



# PROJECT EVALUATION REPORT 2021

Scaling-up Community Response to Violence against Women and Girls & Integrating GBV into National and State Level COVID-19 Response in Nasarawa State, Nigeria.

## Table of Contents

Abbreviations and Acronyms .....	iii
Executive Summary .....	1
Introduction and Background .....	4
Project Description.....	5
Summary of Baseline Results .....	6
Endline Survey Objectives.....	8
Evaluation Approach and Methodology .....	8
Results and Key Findings .....	9
i.    Socio-demographic profile of the respondents.....	9
ii.   Community knowledge of forms of VAWG.....	11
iii.  Community knowledge of laws that protect women and girls from VAWG .....	13
iv.   Knowledge on women and girls most at risk of SGBV .....	14
v.    Community member’s personal beliefs and attitudes on Women and Girls’ rights .	15
vi.   Preferred justice systems to reporting acts of SGBV.....	19
vii.  Personal Actions and Behaviours on incidences of SGBV.....	21
viii. Community Norms, Practices and Response Systems .....	23
ix.   Information about Covid-19, Decision making, as it relates to GBV.....	27
Conclusions and Recommendations .....	31

## Abbreviations and Acronyms

AGYW	Adolescent Girls and Young Women
EVA	Education as a Vaccine
COVID-19	Corona Virus Disease 2019
FGM	Female Genital Mutilation and Cutting
NDHS	Nigeria Demographic and Health Survey
LGAs	Local Government Areas
SGBV	Sexual and Gender-based Violence
SRHR	Sexual and Reproductive Health and Rights
VAPP	Violence against Person Prohibition
VAWG	Violence against Women and Girls
CPC	Community Peace Committee
CPN	Child Protection Network
VAPP	Violence against Persons Prohibition

## Executive Summary

In Nigeria, violence against women and girls (VAWG), including sexual and gender-based violence (SGBV) is pervasive and often occurs without repercussions for perpetrators and justice for survivors. Violence against Women and Girls is rooted in the lack of recognition and awareness of women's and girls' rights, gender inequality, negative gender-bias, community norms, and deep-rooted sociocultural beliefs that subjugate women and girls. The response to COVID19 pandemic has brought new dimensions and complexities to the prevalence of VAWG and the existence (or lack of) response systems. Since the pandemic spread to Nigeria, lockdown measures and movement restrictions were put in place as efforts to curtail the spread. An unfortunate result of this is the quick trajectory rise in incidences of violence against women and girls the in both homes and communities in the country. According to the Shadow Pandemic Report (2020) by the UN Women, reports of violence rose by 56% around the country in the first two weeks of COVID-19 restrictions. A report on Gender and COVID19 in Nigeria by Chitra Nagarajan, EVA and TIERS with support from OSIWA (2020) also described a definite spike in gender-based violence especially with regards to intimate partner violence and abuses of women and girls. This rise has been especially noted to be more frequent and severe in situations with higher poverty, food insecurity, household tensions and mental health issues.

In Nasarawa state, these issues of VAWG become more complex with the incessant incidences of conflict between and within communities, herdsmen and pastoralists, and increased contention for scarce resources such as food, land, and water, all of which increases the risk of VAWG. The project, "Scaling up Community Response to Violence against Women and Girls" project was developed as a result of lessons learnt from recently completed pilot project, Strengthening Community Response to Violence Against Women and Girls that was implemented in 6 communities in Nasarawa and Toto Local Government Areas (LGAs) in Nasarawa state with support from PISCCA in 2019 to 6 new communities in two new LGAs (Keffi and Karu LGAs) in the state and integrate GBV response into the state and national COVID-19 GBV response.

The project which was implemented from July 2020 to January 2021 was scaled up to two Local Government Areas (LGAs) and implemented in the selected 6 new communities and they include Gauta, Yara and Yelwa communities in Keffi LGA; and Gurku, New Karu and Tudun-Wada communities in New Karu LGA. The LGAs and Communities were selected based on a needs assessment and existing community structures to respond to violence. The project was designed to address issues of violence against women and girls (VAWG) in the target communities by increasing community knowledge and understanding of women's and girls' rights and addressing the gaps in the community response to issues of VAWG. To ascertain the impact of the project and how much it was able to achieve its goals and objectives, surveys were conducted before project implementation to provide baseline data, and after the completion of the project to provide endline data.

The baseline survey established the level of awareness of the community members on the women's and girls' rights, on various forms of violence and response mechanisms, and ascertained their opinions, beliefs, and perceptions about sexual and gender-based violence and gender equality before project implementation. Survey results from the baseline survey showed that there was poor knowledge of related issues of VAWG and a widespread negative perception and beliefs about women's and girls' rights and gender equality. After the implementation of project activities which included trainings, dialogues, meetings and community outreach with the Child Protection Networks (CPNs), traditional leaders, religious leaders, security operatives, LGA stakeholders and men and women, the endline survey was conducted to determine the changes and impact the project had made.

Results from the endline survey demonstrated a remarkable increase in knowledge of related issues of violence against women and girls, with improved positive perception and beliefs on gender equality, women's and girls' rights. The survey results also show an increased survivor centred response and community support to addressing occurrences of VAWG in the communities. For example, in comparison to the baseline average of 68.9%, an average of 98.6% of respondents now recognize rape, denial of food, child molestation, wife-beating, restriction of movement and child and forced marriage as forms of VAWG. Also, where only 16% of respondents at baseline were aware of laws that protect women and girls from violence, this percentage rose exponentially to 94% of the respondents indicating their new awareness of such laws. Furthermore, the baseline survey also revealed that almost half of the respondents (an average of 47.2%) agreed with statements that blamed women for sexual assault and did not recognize the concept of consent. The endline survey showed that the average percentage had decreased significantly to 9.8% by the end of the project. Also, at baseline, only 39% indicated or recognized the Child Protection Network (CPNs) as a viable mechanism to report cases of VAWG. However, this changed drastically at endline where over 80% of the respondents now find the CPN as a trusted platform to report and effectively address issues of VAWG, and this change can be attributed to the project activities which trained the CPNs and establishing them as a trusted community reporting system to work in collaboration with security operatives, law enforcement officers and LGA stakeholders to ensure that issues of SGBV and other forms of VAWG are effectively addressed. Furthermore, an analysis of the baseline and endline results showed increased community support and commitment to advancing gender equality and inclusion of women in decision-making processes. Whereas the baseline results had 47.2% of respondents believe that women and men have equal say when it comes to decision making in the community, endline results show that at 67.3%, this shows a 20% increase in number of the respondents who now support it.

Results on information on Covid19 as it relates to SGBV also shows that 100% of the respondents are now aware of Corona Virus and household sensitization from the PISCCA program intervention has significantly served as source of information about coronavirus the community members with 79% at endline who obtained information as a result of this. On decision making and leadership in the household, 73.5% of respondents at baseline said that they had been involved in discussions or decision-making processes relating to coronavirus in their communities. Of this, 40.7% were male while 32.7% were female. At endline, decision

making and leadership in the household increased to 95.7%. Of this, 51.9% were male while 48.1% were female. Overall, lesser women (32.7%) were involved in decision making in their community than women at baseline as compared to endline where more women (48.1%) were involved in discussions and decision-making processes about coronavirus prevention and treatment in their community.

While data from the Baseline survey showed an increase in SGBV in your community during the Covid19 restriction, because of this, response system was therefore strengthened during the project intervention as 81.6% of the respondents now ascertain that there has been a strengthened response system in place to curb this high rate of SGBV in their community during this period. Also, only 21.6% of the respondents at Baseline were aware of any hotline that supports women and girls affected by violence in their community while this increased significantly to 85.2% at endline, and 88% of the respondents stated that the mobile hotline been active since COVID19 restriction. At baseline, the community leaders addressed SGBV cases in the communities when they happen while at endline, 81.7% stated that the CPN now addresses SGBV cases in their community.

Finally, 94.4% of the respondents at endline stated that the women and girls in their area now use the confidential hotline that was set up to report cases of violence in their community and 98.5% of the respondents further stated that they would share this hotline if they come across or heard of someone who needs to report and was not aware of it.

Based on these results, it shows that the project has made a positive impact in contributing to championing women's and girls' rights and ending violence against women and girls in the state. It also shows that with the right re-orientation and sensitization, people can change their behaviours to be more gender-sensitive and rethink negative socio-cultural norms that harm and subjugate women and girls, while collaboratively and proactively responding to cases of violence against women and girls in their households and communities. It is recommended that upon completion of the project, the established response systems in target communities should be strengthened with the provision of resources that will improve effectiveness in addressing cases of VAWG. Also, the project should be scaled up to other neighboring state like Niger state where laws and policies that respond to and adequately address issues of violence against women and girls should be advocated for in the government and policy spaces, domesticated and enforced in the state. In particular, the Violence against Persons Prohibition (VAPP) Act was passed at the federal level in 2015 and which has now been domesticated in Nasarawa state in which the PISCCA projected contributed to this milestone but is yet to be domesticated in most Nigerian states including Niger state. All of these recommendations would ensure a sustainable response and solution to ending violence against women and girls in Nigeria.

## Introduction and Background

Women especially young women of reproductive age and girls in Nigeria are subjected to various forms of violence, and their right to a life free of all forms of violence and discrimination is often considered contradictory to traditional, social, and religious norms. Violence against women and girls (VAWG) is normalized in most Nigerian sociocultural constructs and this makes it difficult for women and girls to break the silence and cycle of violence within and outside their homes. Updated data in the Nigerian Demographic and Health Survey (NDHS) (2018) which was published in October 2019 indicates that violence against women and girls especially physical and sexual violence has increased from 28% to 31% for women aged 15-49. Also, 36% of married women have experienced spousal, physical, sexual, or emotional violence in 2018 compared to 25% in 2013. Furthermore, among the women and girls who have experienced physical violence, age groups 15 - 19 and 20 – 24 are the highest at 31.8% and 31.1% respectively (NDHS, 2018). According to the NDHS (2018), 55% of those who have experienced physical or sexual violence have never sought help to stop the violence, only 32% have sought help and when they did it was from their families. This indicates that now, more than ever, efforts need to be re-strategized and intensified in preventing and addressing violence against women and girls at all levels, especially adolescent girls and young women.

The advent of COVID19 has brought new dimensions and complexities to the rising prevalence of VAWG and the existence (or lack of) response systems. Since the pandemic spread to Nigeria, lockdown measures and movement restrictions were put in place as efforts to curtail the spread. An unfortunate result of this is the quick trajectory rise in incidences of violence against women and girls the in both homes and communities in the country. According to the Shadow Pandemic Report (2020) by the UN Women, reports of violence rose by 56% around the country in the first two weeks of COVID-19 restrictions. A report on Gender and COVID19 in Nigeria by Chitra Nagarajan, EVA and TIERS with support from OSIWA (2020) also described a definite spike in gender-based violence especially with regards to intimate partner violence and abuses of women and girls. This rise has been especially noted to be more frequent and severe in situations with higher poverty, food insecurity, household tensions and mental health issues. The media was awash with reports of cases of violence such that it elicited public outcries and advocacy of women's rights activists which caused the Nigerian Governors' Forum to declare a state of emergency and President Buhari to commit his administration to action. Also, the issue of rising cases of VAWG was even more complicated with the fact that due to COVID19 lockdown measures, the SGBV response systems and services at all levels were forced to shut down as they were deemed as non-essential services. Therefore, women and girls affected by sexual and gender-based violence were stuck with their abusers at the risk of their life, physical and mental health, and were unable to access treatment and support services provided by SGBV shelters, organizations, and relevant services.

In Nasarawa State while implementing the first phase of this project, it was clear that violence against women and girls is normalized by everyone – women and girls, men and boys. There was increased reporting of cases of rape, domestic violence (wife-beating), child and forced

marriage, cases of female genital mutilation (FGM) and incessant incidences of the kidnapping of women and girls during the implementation of the project. Infact, some of the women including some of those recommended to be members of the trained Community Peace Committees (CPCs) relied on FGM practices as a source of income. However, our work in the 6 communities in Toto and Nasarawa local governments showed that by improving community understanding on rights of women and girls to freedom from violence, advocating and ensuring the integration of women in CPCs and strengthening the capacity of key community stakeholders, we were able to build trust and improve the capacity of CPCs and LGAs to handle and address the issues of VAWG. It was confirmed by government stakeholders who also participated in the project that the CPC was empowered by the project and they now work as a team at the community levels while maintaining their linkages with response systems at the LGA levels.

Furthermore, several community members, including traditional and religious leaders, CPCs, and LG officials have testified to the impact the project had made in the community especially with regards to increased understanding on the forms of VAWG, reinforcing positive behaviors towards women and girls' rights and protection, reduction of VAWG cases, increased capacity of response systems to act promptly, effectively and cohesively in addressing cases of VAWG, thereby increasing community trust and respect for the response systems.

These successes formed the basis for a need for Project scale-up to other communities in Nasarawa State while ensuring that COVID19 does not present a barrier in the effective response and addressing of issues of violence against women and girls.

### **Project Description**

The aim of the project was to scale up the recently completed pilot project, Strengthening Community Response to Violence Against Women and Girls that was implemented in 6 communities in Nasarawa and Toto Local Government Areas (LGAs) in Nasarawa state with support from PISCCA in 2019 to 6 new communities in two new LGAs (Keffi and Karu LGAs) in the state and integrate GBV response into the state and national COVID-19 GBV response. The national and state level gender-based violence prevention and response were adversely impacted by the global COVID-19 pandemic in Nigeria. Therefore, with increasing cases of COVID-19 in Nigeria, this project was needed more than ever by the communities we have worked with and the communities we scaled up to strengthen their GBV response systems and services and ensure that the GBV response is integrated into the overall state level COVID-19 response.

The project utilizes the lessons learnt and best practices from the pilot project to achieve the following objectives:

- Strengthen the GBV response as an integral part of the COVID19 response in Nasarawa State.
- Develop and strengthen the capacity of community members and response systems to improve knowledge and uphold the rights of women and girls, change negative

sociocultural gender norms, prevent violence against women and girls, address issues of violence against women and girls during and after COVID-19.

- Push for the inclusion of women in community leadership structures.
- Support the introduction of the Violence Against Persons Prohibition Bill in the State after the COVID-19 crisis.

The project scale-up is supporting the creation of an enabling environment that upholds the rights of women and girls and adequately responds to cases of violence against women and girls at the community, LGA, state and national levels during the pandemic and the aftermath.

In creating awareness and community understanding of women's and girls' rights, the project challenged negative norms that lead to the marginalization of women and girls and continued perpetuation of VAWG without the necessary responses. These deep-rooted, negative socio-cultural gender norms are considered to be the root causes of violence against women and girls. The project also worked to amplify the role of women and girls in conflict prevention and peacebuilding by ensuring that they have meaningful representation and participation in community peacebuilding platforms – specifically Child protection Networks (CPN). Community mobilization approach was also employed to achieve the project's objectives, and this included garnering support from all levels of community strata including the traditional rulers and community leaders, religious leaders, the existing child protection networks in the communities, security operatives, local government officials and cohorts of community men and boys, women and girls. Open community meetings, trainings, dialogues and review meetings were held with different influencers and gatekeepers in the community. Furthermore, in cases where issues of forms of violence against women and girls occurred, it was ensured that these cases were reported, documented, and addressed accordingly.

### **Summary of Baseline Results**

To kick-start the scale-up project, a baseline survey was first conducted in the target project communities in Nasarawa state. These communities included Gauta, Yara and Yelwa communities in Keffi LGA; and Gurku, New Karu and Tudun-Wada community in Karu LGA. The survey was conducted to ascertain the knowledge level, personal beliefs, and attitudes of the community members on issues of VAWG including members of the CPNs, traditional and community leaders, religious leaders, security agents, and young and old women and men respectively. The survey employed open and close-ended questionnaires for both quantitative and qualitative data collection methods which were structured in line with the objectives of the project. The baseline survey results helped us to ascertain the knowledge level and opinions of the community members on VAWG and informed the structure and content of our training and dialogue meetings with community members during the course of the project. A total of 324 persons were selected and surveyed across the target communities using a simple random sampling technique.

Key findings from the baseline survey indicated that there were insufficient community knowledge and awareness on the various forms of sexual and gender-based violence including rape, child and forced marriage, child molestation, denial of food, wife-beating, restriction of movement and female genital mutilation and cutting (FGM/C). There were varied opinions on

which of the above-listed above are to be considered VAWG, however, denial of food, Child and forced marriage, and restriction of movement ranked remarkably at the lowest at averages of 60.5%, 61.4% and 65.7% respectively. Also, only 16% of the respondents have ever heard or are aware of any state laws that protect women from SGBV. Another important finding was their responses to various personal beliefs and attitudes that drive and inadvertently support VAWG and promote gender inequality. For example, 51.9% agree that a girl or woman who goes out alone at night is responsible for being raped, 42.9% believe that girls or women who wear revealing clothes deserve to be raped, and 46.9% agree to the statement that when a women or girl says NO to sexual advances, they mean YES. Furthermore, 72.5% believe that men and women cannot have the same rights because men are superior, 62.3% believe that a man should have the final word about decisions in his home, and 7.7% of the respondents at baseline agreed that a man should beat his wife as a means of correction.

Based on these baseline survey results, decisions were made to incorporate the following into the project activities, trainings, and dialogue meetings;

- comprehensive awareness and information-sharing on all forms of violence especially on the forms of violence against women and girls that were less-considered by survey respondents such as Female Genital Mutilation (FGM), denial of food, and child and forced marriage.
- comprehensive awareness and information-sharing on existing state-level and national laws and policy frameworks that protect women and girls from violence. This education and awareness must be conducted not just with community stakeholders, but also among LGA and state-level government stakeholders, as it was observed that most were unaware of relevant existing laws that protect women from all forms of violence.
- The training and capacity building in communities addresses negative gender norms that perpetuate bias especially on issues and forms of VAWG, sexual assault, consent, gender equality, bodily autonomy and decision making for women.
- Strengthen community response systems (the CPN) and ensure that they become gender-responsive for effective response and addressing cases of sexual and gender-based violence as there was a high level of trust in existing community structures by the community members.
- While community structures for addressing sexual and gender-based violence are being strengthened (or established in places where non-existent), concise efforts to link them with LGA and state-level response systems especially be put in place amidst the COVID19 pandemic. Thereafter, awareness of these response systems and their linkages should also be promoted among the community residents.
- Emphasis be made on abolishing the culture of silence and the encouragement of survivors of SGBV to report and seek justice and support. Also, the capacity of response systems at community, LGA and state-level should be improved to effectively respond to cases, pursuing justice without gender-bias or victim-blaming or shaming.

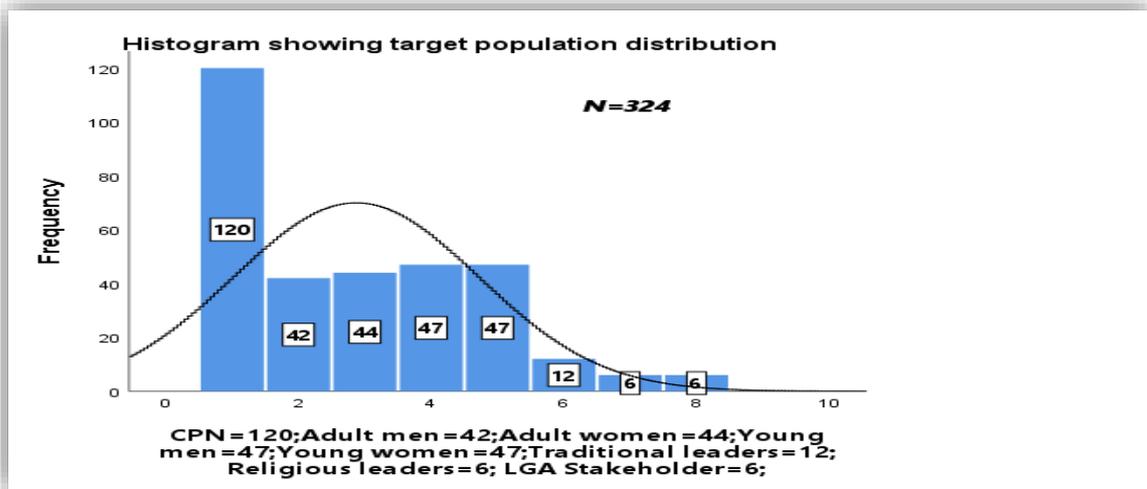
## **Endline Survey Objectives**

The objective of the endline survey is to provide a holistic evaluation of the PISCCA project and determine to what level the project met its objectives towards strengthening community response to violence against women and girls in the new communities that the project was scaled up to in Keffi and Karu local government areas in Nasarawa state. The survey also ascertained the level of knowledge and awareness of the community members including Child Protection Network members (which also served as the Community Peace Committees), community/traditional leaders, religious leaders, and security agents on sexual and gender-based violence; on issues around VAWG. Furthermore, the survey explored how the project has impacted their personal beliefs, attitudes, actions and behaviors, community norms and responses to issues of VAWG as well as ascertain the impact of COVID19 pandemic lockdown and movement restrictions on women and girls during this period.

This impact will be determined by comparing the result of variables at the baseline survey (before project inception) with the endline survey (after project completion). This survey will also help us to discover and document lessons learned and recommendations for strengthening and improving future programming on VAWG.

## **Evaluation Approach and Methodology**

Similar to the baseline survey, the endline survey was conducted in the selected 6 new communities where the project was implemented and these include Gauta, Yara and Yelwa communities in Keffi LGA; and Gurku, New Karu and Tudun-Wada community in New Karu LGA. The data was collected using open and close-ended questionnaires which were structured in line with the objectives of the project. In each community, a simple random sampling technique was utilized in selecting data respondents and these included 54 community members aged 18 and above. These 54 community members comprised of the following: 20 members of CPNs, 2 member of the community/traditional council, 1 religious leader, 7 younger women, 7 younger men, 8 older women, 8 older men and 6 LGA stakeholders in each of the of the two select LGA where the communities lie. Therefore, in all the six communities, the survey sample size was a total of 324 persons.



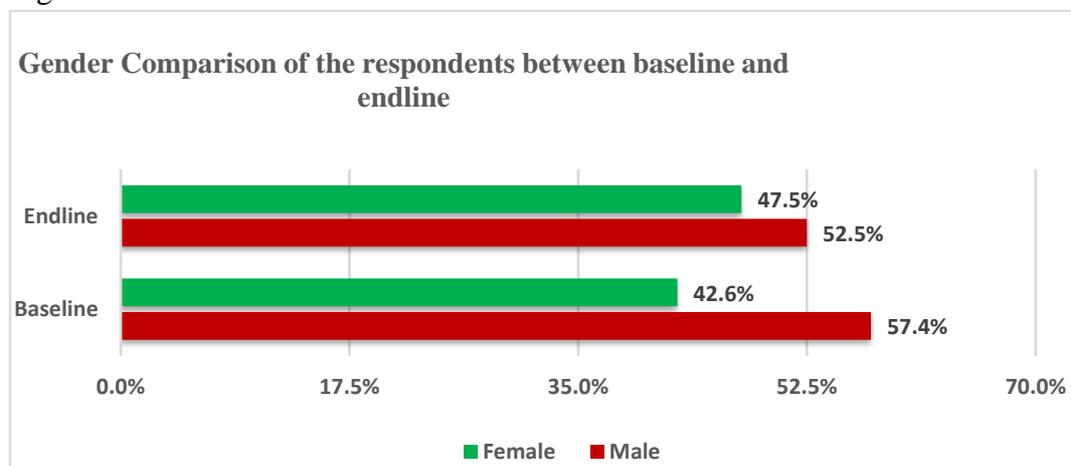
**Figure 1 – PISCCA Scale up Endline Survey Sample size distribution**

Baseline survey questionnaires were equally administered for the endline survey. The questionnaire was detailed and structured to capture information on their level of knowledge, awareness, belief system, personal perception and response systems towards sexual and gender-based violence and VAWG as well as the impact of COVID19 pandemic lockdown on women and girls. The statistical analysis software, Statistical Package for the Social Sciences (SPSS) was utilized to store and analyze the quantitative data collected in the communities while baseline results were compared to the endline results.

**Results and Key Findings**

*i. Socio-demographic profile of the respondents*

Table 1 below presents the demographic profile of the respondents. The total number of respondents for the endline survey was 324. Of these, 154 (47.5%) were females while 170 (52.5%) are male. There was a slight increase of females participation in the survey at the endline (47.5%) as compared to the baseline (42.6%). This was because of more inclusion of females into the CPNs during the project. This comparison is more graphically represented in Figure 2.



**Figure 2 – Gender distribution comparisons between baseline and endline survey**

**Table 1 – Socio-demographic profile of the Respondents**

Variables		Frequency (N=324)	Percentages (%)
Sex	Male	170	52.5
	Female	154	47.5
Age (group) at last birthday	18-21	79	24.4
	22-25	56	17.3
	26-29	31	9.6
	30years and above	158	48.8
Ever Attended School	Yes	306	94.4
	No	18	5.6
Highest Level of Education	No Formal Education	18	5.6
	Primary	26	8.0
	Junior Secondary	31	9.6
	Senior Secondary	141	43.5
	Tertiary	100	30.9
	Postgraduate	8	2.5
Occupation	Civil Servant	35	10.8
	Business	66	20.4
	Health Worker	16	4.9
	Teacher	31	9.6
	Religious Leader	6	1.9
	Community Leader	9	2.8

	Farmer	18	5.6
	Unemployed	10	3.1
	Student	103	31.8
	Housewife	22	6.8
	Petty trader	8	2.5
<b>Marital Status</b>	Single	155	47.8
	Married	167	51.5
	Separated	1	0.3
	Widowed	1	0.3
<b>Religious Affiliation</b>	None	2	0.6
	Christian	85	26.2
	Muslim	237	73.1
<b>Mean age =31.24 {standard deviation =11.16} {min age:18; max age:67}</b>			

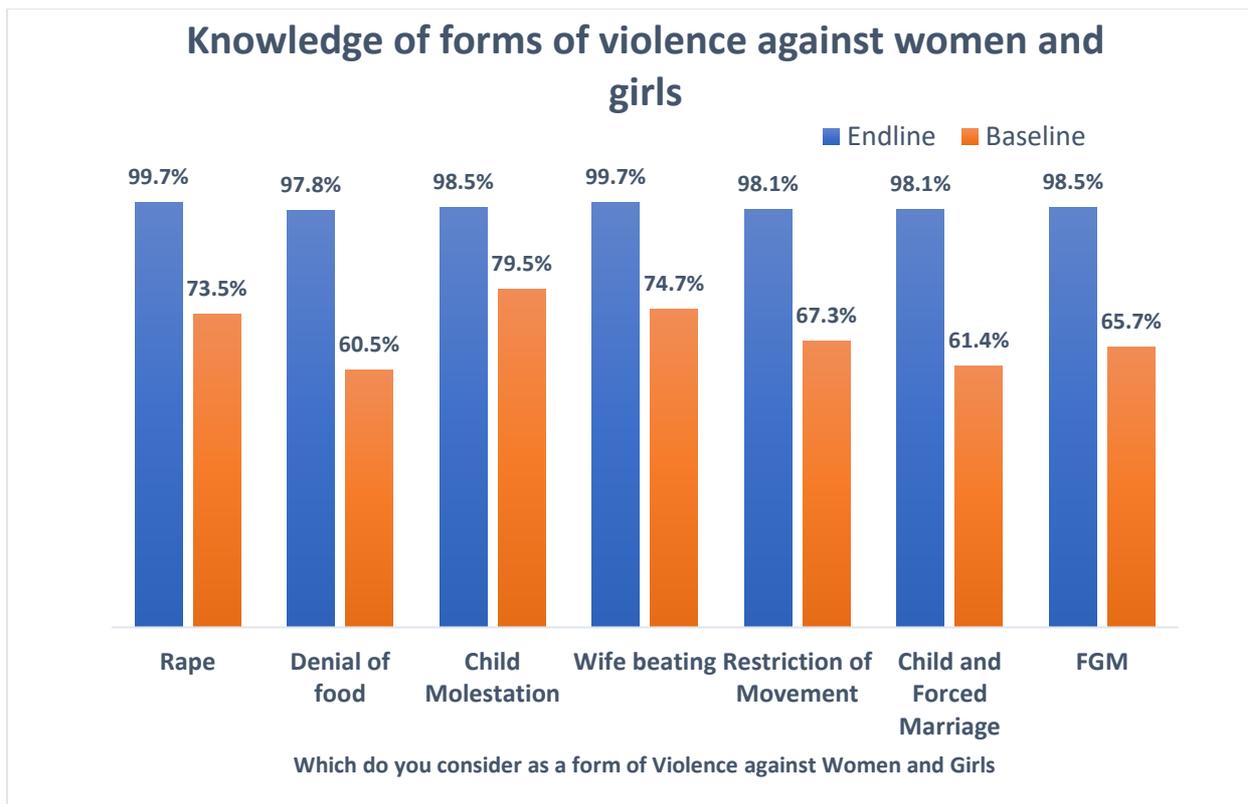
As seen in Table 1, the mean age of the participants was 31.2 years with a standard deviation of 11.2 while the age range was from age 18 to 57. The majority of the respondents 94.4% have some level of education. 5.6% have never attended a school and 86.5% had at least a secondary school education. In addition to this, about a third (32%) of the respondents are students, 20.4% are into business, 4.9% are health workers, 5.6% farmers and 10.8% are civil servant. Community leaders and religious leaders comprise 2.8% and 1.9% respectively of the respondents. More than half of the respondents 51.5% are married while 47.8% are single. Others in the minority are widowed or separated. The religious affiliation of the respondents shows that most of the respondents (73.1%) are Muslim, while 26.2% of them are Christians and only 0.6% do not affiliate with any religious sect.

#### *ii. Community knowledge of forms of VAWG*

To find out the knowledge and awareness level of the community members on forms of violence against women and girls at the end of the project, the respondents were asked a series of relevant questions that indicated knowledge of the various forms of VAWG as shown in Table 2 below. Results show that an average of 98.6% of respondents understood and could identify the various forms of VAWG.

**Table 2: % distribution of respondents' knowledge of forms of VAWG**

<b>Variables</b>		<b>Frequency (N=324)</b>	<b>Percentages (%)</b>
<b>RAPE</b>	Yes	323	99.7
	No	1	0.3
<b>Denial of Food</b>	Yes	317	97.8
	No	7	2.2
<b>Molestation of children</b>	Yes	319	98.5
	No	5	1.5
<b>Wife beating</b>	Yes	323	99.7
	No	1	.3
<b>Restriction of movement</b>	Yes	318	98.1
	No	6	1.9
<b>Child and forced marriage</b>	Yes	318	98.1
	No	6	1.9
<b>Female Genital Mutilation</b>	No	319	98.5
	Yes	5	1.5



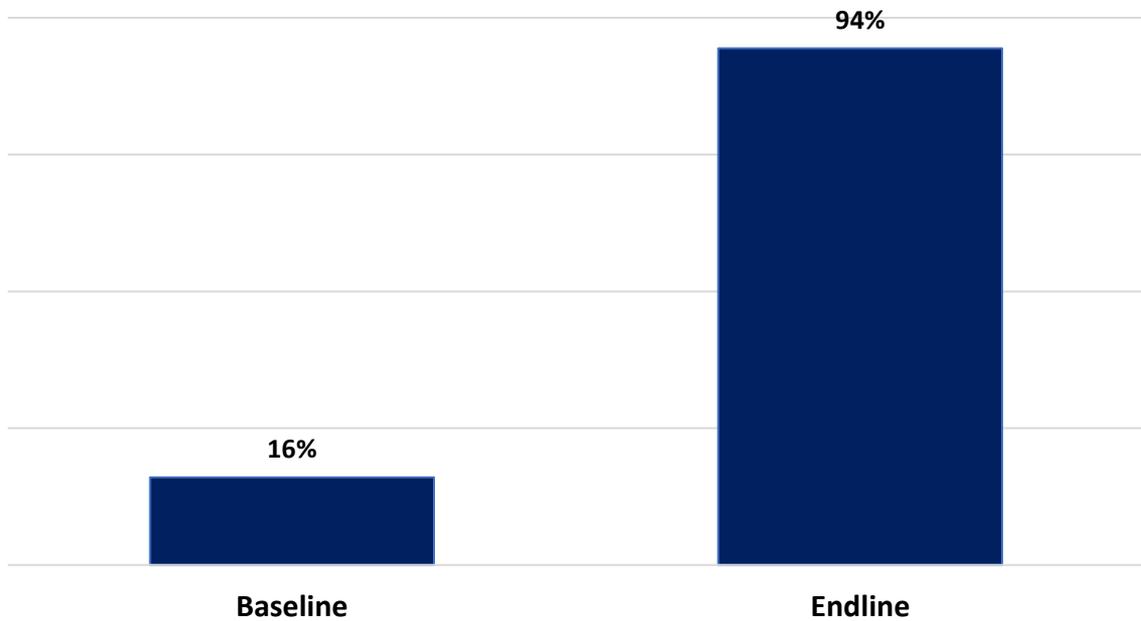
**Figure 3: Comparison of baseline and endline survey results showing % of respondents' knowledge of various forms of VAWG.**

Figure 3 gives a graphical representation of the comparisons of the results between the baseline and endline surveys. The endline survey shows that in comparison to the baseline average of 68.9%, an average of 98.6% of respondents now recognizes rape, denial of food, child molestation, wife-beating, child and forced marriage, restriction of movement and FGM as forms of VAWG. Also, where denial of food, child and forced marriage, and FGM ranked lowest at 60.5%, 61.4% and 65.7% respectively at baseline survey, understanding of these was shown to have increased to 97.8%, 98.1% and 98.5% by the endline survey. All these changes demonstrate a noteworthy improvement and impact in community member's knowledge of women's and girls' rights and issues of VAWG, which can be attributed to the project intervention.

**iii. Community knowledge of laws that protect women and girls from VAWG**

Endline survey results show that there is a remarkable increase in the communities' level of awareness of laws that protects women and girls from SGBV and other forms of VAWG. Figure 4 shows that as high as 94% of the respondents indicate their new awareness of the laws as compared to 16% who indicated knowledge during the baseline survey. Many of the respondents were even able to list the laws in their state which includes the Violence against Persons Prohibition (VAPP) Act and Child Rights Act. This indicates the effective orientation and community awareness about the laws, and which would, in turn, improve and strengthen community response to issues of VAWG.

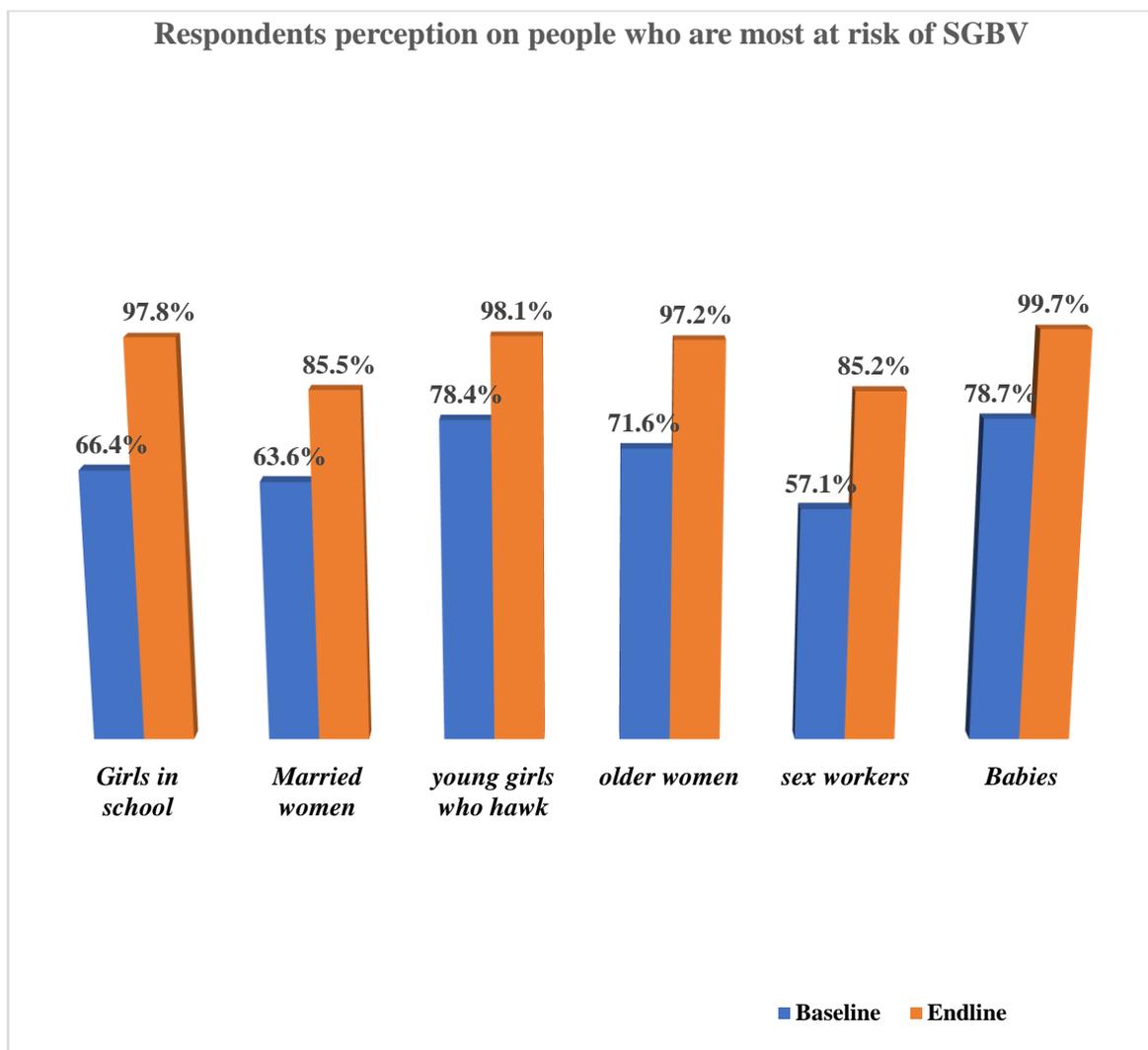
**Ever heard about any law that protects women and girls from SGBV**



*Figure 4: % distribution of respondents who know about laws that protect women from SGBV and other forms of VAWG.*

*iv. Knowledge on women and girls most at risk of SGBV*

At the baseline survey, it was obvious that community members believed that only certain women and girls were most vulnerable or at risk of sexual and gender-based violence and other forms of VAWG. For example, as seen in Figure 5, almost half of the respondents at baseline do not believe that sex workers were at risk of SGBV. This informed part of our training topics where it was reiterated that issues of VAWG can affect all women and girls from all walks of life and all are at risk of VAWG. Therefore, the endline survey results indicate a change in perception showing an overall increase in their knowledge of women and girls at risk of SGBV and other forms of VAWG. According to Figure 5, at least 85.2% of respondents now believe that all women and girls including girls in the schools (either primary, secondary or tertiary), married women, young girls who hawk, older women, sex workers, and babies are all at risk of sexual and gender-based violence.



**Figure 5: Baseline and endline comparisons of % distribution of the respondents' perception of women and girls most at risk of SGBV**

**v. Community member's personal beliefs and attitudes on Women and Girls' rights**

This evaluated the community members' personal beliefs and attitudes especially as it relates to girl child education and empowerment, occurrences of sexual assaults and consent, gender equality and domestic violence. Table 3 contains the endline survey results on the respondents' personal beliefs and attitudes post-project implementation. At a range of 73.1% to 97.5% and an average of 90.4%, it can be seen that generally, most of the respondents are not in support of statements which go against values of girl child education and empowerment, prevention of sexual assaults and consent, gender equality and domestic violence.

**Table 3 – % distribution of Respondents Personal Beliefs and Attitudes**

Variables	Frequency (N=324)	Percentages (%)
Agree	8	2.5

<b>Daughters should be sent to school only if they are not needed to help at home</b> <i>(girl child education)</i>	Unsure	0	0.0
	Disagree	316	97.5
<b>A girl or young woman who goes out alone at night is responsible if she gets raped</b> <i>Sexual Assaults and Consent</i>	Agree	7	2.2
	Unsure	12	3.7
	Disagree	305	94.1
<b>It is important that sons have more education than daughters.</b> <i>(girl child education)</i>	Agree	8	2.5
	Unsure	1	.3
	Disagree	315	97.2
<b>Girls or women who wear revealing clothes deserve to be raped</b> <i>Sexual Assaults and Consent</i>	Agree	19	5.9
	Unsure	5	1.5
	Disagree	300	92.6
<b>A man should have the final word about decisions in his home</b> <i>Gender equality</i>	Agree	81	25.0
	Unsure	6	1.9
	Disagree	237	73.1
<b>When a women or girl says NO to sexual advances, they really mean YES</b> <i>Sexual Assaults and Consent</i>	Agree	64	19.8
	Unsure	9	2.8
	Disagree	251	77.5
<b>Men and women cannot have the same rights because men are superior.</b> <i>Gender equality</i>	Agree	19	5.9
	Unsure	1	.3
	Disagree	304	93.8
	Agree	9	2.8

<b>A man should beat his wife as a means of correction.</b> <i>domestic violence</i>	Unsure	0	0.0
	Disagree	315	97.2

**Table 4: Baseline and Endline Comparison of Respondents Personal Beliefs and Attitudes**

<b>Variables</b> <b>(N=324)</b>		<b>BASELINE</b>	<b>ENDLINE</b>
		<b>Percentage %</b>	<b>Percentage %</b>
<b>Daughters should be sent to school only if they are not needed to help at home</b> <i>(girl child education)</i>	Agree	5.2	2.5
	Unsure	2.2	0.0
	Disagree	92.6	97.5
<b>A girl or young woman who goes out alone at night is responsible if she gets raped</b> <i>Sexual Assaults and Consent</i>	Agree	51.9	2.2
	Unsure	1.9	3.7
	Disagree	46.3	94.1
<b>It is important that sons have more education than daughters.</b> <i>(girl child education)</i>	Agree	25.3	2.5
	Unsure	3.1	.3
	Disagree	71.6	97.2
<b>Girls or women who wear revealing clothes deserve to be raped</b> <i>Sexual Assaults and Consent</i>	Agree	42.9	5.9
	Unsure	5.2	1.5
	Disagree	51.9	92.6
<b>A man should have the final word about decisions in his home</b> <i>Gender equality</i>	Agree	62.3	25.0
	Unsure	2.2	1.9
	Disagree	35.5	73.1
	Agree	46.9	19.8

<b>When a women or girl says NO to sexual advances they really mean YES</b> <i>Sexual Assaults and Consent</i>	Unsure	6.5	2.8
	Disagree	46.6	77.5
<b>Men and women cannot have the same rights because men are superior.</b> <i>Gender equality</i>	Agree	72.5	5.9
	Unsure	3.4	.3
	Disagree	24.1	93.8
<b>A man should beat his wife as a means of correction</b> <i>Domestic violence</i>	Agree	7.7	2.8
	Unsure	3.1	0.0
	Disagree	89.2	97.2

As seen in Table 4, in comparison with the baseline survey, there is a remarkable improvement in their personal beliefs and attitudes on gender norms and stereotypes that perpetuate gender inequality and issues of VAWG. On their personal beliefs and attitudes on **Girl Child Education**, it was observed that compared to 92.6% of respondents who disagreed with the statement that “*Daughters should be sent to school only if they are not needed to help at home*” at baseline, this number of disagreeing respondents had increased to 97.5%. Also, 97.2% of the respondents at the endline now disagree with the statement that “*It is important that sons have more education than daughters*” compared to 71.6% who disagreed at baseline survey. This shows that the project has created a positive impact on the community member’s personal beliefs on promoting girl child education without any gender-based discrimination or bias.

A more significant change in respondents’ personal beliefs and attitudes was observed with questions asked on “**Sexual Assault and Consent**”. For example, while just 46.3% of respondents disagreed with the statement that “*a girl or young woman who goes out alone at night is responsible if she gets raped*” at baseline, almost all respondents at 94.1% now disagree. Also, 92.6% of the respondents now disagree with the statement that “*Girls or women who wear revealing clothes deserve to be raped*” compared to 51.9% of them who disagreed before the project intervention. It was further seen that 77.5% of the respondents disagree with the statement that “*when a woman or a girls says NO to sexual advances, they mean YES*” while only 46.6% disagreed with the same statement during the baseline survey. This implies that before the commencement of the project, most of the community members were able to change and correct their misconceptions and beliefs due to the project intervention.

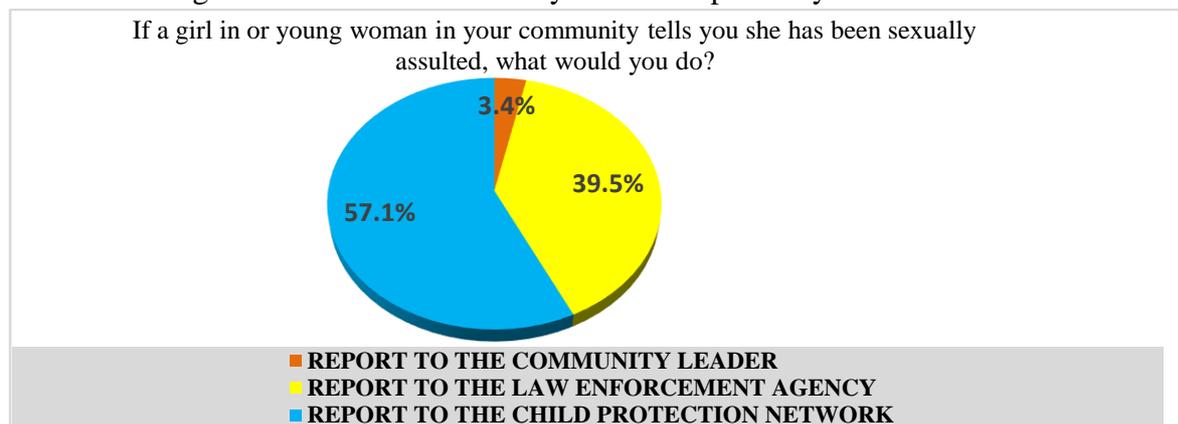
Furthermore, on issues of **gender equality**, there was a significant increase in the percentage of the respondents who disagreed with the statement that “*A man should have the final word about decisions in his home*” at 35.5% compared to the baseline percentage at 73.1% who

disagreed before the project intervention. Also, a significant increase in percentage as 93.8% at endline disagreed with the statement that “*Men and women cannot have the same rights because men are superior*” compared to the baseline respondents’ percentage at only 24.1%. Hence, the project has contributed significantly to correcting the negative perceptions that perpetuate gender equality and the subjugation of women in the community.

Finally, on issues of **domestic violence**, a positive change in belief can be observed. At endline, almost all the respondents (97.2%) disagree with the notion that “*A man should beat his wife as a means of correction*” compared to 89.2% of respondents who disagreed with this statement at baseline.

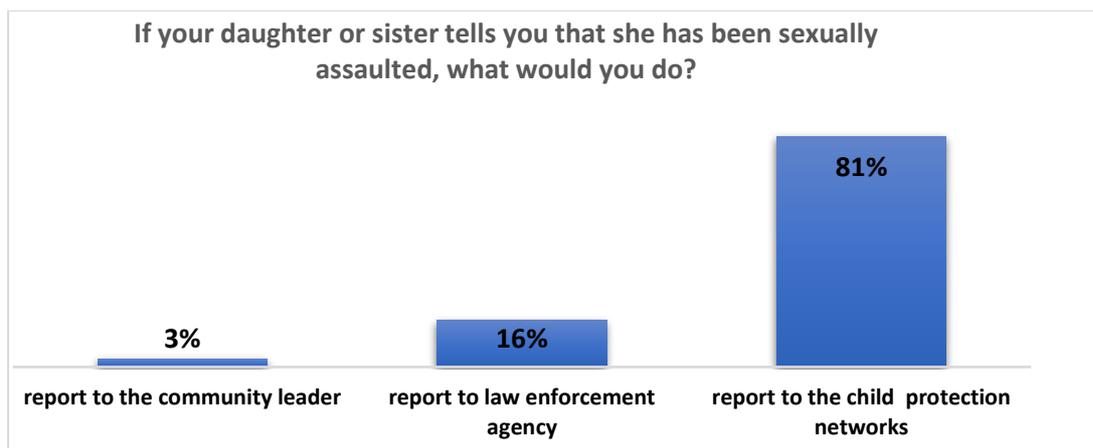
*vi. Preferred justice systems to reporting acts of SGBV.*

We also evaluated the community members’ actions on where/whom to report to in situations of sexual and gender-based violence. As demonstrated in Figure 6, it can be observed that at the endline, more than half of the respondents at 57.1% stated that they will report a sexual assault case to the Child Protection Network, while 39.5% and 3.4% will report to the law enforcement agencies and their community leaders respectively.



**Figure 6: Percentage distribution of the justice systems whom respondents will report an act of SGBV on a girl or young woman**

Similar answers were provided when the respondents were asked about what they would do if their daughter or sister tells them that she is being sexually assaulted. Figure 7 shows that 80% will choose to report to the child protection network, 16% would report to a law enforcement agency and only 3% of them would report to their community leaders.



**Figure 7: Percentage distribution of which justice systems respondents will report an act of SGBV on family Members.**

Table 5 and Table 6 provide the baseline and endline comparisons showing changes in where the community members would choose to report cases of SGBV and other forms of VAWG. According to Table 5, at baseline, a higher percentage of respondents (47.8%) indicated that they will report incidences of SGBV to the community leaders, 35.2% would choose to report to the CPN, and 15.1 reporting to the law enforcement agencies. However, by the endline, these responses changed drastically with increased trust in the CPN with more than half of the respondents 57.1% choosing to report to them.

**Table 5 – Baseline and endline comparison percentage distribution of which justice systems respondents will report an act of SGBV on a girl or young woman.**

Variables		BASELINE	ENDLINE	
		(N=324)	(%)	(%)
<b>If a young girl or women in your community tells you she has been sexually assaulted, what will you do?</b>	Nothing, don't want family shame		1.9	0.0
	Report to the community leader		47.8	3.4
	Report to law enforcement agency		15.1	39.5
	Report to the child protection network		35.2	57.1

Table 6 showed a somewhat different trend where at baseline, 37% would rather report to a case of sexual assault on their family members to their community leaders, 39% to the CPNs and 14% would choose to report to law enforcement agencies, while others would rather ask the perpetrator to marry the girl or do nothing to prevent family shame instead of reporting to

the CPNs. These results also drastically changed at endline with 81% of respondents now willing to report to the CPNs if their family member was sexually assaulted. These responses indicate that after the project intervention and thorough training of members of CPNs on effective responses to SGBV and other forms of VAWG, there has been increased cohesion and cooperation of the community members with the CPNs. They have developed a high level of trust in the CPNs as a functional part of the response system to handles cases of SGBV and other forms of VAWG in the community.

**Table 6 – Baseline and endline comparison percentage distribution of which justice systems respondents will report an act of SGBV on a family member**

Variables	BASELINE		ENDLINE
	(N=324)	(%)	(%)
<b>If your daughter or sister tells you that she is being sexually assaulted, what would you do?</b>	Nothing, don't want family shame	3.0	0.0
	Ask the perpetrator to marry the girl or pay financial compensation	7.0	0.0
	Report to the community leader	37.0	3.0
	Report to law enforcement agency	14.0	16.0
	Report to the CPN	39.0	81.0

*vii. Personal Actions and Behaviours on incidences of SGBV*

Table 7 below shows the endline survey results of respondents’ attitudes and behaviour upon witnessing occurrences of SGBV and speaking out against such issues. It can be seen from the table that across all variables, at least 97.8% of respondents will intervene if they witness a person hitting a woman or a girl or woman being sexually assaulted, would speak publicly in their communities against SGBV and are willing to participate in a program to educate communities on SGBV.

**Table 7: % distribution Respondents’ Personal Actions and Behaviours**

Variables	Frequency (N=324)	Percentages (%)
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Would you intervene if you witness a person hitting a woman?	YES	324	100.0
	NO	0	0.0
Would you intervene if you witness a situation in which a girl or women is being sexually assaulted?	YES	316	97.5
	NO	8	2.5
If given an opportunity would you speak publicly in your community against sexual and gender-based violence?	YES	323	99.7
	NO	1	0.3
If given the opportunity would you participate in a program to educate community about sexual and gender-based violence, especially as it relates to women and girls	YES	317	97.8
	NO	7	2.2

*Table 8: Baseline and Endline Comparison of Respondents reporting, personal actions and behaviours to incidences of SGBV*

Variables	BASELINE		ENDLINE
	(N=324)	(%)	(%)
Would you intervene if you witness a person hitting a woman?	YES	93.0	100.0
	NO	7.0	0.0
Would you intervene if you witness a situation in which a girl or women is being sexually assaulted?	YES	96.3	97.5
	NO	3.7	2.5
If given an opportunity would you speak publicly in your community against sexual and gender-based violence?	YES	97.5	99.7
	NO	2.5	0.3

<b>If given the opportunity would you participate in a program to educate community about sexual and gender-based violence, especially as it relates to women and girls</b>	YES	95.1	97.8
	NO	4.9	2.2

Table 8 provides the comparison of results between baseline and endline surveys. The table shows that at the range of 93% to 97.5%, the community is already committed to intervening in cases of SGBV and speaking out against such issues. However, percentages have further increased across all the variables in the endline survey. More members of the community now have the confidence to be able to speak publicly against sexual and gender-based violence in the community if given an opportunity as well as participate in a program to educate the community about sexual and gender-based violence, especially as it relates to women and girls.

#### *viii. Community Norms, Practices and Response Systems*

Changes in community perceptions on gender norms and stereotypes were also examined and participants were asked to express their opinions on several statements. Table 9 below shows the endline results and presents the statements and the respective percentage distribution of respondents to each relevant statement with the options of selecting the answers “Yes”, “No” or “Don’t know”.

**Table 9: Percentage distribution of participants’ community norms, practices and the way they respond to issues of sexual and gender-based violence**

<b>Variables</b>		<b>Frequency (N=324)</b>	<b>Percentages (%)</b>
<b>Women and men have equal say when it comes to decisions in this community</b>	YES	218	67.3
	NO	92	28.4
	DON'T KNOW	14	4.3
<b>The community would support girls or women who have been sexually assaulted to report the incidence.</b>	YES	318	98.1
	NO	6	1.9
<b>It is acceptable for a man to beat his wife in this community</b>	YES	18	5.6
	NO	305	94.1
	DON'T KNOW	1	0.3

<b>Families in this community would prefer for the cases of sexual and gender based violence to be kept a secret.</b>	YES	10	3.1
	NO	305	94.1
	DON'T KNOW	9	2.8
<b>Law enforcement agencies respond quickly to cases of sexual and gender-based violence in this community</b>	YES	314	96.9
	NO	10	3.1
<b>Community leaders will take action in cases where women and girls are being violated</b>	YES	319	98.5
	NO	4	1.2
	DON'T KNOW	1	.3
<b>In the past year, has there been situation in this community where girls or women who are survivors of sexual violence have reported the incidence?</b>	YES	247	76.2
	NO	67	20.7
	DON'T KNOW	10	3.1
<b>How did the community treat women or girls who have reported cases of sexual and gender-based violence</b>	Encourage girl and family to report to law enforcement	306	94.4
	Tried to resolve the issues between the survivor and perpetrator	18	5.6
<b>Do you know where to report violence or get information on serves for victims of violence in this community?</b>	YES	316	97.5
	NO	8	2.5

**Table 10: Baseline and Endline Comparison of community norms, practices and the way they respond to issues of sexual and gender-based violence**

Variables	(N=324)	BASELINE	ENDLINE
		(%)	(%)
<b>Women and men have equal say when it comes to decisions in this community</b>	YES	47.2	67.3
	NO	47.5	28.4
	DON'T KNOW	5.2	4.3
<b>The community would support girls or women who have been sexually assaulted to report the incidence.</b>	YES	81.8	98.1
	NO	13.6	1.9
	DON'T KNOW	4.6	0.0
<b>It is acceptable for a man to beat his wife in this community</b>	YES	7.7	5.6
	NO	90.1	94.1
	DON'T KNOW	2.2	0.3
<b>Families in this community would prefer for the cases of sexual and gender based violence to be kept a secret</b>	YES	20.4	3.1
	NO	70.4	94.1
	DON'T KNOW	9.3	2.8
<b>Law enforcement agencies respond quickly to cases of sexual and gender based violence in this community</b>	YES	70.1	96.9
	NO	21.9	3.1
	DON'T KNOW	8.0	0.0
<b>Community leaders will take action in cases where women and girls are being violated</b>	YES	83.6	98.5
	NO	12.0	1.2
	DON'T KNOW	4.3	.3

<b>In the past year, has there been situation in this community where girls or women who are survivors of sexual violence have reported the incidence?</b>	YES	41.0	76.2
	NO	44.1	20.7
	DON'T KNOW	14.8	3.1
<b>How did the community treat women or girls who have reported cases of sexual and gender-based violence?</b>	Encouraged girl and family to report to law enforcement	51.2	94.4
	Blamed and scolded the girl or woman	4.9	0.0
	Tried to resolve the issues between the survivor and the perpetrator	31.8	5.6
	Don't know	6.8	0.0
	Prevented girl and family from speaking about the issue	5.2	0.0
<b>Do you know where to report violence or get information on serves for victims of violence in this community?</b>	YES	59.6	97.5
	NO	40.4	2.5

Table 10 provides a baseline and endline comparison between variables which gives us clarity on the changes in community norms, practices and responses to cases or occurrences of SGBV and other forms of VAWG. Compared to 47.2% at baseline, 67.3% of the respondents now believe that women and men have equal say when it comes to decision making in the community. Community members shared examples of how women and men have had equal say to decision making in the community such as “*women are now being allowed to speak and make contributions in community meetings*”; “*women now have same right as men to leadership role in the community*”; “*women are now being allowed to go to school without any hindrance*” and “*women can now participate in politics in the community*”. Also, it can be seen that community support towards girls and women who have been sexually assaulted to report the incidence has increased from 81.8% at baseline to 98.1% at endline. This same trend can also be seen in the support and belief that community leaders should take action on cases of SGBV with an increase from respondents’ percentage affirmation from 83.6% at baseline to

98.5% at endline. Also, there is an increase in the rejection of gender-based violence as the number of respondents who were against the statement that “*it is acceptable for a man to beat his wife in their community*” increased from baseline percentage of 90.1% to 94.1% at the endline. Also, more people at the endline (94.4%) would not want cases of SGBV to be kept a secret but would rather report to the appropriate authorities as they will make it open and report to the appropriate authorities to take further actions. More people at endline (97.5%) are now aware where to report violence or get information on services for victims of violence in their community as compared to 59.6% at baseline while 96.9% of the respondents at endline ascertain that Law enforcement agencies now respond quickly to cases of sexual and gender-based violence in their communities as compared to 70.1% at baseline.

The endline reports generally show a considerable improvement in positive and gender-sensitive community norms, practices and responses to SGBV and other issues of VAWG.

#### *ix. Information about Covid-19, Decision making, as it relates to GBV.*

In Nigeria, as elsewhere, the coronavirus pandemic had severe impacts on the population, but women and men are affected in different ways. This analysis shows that women in six sample communities in Nasarawa where the PISCCA project was implemented faced an increase in the burden of domestic work and caring responsibilities, a heightened risk of domestic and gender-based violence, and greater loss of economic livelihoods and autonomy. They also face greater difficulties in accessing health and support services, due to restrictions on movement and constrictive social norms, as well as limited decision-making power, and lack of information on coronavirus itself. We therefore incorporated into our Evaluation study a gender analysis to document the gendered impacts of Covid-19 in 6 communities in two local government (Keffi and Karu) in Nasarawa state. Table 11 below presents the percentage distribution of Respondents’ knowledge and awareness on COVID19 and its effect on Women and girls at baseline and endline.

On information about COVID19, 98.1% have heard of coronavirus at baseline while at endline, it increased to 100%. Their major source of information at baseline was through media while at endline, it was majorly through household sensitization from the PISCCA program intervention. 93.1% at baseline knows the preventive measure against the virus while this increased to 100% at endline and they mentioned maintaining social distancing/ avoiding crowded environment, wearing of face mask, washing of hands with soap and water, and use of hand sanitizer. However, 13.9% indicated they were not able to implement the prevention measures against coronavirus.

We also examined individual and household vulnerability to the virus and it can be seen that 47.8% at endline mentioned that someone in their household was particularly vulnerable to coronavirus. Reasons for vulnerability identified by respondents included physical and health factors from people with existing medical conditions or poor immune systems and older people; and social/movement factors with people leaving the house for shopping or work, and children for play).

On decision making and leadership in the household, 73.5% of respondents at baseline said that they had been involved in discussions or decision-making processes relating to coronavirus in their communities. Of this, 40.7% were male while 32.7% were female. At endline, decision making and leadership in the household increased to 95.7%. Of this, 51.9% were male while 48.1% were female.

Overall, lesser women (32.7%) were involved in decision making in their community than women at baseline as compared to endline where more women (48.1%) were involved in discussions and decision-making processes about coronavirus prevention and treatment making in their community.

<b>% Crosstabulation of Respondents' Gender against their involvement in decision making in their community.</b>							
		Have you been involved in discussions and decision-making processes about coronavirus prevention and treatment in your community?					
		BASELINE			ENDLINE		
		YES	NO	Total	YES	NO	Total
MALE	Count	132	54	186	161	9	170
	% of Total	40.7%	16.7%	57.4%	51.9%	64.3%	52.5%
FEMALE	Count	106	32	138	149	5	154
	% of Total	<b>32.7%</b>	9.9%	42.6%	<b>48.1%</b>	35.7%	47.5%
Total	Count	238	86	324	310	14	324
	% of Total	73.5%	26.5%	100.0%	95.7%	4.3%	100.0%

Furthermore, at baseline, 29.3% said that decision-making on the COVID19 prevention in their homes was the sole responsibility of the husband 69.1% of respondents said that was a shared family responsibility while at endline, it increased to 96% as everyone in the family now sees it as a collective responsibility.

Sexual and gender-based violence has been a hidden consequence of the COVID-19 pandemic and this was also confirmed by the respondents as 86.1% confirmed that acts of violence against women and girls have increased in their community since COVID19. And the major identified act of violence against women and girls was physical assault such as beating of wife and children, sexual abuse and violence such as rape, and forced marriage has been on the increase. *While Data from the Baseline survey showed an increase in SGBV in your community during the Covid19 restriction, because of this, response system was therefore strengthened during the project intervention as 81.6% of the respondents now ascertain that there has been a strengthened response system in place to curb this high rate of SGBV in their community during this period.*

Baseline data shows that more than half of the respondents are aware of service centres that helps women affected by violence in their community and at baseline, 74.3% of the respondents

stated that the SGBV service/referral centres active during COVID19 movement restriction while at endline, it was 82.7%.

At baseline, only 21.6% of the respondents were aware of any hotline that supports women and girls affected by violence in their community while this increased significantly to 85.2% at endline. Also 88% of the respondents stated that the mobile hotline been active since COVID19 restriction.

60.2% of the respondents at baseline stated that the community leaders address SGBV cases in their community when they happen while at endline, 81.7% stated that the CPN now addresses SGBV cases in their community.

Finally, 94.4% of the respondents at endline stated that women and girls in their area now use the confidential hotline that was set up to report cases of violence in their community and 98.5% of the respondents further stated that they would share this hotline if they come across or heard of someone who needs to report and not aware of it.

**Table 11: % distribution of Respondents knowledge and awareness on COVID19 and its effect on Women and girls**

Variables	(N=324)	BASELINE	ENDLINE
		(%)	(%)
Have you heard of coronavirus?	YES	98.1	100.0
	NO	1.9	0.0
If yes, what is your source of information about coronavirus?	MY Spouse	1.3	0.3
	Neighbours	8.5	2.5
	Media	81.1	18.2
	Household sensitization from NGO program intervention	9.1	79.0
Do you know the prevention measures against coronavirus?	YES	93.2	100.0
	NO	6.8	0.0
Are you able to implement the prevention measures against coronavirus?	YES	85.5	86.1
	NO	14.5	13.9
It has been confirmed by the WHO that older people over 60 years old and people with existing/underlying medical illness conditions are particularly at higher risk of severe COVID19 disease. Does anyone in your household fall into this category and is particularly vulnerable to coronavirus?	YES	12.3	47.8
	NO	87.7	52.2

Have you been involved in discussions and decision-making processes about coronavirus prevention and treatment in your community?	YES	73.5	95.7
	NO	26.5	4.3
Who is taking decisions related to coronavirus in your family?	The wife	1.5	0.3
	The husband	29.3	3.7
	Everyone in the family	69.1	96.0
Data from the Baseline survey showed an increase in SGBV in your community during the Covid19 restriction, as a result of this, has there been a strengthened response system in place to curb this high rate of SGBV in your community during this period?	YES	-	81.2
	NO	-	18.8
Did women in the community receive any available information /services that helps women and girls who have been affected by violence in your community during COVID-19 movement restriction?	YES	-	93.5
	NO	-	6.5
Were SGBV service or referral centre active during COVID19 movement restriction?	Yes	74.3	82.7
	No	11.4	1.9
	Sometimes	9.1	.6
	I don't Know	5.1	14.8
Are you aware of any mobile hotlines set up in your area that supports women and girls affected by violence in your community?	YES	21.6	85.2
	NO	78.4	14.8
If yes, has the mobile hotline been active since COVID19 restriction?	Yes	65.7	88.0
	No	18.6	8.0
	Sometimes	10.0	0.6
	I don't know	5.7	3.4
Who addresses SGBV cases when they happen? (By "address" we mean, provide the affected women/girl with support and punish the SGBV perpetrator)	No one	16.9	9.3
	The community leaders	60.2	9.0
	The Child Protection Network	22.8	81.7
Are you aware if women and girls in your area use the confidential hotline that was set up to report cases of violence in your community?	YES	-	94.4
	NO	-	5.6

Would you share this hotline if you come across or heard of someone who needs to report?	YES	-	98.5
	NO	-	1.5

## Conclusions and Recommendations

From the results shown and comparisons made between various categories of the baseline and endline survey, it is clear that the project has met its objectives of strengthening community response to violence against women and girls by promoting community understanding and knowledge of the gender rights, bodily integrity of women and rejecting all forms of violence against women and girls. The project has also been able to change and positively improve community norms, attitudes, and perceptions about women with increasing support for protecting women and girls from sexual and gender-based violence and other forms of VAWG. The community is also more committed to ensuring that issues of SGBV are reported and addressed appropriately and effectively. Furthermore, they exhibit an increased understanding of laws that address issues of VAWG. They have also decided to trust the Child Protection Networks (trained by the project teams) as an effective and functional place to report and address issues of VAWG.

With the project wrap-up, recommendations from the community include strengthening the community response system in the existing target communities through the provision of resources that will improve effectiveness in addressing cases of VAWG. This include provision of funds and resources to provide health and counselling services to victims of SGBV and other forms of VAWG, prosecuting perpetrators of violence and providing a sustainable means of income for victims (or their caregivers) to be able to leave and live independently of their abusers.

Also, the project should be scaled up to other neighboring states like Niger state where laws and policies that respond to and adequately address issues of violence against women and girls should be advocated for in the government and policy spaces, domesticated and enforced in the state. In particular, the Violence against Persons Prohibition (VAPP) Act was passed at the federal level in 2015 and which has now been domesticated in Nasarawa state in which the PISCCA projected contributed to this milestone but is yet to be domesticated in most Nigerian states including Niger state. All of these recommendations would ensure a sustainable response and solution to ending violence against women and girls in Nigeria.