ekiti State Gender Policy, 2011
The Ekiti State Gender Policy is an adaptation of the National Gender Policy. The objectives and strategies for implementation are the same.

Jigawa State Gender Policy: A Holistic Approach to Women Development, May 2013
The Jigawa State Gender Policy is a major step in the promotion of the rights of women in Northern Nigeria. According to the preamble of the policy it "is a general guide on how all sectors of government, private organizations, development partners and civil society organisations should mainstream women, children and men's issues in their developmental programmes and activities. Its overall goal is to lay the guidelines that will lead to building a just society devoid of discrimination, promote opportunities for self actualization, harness the full potentials of all social groups regardless of sex, promote the enjoyment of fundamental human rights, and protect the health, social, economic and political well being of all citizens, in order to achieve equitable rapid economic growth".

The philosophy upon which the policy is based is Islamic law as it states that it "seeks to pursue the gender affirmative action within the framework of Islamic Law and Jurisprudence…", The policy did not at any point mention GBV or HIV, it only affirms that one of the pillars of the gender management system to be put in place for the implementation of the policy is the provision of an enabling environment for gender value reorientation of society. This provides a window of opportunity for engaging different stakeholders on GBV and HIV towards reducing the vulnerability of different groups of people to HIV infection. There is however need to view this seeming opportunity with caution so as to avoid doing harm to women's lives in efforts or attempts at transforming women's lives.

National Policy on Rehabilitation of Persons with Disabilities (PWDs)
The policy is not dated and the agency that is primarily accountable for its implementation is not stated in the policy although it is a policy under the management of the Federal Ministry of Women Affairs and Social Development. The policy expresses a narrow perspective of disability as it looks at it from the angle of physical disability alone. Clause 1.3 of the policy itemises causes of disability. The list does not contain issue such as poverty as a major cause of disability. In a place like Nigeria poverty is a risk factor for HIV infection and disability and must therefore not be overlooked. The policy recognises children and women

for a more robust policy and implementation framework that is implementable.

National Policy on Protection and Assistance to Trafficked Persons in Nigeria, 2008
The National Policy on Protection and Assistance to Trafficked Persons seeks to, among other things, achieve the following:
- ensure equitable access to comprehensive and qualitative health care services for all TPs irrespective of age, gender and other circumstances;
- provide standardised screening and treatment of identified health conditions especially malaria and communicable diseases such as HIV/AIDS, tuberculosis, STIs, etc., and referral
- provide adequate health information and communication services on reproductive health, HIV/AIDS, STIs, malaria, mental health etc. to all Tps. etc.

The policy has detailed provisions relating to the health of and access to health care services by TPs. An identified gap, however, in the policy is in the area of legal protection. The policy does not seem to address issues around providing TPs with information on their fundamental human rights and what to do should their rights be infringed upon again in the future.

Gender Policy for the Nigeria Police Force (GPNPF) - Nigeria Police Force, September 2010
The role of the Policy in eradication of GBV in any society cannot be overemphasised. The Gender policy for the Nigeria Police was developed with the recognition of 'the negative impacts of gender discrimination, sexual harassment, and other forms of gender-based violence in the society, and in particular on the institution of the Police Force'. The Policy seeks 'to eliminate all gender-based discriminatory regulations and practices within the Nigeria Police Force, and ensure that the Police Force, as a major security organ of government is able to effectively deal with gender-based violence within the larger Nigerian society'. Through this policy, the Nigeria Police Force strives to achieve social, cultural, and ideological transformation in gender relations within the NPF as well as in the larger Nigerian society, through gender sensitive regulations and orders, and improved technical skills in gender mainstreaming and in the handling of gender-based violence. The background study that led to the development of the policy highlights several negative practices in the Force. According to the report 'One of the key gender issues identified by a lot of the respondents is the prevalence of sexual harassment and sexual exploitation both within the Police Force; and also in the course of policing'. The report also documents incidence of rape and sexual exploitation of detainees in police detention. Allowing such practices to continue without taking drastic measures to reverse such trends is to be seen to promote the spread of HIV. Proper implementation of the Policy Gender Policy will go a long way in promoting change in the society.

International Conventions/Declarations
Section 12 of the 1999 Constitution of Nigeria states that "No treaty between the Federation and any other country shall have the force of law except to the extent to which any such treaty has been enacted into law by the National Assembly". By virtue of this provision, there are many conventions and treaties that Nigeria is a signatory to, the provisions of which have implications for HIV and its intersection with GBV as well as sexual and reproductive health but do not form part of the laws. However, they influence policies and shape response in the country. In fulfilment of its obligations under such conventions, Nigeria does submit periodic reports to the relevant committees. Two of such important Conventions as far as this review is concerned are the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa.
Other conventions that are already part of the law include the International Convention of the Rights of the Child (CRC) and the African Charter on Human and People's Rights

POLICIES

Policies in Nigeria do not have the force of law. They express the desires of government in respect of the issues that they cover. They are issued by the executive arm of government and 'can help to elaborate and specify the goals, values and standards to which existing laws aspire and may be useful in interpreting the latter as well as guiding programmatic interventions by governments' (Atsenuwa, 2010). Many of such policies have been issued by different arms of government that have implications for either HIV/AIDS on the one hand or issues around violence against women on the other. Some of such policies are reviewed below.

National Policy on HIV/AIDS, 2009
The 2009 HIV/AIDS policy is a revised version of the 2003 HIV/AIDS policy. The considerations that informed the development of the policy include among other things the fact that the HIV/AIDS epidemic threatens the wellbeing of many families and affects the health of millions of Nigerians. It is also based on the recognition that some sections of the population including women and girls, young people, physically challenged people and mobile population are most at risk. Although it recognizes the role of culture and tradition as having great influence on behavioural attitudes and practices of majority of Nigerians and expressed the desire to mainstream gender into all programmes and activities on HIV, the critical role of gender inequality and male dominance to the vulnerability of women and girls was not highlighted. This is necessary in order to ensure that particular attention is paid to such issues. There is a need for clear policy statement on the need to consciously engage men and boys strategically in order to end GBV and begin to reverse trends of HIV/AIDS.

National Workplace Policy on HIV/AIDS, 2005

The Federal Ministry of labour developed a workplace policy on HIV/AIDS in 2005. The policy is aimed at guiding: prevention of HIV/AIDS, response to its spread and management of its impact in the workplace.

It recognizes the fact that stigmatization of people living with HIV/AIDS is rife in the workplace. It however does not mention the issue of sexual harassment/exploitation as well as other forms of GBV that are rife in the workplace and can in fact contribute to the spread of HIV. Although gender equality was stated as one of the key thematic areas of the policy, its reference to gender equality is limited to the involvement of male and female workers in policy formation, programme planning and implementation so as to capture the aspirations of vulnerable groups.

An important policy such as this should address the different written and unwritten practices that can fuel the spread of HIV in the workplace. GBV related issues such as sexual harassment/exploitation are some of such. A workplace policy should be seen to encourage all employers of labour to have detailed strategies for HIV prevention in the workplace. Organizations should be encouraged to develop codes of conduct that discourage such practices and also have laid down procedures that are known to all staff on how such cases would be handled should they arise.

National HIV/AIDS Research Policy 2010

This policy is designed to drive evidence based interventions in the country. It recognizes the fact that earlier researches in the field of HIV/AIDS focused on 'epidemiology and prevention with little attention given to the social and human rights among other things'. The foreword to the policy was written by the Director General of NACA and it states among other things that the policy will be reviewed periodically. This provides a window of opportunity for advocating increased commitment to social researches focused on preventing HIV infection resulting from gender-based violence and other related issues.

The research priorities of the policy are classified into four groups i.e.

- basic clinical sciences, epidemiology and public health;
- social and behavioural sciences;
- economics, operations research, and health systems; and
- policy, law, human rights and governance.

The section on Social and Behavioural Sciences looks at issues around behavioural interventions (which includes vulnerability reduction, behaviour change communication, knowledge and attitude); Gender, sexual culture and HIV/AIDS (This includes issues around gender issues in sex work, same-sex sexual interactions, monogamy, abstinence, sexual values and sexual networks etc.); Key populations (risk behaviour patterns and trends, uptake and service utilization etc.). The issue of GBV and strategies around male

MAPPING OF LAWS, POLICIES AND SERVICES ON GENDER BASED VIOLENCE AND ITS INTERSECTIONS WITH HIV

involvement in its prevention, although not expressly mentioned, fit into this section. Current trends in women and girls' vulnerability to HIV infection call for the need to pay serious attention to interventions that are based on evidence. It is important to understand the patterns of GBV in the country and what makes women and girls in one part of the country more vulnerable to HIV infection than others.

The National Gender Policy, 2006

The policy recognizes the strong link between gender-based violence and HIV when it states that GBV attracts a high level of attention within the country because it continues to threaten women's human rights and increase their vulnerability to HIV infection. It notes that women often have less control over their health and sexuality sometimes because they marry often too young and without their consent. They are also often exposed to domestic violence, and rape within and outside the family.

One of its major goals is to "promote systematic and consistent gender mainstreaming into HIV/AIDS policies, plans, programmes, and activities at all levels; build gender analysis capacity of coordinating agencies; and create an enabling gender-inclusive environment in the fight against HIV/AIDS, and address the differential impact of the pandemic on women and men at all levels". The policy calls for interventions to be directed towards HIV prevention and control, mitigating the impact of HIV and widening access to treatment, care and support of people living with HIV/AIDS and high risk groups such as sex workers and long distance drivers. The Gender policy mentions male and female in all sections in recognition of the fact that gender is not just about women's issues, however, the role that men and boys have to play to promote equality was not highlighted in the policy. The framework for its implementation is also silent on the issue of engaging men to end gender-based violence towards reversing the trends of HIV. There is a need to advocate that this very important strategy be taken into consideration in the ongoing review process of the National Gender Policy.

The policy has an implementation framework which has targets of establishing one GBV Shelter in each of the six geo-political zones of the country, development of guidelines on SGBV, training of health care providers on use of guidelines, and establishment of one SGBV recovery centre at the National hospital. Unfortunately, these targets are not directly linked with the HIV components of the implementation framework. They are designed as parallel implementation activities. The implementation of the Gender Policy and its implementation framework is extremely weak and none of these have been done. At the moment the policy has outlived its life and it is currently being reviewed. There is the need to engage with the platform currently opened by the Federal Ministry of Women Affairs for support from Development Partners in order to engage constructively with the process so as to ensure that the review process takes on board critical issues and concerns of the different groups