**SUBMISSION FROM SOCIETY FOR THE IMPROVEMENT OF RURAL PEOPLE (SIRP-NIGERIA) ON COVID-19 AND INCREASE OF DOMESTICE VIOLENCE AGAINST WOMEN – JUNE 30**

1. **To what extent has there been an increase of violence against women, especially domestic violence in the context of the COVID-19 pandemic lockdowns? Please provide all available data on the increase of violence against women, including domestic violence and femicides, registered during the COVID-19 crisis.**

The Lagos State government of Nigeria-run [**Domestic and Gender Violence Response Team**](https://www.dsvrtlagos.org/) said it has been inundated with increased reports of sexual and domestic violence since the lockdown started late March. Most states have since relaxed the restrictions but many offices and schools have yet to fully reopen.

The Lagos team, set up to carry out physical interventions, has moved online, using phones, social media, 24/7 web chat to reach people in abusive situations who need help. In exceptional cases, the team goes out to rescue children who may have been abused, and women who need assistance in abusive relationships.

Titilola Vivour-Adeniyi, who leads the team, said at the peak of the lockdown in Lagos, the group on average received 13 new cases daily. In March alone, it received 390 reports.

Mrs. Vivour-Adeniyi said there has been a 60 percent increase in domestic violence, 30 percent rise in sexual violence, and 10 percent increase in physical child abuse.

Lagos government-run Domestic and Gender Violence Response Team reports 60 per cent increase in domestic violence, 30 per cent rise in sexual violence, and 10 per cent increase in physical child abuse. Source: [**Domestic and Gender Violence Response Team personal communication, 2020**](https://www.dsvrtlagos.org/)**.**

**Global problem**

The [**European Institute for Gender Equality**](https://eige.europa.eu/) says although women and men experience gender-based violence, the majority of victims are women and girls. The United Nations recently raised an alarm regarding the increase in reported cases of domestic and gender-based violence, directly attributed to forced proximity occasioned by lockdowns.

“Even before COVID-19 existed, domestic violence was already one of the greatest human rights violations. In the previous 12 months, 243 million women and girls (aged 15-49) across the world have been subjected to sexual or physical violence by an intimate partner,” said [Phumzile Mlambo-Ngcuka](https://www.unwomen.org/en/about-us/directorate/executive-director/ed-bio), Executive Director of [**UN Women**](https://www.unwomen.org/en) in April, 2020.

“As the COVID-19 pandemic continues, this number is likely to grow with multiple impacts on women’s wellbeing, their sexual and reproductive health, their mental health, and their ability to participate and lead in the recovery of our societies and economy.”

A study commissioned by Nigeria’s ministry of women’s affairs and social development and the [United Nations Population Fund (UNPFA)](https://www.unfpa.org/) Nigeria, with support from the Norwegian Government, found that 28 percent of Nigerian women aged 25-29 have experienced some form of physical violence since age 15. The study also reported that 15 percent of women experienced physical violence within 12 months, while 25 percent of married women or those living with their spouses have experienced violence.

The most common acts of violence against women in Nigeria include sexual harassment, physical violence, harmful traditional practices, emotional and psychological violence, socio-economic violence, and violence against non-combatant women in conflict situations.

Victims of these incidents face additional challenges with the lack of structural social service systems in place in Nigeria, access to hotlines and shelters. Also, civil society groups and nongovernment organizations specialized in providing support and legal expertise are few.

“The lockdown itself has become the trigger,” said [Ms. Akiode-Afolabi](https://en.wikipedia.org/wiki/Abiola_Akiyode-Afolabi). “From what we have been seeing in terms of statistics of the COVID-19 spread across the world, the lockdown has become a major challenge in the sense that women who ordinarily go to work in the morning and come back in the evening are now being locked down with an abuser they’ve been living with and have been trying as much as possible to avoid overtime.”

These attacks have also grown in other African countries. In Cote D’Ivoire where the government’s response to COVID-19 is a partial lockdown, [Barbara Sangare](https://www.c-r.org/who-we-are/people/barbara-sangare), a gender activist and coordinator of WPS Tool, said gender violence has increased. Ms. Sangare narrated how a woman was thrown from the third floor of a tall building in the capital Abidjan after being beaten late at night by her partner. Due to the nation’s curfew, she could not get help until the police came to pick her up in the morning.

[Caroline Peters](https://en.wikipedia.org/wiki/Caroline_Peters), a Gender and Community Advocate in South Africa, during a recent webinar, said violence against women has gone up 70 percent in her country.

“Xenophobic attacks against foreign women who are refugees or asylum seekers have increased and gangsterism within many homes has become high with husbands beating and compelling their wives to fund their drug habits and violent behavior. Withdrawal symptoms among men who are users is commonplace. Because they no longer have access to their drugs, they lash out on their wives and children within the home,” she said.

**Difficult to get help**

Activists say the lockdown has made it difficult for abused women to easily and quickly report attacks or reach the police. The walking distance to the police station and delayed response from the police is a big challenge.

Data compiled by Mirabel Centre, a Lagos-based sexual assault referral center, show that ironically, while cases of attacks increased, reports from victims fell during the lockdown.

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In many localities, without money to pay the police and without proper legal and literacy support, reporting a case and filing paperwork at the police station is also a cumbersome affair for the average woman.

Ms. Peters said a woman’s state of mind after an attack makes her even more vulnerable at the police station. And when women get access to intervention phone lines, they find it difficult to speak on the phone because their abuser is only an earshot away, leaving many women to suffer in silence. Although WhatsApp is one of the cheapest communication tools to reach out for help, lack of data and internet access make it difficult for abused women to seek help in communities where these are absent.

Gina Nzengue, a radio presenter in Gabon, said during lockdown complaints were rife from radio callers who said hotlines provided by the government were not being picked up, leaving many disillusioned about help coming their way.

“Economic and psychological violence are the most common effects of the lockdown in Gabon, as all cities in the country are under lockdown,” she said.

1. **Are helplines run by Government and/or civil society available? Has there been an increase in the number of calls in the context of the COVID-19 pandemic?**

Domestic Violence is prevalent and seem to be on the increase/rise since COVID-19. There are governmental helpline

(i) Society for the Improvement of Rural People (Non – State Actor), No. 161 Agbani Road Enugu

Helplines: +234 7010007510, +234 9016939282

(ii) Project Alert (Non State Actor)

No. 21 Akinsanya Street

Off Isheri Road, Ojodu – Berger, Ikeja, Lagos

Helplines: +234 -1-8209387, +234 8052004698

(iii) Domestic and Sexual Violence Response Team, Lagos State (State Actor)

Where to Report cases

* Police Station with Special Family Unit
  + Hotlines: +234 8104982245, + 234 8137960048
* Office of the Public Defender:
  + Hotlines: +234 7080601080
* Ministry of Women Affairs and Poverty Alleviation
  + Hotlines: +234 8085754226

(iv) Enugu State Nigeria Sexual and Referral Centre (State Actor)

* Hotline: +2348073340466

1. **Can women victims of domestic violence be exempted from restrictive measures to stay at home in isolation if they face domestic violence?**

Currently the Nigeria Centre for the Control of Diseases (NCDC), protocols has not provided for the exemption of women who are victims of domestic violence from the current stay at home restriction of Nigeria Government.

However this has recently formed part of our (CSOs) advocacy agenda to wit:

To engage the National Human Rights Commission; Enugu State Government, State COVID-19 Committee to provide in the State and Federal Government COVID-19 Protocol list; that victims of domestic violence be exempted from restrictive measures to stay at home in isolation especially when they face domestic violence.

1. **Are shelters open and available? Are there any alternatives to shelters available if they are closed or without sufficient capacity? (5) Are protection orders available and accessible in the context of the COVID-19 pandemic?**

**Why shelters are important**

 Shelters provide secure accommodation for women and girls who are at risk of or have been subjected to violence, although they contribute far more than just a safe place to stay. Shelters provide essential aspects of protection, services and resources which enable women who have experienced abuse and their children to recover from the violence, to rebuild self-esteem, and to take steps to regain a self-determined and independent life.

 With proper resources, shelters have the capacity to provide the range of protection and support services necessary to help survivors and those at risk of violence to avoid future abuse. Shelters can also contribute to awareness-raising and social change as part of broader efforts to prevent violence against women and girls altogether.

 Survivors of violence do not report abuse and often do not seek help from formal service providers and authorities for many reasons (Barrett & Pierre, 2011). The presence of and supports offered by shelters can address some of these barriers by encouraging women and girls to seek assistance. Shelters also have a role in strengthening the quality of responses provided by other service providers who are in contact with abused women and girls. Specifically, shelters may:

 increase awareness and understanding among women and girls of what constitutes gender-based violence and violations of their human rights;

 assist women leaving situations of violence to manoeuvre the judicial, police and social service systems in order to access the critical protection and support provided by these institutions (e.g. facilitating orders of protection, access to housing, and other health, financial and family resources); and

 educate health and judicial providers, social service and security personnel, among other professionals, to recognize violence against women, understand their obligations on the issue, and provide safe, appropriate referrals and responses (Seftaoui, 2009; United Nations, 2006).

 As advocates for women, the unique voice of shelters is essential in local and global efforts to end violence against them. While shelters are part of the social service sector, they have emerged from the broader women’s movement. In particular, efforts to address violence against women are closely linked to the work of survivors and advocates who established women’s shelters, rape crisis centres, telephone hotlines and neighbourhood support groups; especially during this COVID-19 period.

 Shelters promote women’s equality and often have a role in speaking out on systemic issues of discrimination, drawing links between individual women’s experiences and the conditions of women within society that give rise to violence against them.

 The influence on system responses and advocacy by shelters to promote access to various services is important in assisting women to cope with the extensive range of challenges (from physical and emotional consequences, to financial, legal and social impacts) resulting from the violence committed against them. This can:

 empower women to access and receive the range of institutional services and responses to which they are entitled and often require to overcome their experiences of abuse;

 promote women’s right to make informed decisions for herself; and

 increase the availability of adequate government resources for addressing the issue and strengthen the provision of appropriate survivor-centred services which respect women’s confidentiality, decisions and needs.

 Shelters are a critical component of a holistic response to survivors, as established in various international agreements, such as the 1995 Beijing Declaration and Platform for Action, which called on States to “[p]rovide well-funded shelters and relief support for girls and women subjected to violence, as well as medical, psychological and other counseling services and free or low-cost legal aid, where it is needed, as well as appropriate assistance to enable them to find a means of subsistence.”

Incidentally there are about only 9 sheltered and well equipped shelters in the whole Nigeria

**6. What are the impacts on women's access to justice? Are courts open and providing protection and decisions in cases of domestic violence?**

Women bear a disproportionate brunt of health crises, environmental disasters and gender-based violence. Unfortunately, the COVID-19 global pandemic could follow this pattern-having devastating implications for women's access to justice. What are courts and governments doing to address these challenges?

As the pandemic unfolds, heads of judiciaries are constantly weighing options in order to make the best decisions. In Uganda, the Chief Justice has issued directives to suspend [court hearings and appearances.](http://judiciary.go.ug/files/downloads/Chief%20Justice%20Circular%20on%20COVID-19.pdf) At the Africa regional level, Justice Sylvain Oré, President of the African Court on Human and Peoples' Rights issued a [statement](http://www.african-court.org/en/index.php/news/press-releases/item/344-african-court-suspends-its-56th-ordinary-session-because-of-outbreak-of-coronavirus) on 23 March 2020 suspending the 56th Ordinary Session of the court and making "non-essential" staff work remotely, while "essential" staff work on rotation to promote social distancing. At the Africa sub-regional level, Justice Edward Asante, President of the Economic Community of West African States Court of Justice, also issued a [communiqué suspending court hearings](https://thenationonlineng.net/ecowas-court-suspends-judicial-activities-over-covid-19/) .

Under "normal" conditions, [access to justice for most women](https://worldjusticeproject.org/sites/default/files/documents/WJP-A2J-2019.pdf) is limited and outright unavailable in some instances. This pandemic brings new challenges to judiciaries- and applying a gendered lens to these challenges, further highlights extra layers of concerns for women's ability to safely, promptly and efficiently access justice. Judiciaries will have to find innovative ways of handling cases of recurring domestic violence, rape, child custody, divorce, right to alimony and property, among others. As courts around the world are racing to use technology for hearing cases remotely, a major concern is the exacerbation of existing challenges, where lack of access to, or inadequate technology prevents many women from having their cases resolved expeditiously. How well will teleconferencing be for hearing pleadings and presenting evidence on gender-related violence cases? What happens in jurisdictions where the judiciary does not have the capacity to use such tools?

Courts are adopting [different approaches](https://www.law360.com/articles/1253873/coronavirus-the-latest-eu-court-closures-and-restrictions) in classifying limited in-person appearances in "exceptional", or "urgent" cases. The list of what constitutes "exceptional" or "urgent" varies widely and the question is whether gender-related cases will be considered "exceptional" or "urgent" enough by judicial administrators.

The need to decongest public spaces, shelters and even prisons has been put on the table. What are the implications of such closures for shelters for women who are victims or survivors of domestic violence? Will governments or organizations providing such shelter be able to provide safe, alternative spaces for women?

It is essential for all judicial administrative changes to take into account the gendered nature of existing laws and institutional practices which sometimes maintain, reproduce or exacerbate gender inequalities. The highly dynamic nature of this pandemic requires open and constant communication within judiciaries and across judicial networks such as the UNODC Global Judicial Integrity Network on well-informed strategies to balance citizens' needs with national priorities. Now more than ever, judiciaries must abide by the [Bangalore Principles of Judicial Conduct](https://www.unodc.org/res/ji/import/international_standards/commentary_on_the_bangalore_principles_of_judicial_conduct/bangalore_principles_english.pdf) and other international and national laws that seek to protect the rule of law, promote access to justice, ensure human rights and enforce judicial standards during and after this crisis.

Access to justice for some women is a matter of life and death-access to justice for women in a global pandemic cannot be put on hold. Hopefully judiciaries will be cognizant of women's needs and take extra measures to address the related challenges.

**7. What are the impacts of the current restrictive measures and lockdowns on women's access to health services? Please specify whether services are closed or suspended, particularly those focusing on reproductive health.**

In low- and middle-income countries, the impact of containment and preparedness policies on maternal and newborn health could [be more pronounced](https://www.weforum.org/agenda/2020/04/covid-19-coronavirus-pandemic-hit-women-harder-than-men/). Even before the emergence of COVID-19, high-quality and timely maternal healthcare services were [unavailable, inaccessible, or unaffordable for millions of women](https://www.unicef.org/press-releases/world-not-delivering-quality-maternal-health-care-poorest-mothers-unicef). Now, restrictions on travel and gatherings, health facilities with [limited infection prevention supplies](https://www.cgdev.org/blog/health-systems-low-income-countries-will-struggle-protect-health-workers-covid-19) and unreliable infection control practices, and [disrupted community health worker routines](https://www.opml.co.uk/blog/understanding-the-role-of-indian-frontline-workers-in-preventing-and-managing-covid-19) threaten to exacerbate limited access to care and negatively impact women’s health.

During the Ebola epidemic in West Africa in 2014–2016, the use of reproductive and maternal healthcare services plummeted so much that maternal and neonatal deaths and stillbirths indirectly caused by the epidemic [outnumbered direct Ebola-related deaths](https://academic.oup.com/heapol/article/32/suppl_3/iii32/4621472). Women were unable to access family planning, completed fewer antenatal care visits, and were more likely to give birth at home. Some of these women stopped going to facilities due to fear of infection and increased physical and financial barriers. Others were denied care if they were suspected of having Ebola as many facilities were not equipped to provide maternal healthcare to infected women.

**8. Please provide examples of obstacles encountered to prevent and combat domestic violence during the COVID-19 lockdowns.**

Countries across the globe have made various efforts to suppress transmission of COVID-19 and to mitigate its socio-economic impacts. This unprecedented crisis unfolds in the context of many pre-existing challenges, one of which is the gendered dimensions of access to basic necessities in a world rife with gender inequality. These challenges are now exacerbated by the pandemic and have a disproportionate impact on women’s enjoyment of human rights including economic, social and cultural rights.

Lockdowns have been one of the globally supported measures to prevent the spread of COVID-19 and mitigate its impact on public health. What this means for many women and girls, however, is that they are trapped at home with abusive spouses, partners and family members with limited access to support services, if any.

As recently [noted by the UN Secretary General](https://news.un.org/en/story/2020/04/1061052), global lockdowns have resulted in a “horrifying surge” in gender-based violence (GBV). This surge in domestic violence also has a direct impact on women victims because, as the UN Committee on ESCR noted, the pandemic further deepens gender inequalities because “the burden of caring for children at home and sick or older family members falls disproportionately on women”.

Domestic violence is a form of gender-based violence against women, which constitutes discrimination against women. GBV serves to perpetuate and entrench the subordinate position of women in political, economic and social spheres. The UN Committee on [ESCR recognizes](https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=E%2fC.12%2f2005%2f4&Lang=en) that GBV is a form of discrimination that inhibits the ability to enjoy ESCR, on a basis of equality. States are required to provide victims of domestic violence, who are mostly women, with access to safe housing, healthcare services remedies and redress for physical, mental and emotional harm caused by such abuse.

While statistics seem to indicate that more men than women have died of COVID-19, in other respects the COVID-19 pandemic clearly disproportionally impacts women. Studies show that women are often disproportionately employed in lower-paid, and precarious informal employment. Lockdown measures severely limit these women from continuing their work and earning their living. For those women experiencing domestic violence, their increased inability to maintain a level of financial independence leaves them even more vulnerable to abuse – whether physical, emotional, or economic.

Other intersecting vulnerabilities experienced by some women also compound these risks in the context of lockdown. For example, in South Africa there have been [reports](https://www.iol.co.za/capetimes/news/man-36-accused-of-strandfontein-shelter-rape-gets-r2-000-bail-46678460) of rape of women in temporary camps for homeless people erected as part of a COVID-19 response. Victims and survivors of domestic violence who seek to leave an abusive relationship are often faced with housing instability and risks of homelessness due to high housing costs, economic insecurity, damaged credit, and poor tenant histories. In the context of lockdowns, women are even more vulnerable to such situations particularly if there is insufficient access to women’s shelters.

Victims and survivors of domestic violence are also [at higher risk of health problems](https://www.who.int/reproductivehealth/publications/violence/24159358X/en/), including sexually transmitted infections, gynecological dysfunction, chronic pain, and Post-Traumatic Stress Disorder. These [health consequences often](https://apps.who.int/iris/bitstream/handle/10665/77432/WHO_RHR_12.36_eng.pdf?sequence=1) continue long after the abuse has ended. They are also at risk of reproductive coercion by which abusers try to control their reproductive health by, as examples, sabotaging birth control or forcing them to terminate a pregnancy.

In this context, it concerning that reproductive health services including abortion services are not lawful or freely available in many countries. Though some countries do allow for lawful abortions, and these may be considered essential services during these lockdowns, even in these contexts the risk of women lacking free, uninhibited and safe access to abortion is under threat. For instance, tried to pass a regressive bill to impose a near-total ban on abortion amid the COVID-19 lockdown in the country, though a final vote has been indefinitely postponed after it was heavily criticized by human rights groups. There have been similar attempts in [Tennessee, Alaska and Texas in the United States](https://www.npr.org/sections/coronavirus-live-updates/2020/04/10/832242841/federal-appeals-court-reinstates-texas-abortion-ban) to ban abortions or declare abortions as non-essential medical procedures to slow the spread of COVID-19.

Finally, access to justice for women experiencing domestic violence and other forms of GBV is made even more difficult during lockdowns.  Victims and survivors who generally lack community support and face potential secondary victimization when reporting instances of GBV face the additional risk of being accused of violating lockdown restrictions when they come forward to complain. Stretched policing resources focused on policing lockdowns mean GBV cases are even less likely to be prioritized. In many cases the limited functionality of courts will inhibit women’s access to protection orders to guard themselves against further abuse.

It is in this context that the UN Special Rapporteur on Violence Against Women has [called on States](https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25749&LangID=E) to take urgent measures to combat domestic violence in the context of COVID-19 lockdowns. The International Commission of Jurists has [urged States](https://www.icj.org/south-africa-authorities-must-work-urgently-to-curb-gender-based-violence-under-lockdown/) to discharge their human right obligations to eliminate GBV, an obligation that is even more urgent during this public health emergency and irrespective of whether States have declared “disasters” or emergencies.

States must give high priority to comprehensive measures to address domestic violence and other forms of GBV. They must allocate sufficient human and financial resources necessary to put in place a national action plan to combat domestic violence in the context of COVID-19.

States must also increase efforts to raise awareness of the criminal nature of domestic violence and the services available to victims. Such measures and services should include physical and mental healthcare services, housing services including shelters, and police and justice services. All cases of GBV must be effectively investigated and perpetrators brought to account despite the pressure placed on policing capacity during lockdowns.

**9. Please provide examples of good practices to prevent and combat violence against women and domestic violence and to combat other gendered impacts of the COVID-19 pandemic by Governments.**

Good Practices to be adopted by government under this COVID-19 should include; though not limited to:

* 1. Best/good/promising practices
* Common principles and specificities
* Challenges and debates
* Framework for the development of .good practice.
* Building the human rights agenda

ii. Good practices in law

* General principles
* Legal codes
* Investigation and prosecution of complaints
* The rights of victims
* Implementation of the law and evaluation
* Coordination and stakeholder participation

iii. Good practices in provision of services

* Goals in service provision and basic considerations
* Principles of good practice in service provision
* Necessary forms of service provision
* Coordination and multi-agency work
* Issues related to funding of services

iv. Good practices in prevention

* Vision and principles
* Good practices by international governmental organizations and States
* Good practices at the municipal and local level

**10. Please provide examples of good practices to prevent and combat violence against women and domestic violence and to combat other gendered impacts of the COVID-19 pandemic by NGOs and NHRIs or equality bodies.**

Violence against women and girls is a grave violation of human rights. Its impact ranges from immediate to long-term multiple physical, sexual and mental consequences for women and girls, including death. It negatively affects women’s general well-being and prevents women from fully participating in society. Violence not only has negative consequences for women but also their families, the community and the country at large. It has tremendous costs, from greater health care and legal expenses and losses in productivity, impacting national budgets and overall development.

Decades of mobilizing by civil society and women’s movements have put ending gender-based violence high on national and international agendas. An unprecedented number of countries have laws against domestic violence, sexual assault and other forms of violence. Challenges remain however in implementing these laws, limiting women and girls’ access to safety and justice. Not enough is done to prevent violence, and when it does occur, it often goes unpunished.

Women’s right to live free from violence is upheld by international agreements such as the [Convention on the Elimination of All Forms of Discrimination against Women](http://www.ohchr.org/EN/ProfessionalInterest/Pages/CEDAW.aspx) (CEDAW), especially through [General Recommendations 12 and 19](http://www.ohchr.org/EN/HRBodies/CEDAW/Pages/Recommendations.aspx), and the 1993 [UN Declaration on the Elimination of Violence against Women](https://www.un.org/ga/search/view_doc.asp?symbol=A/RES/48/104).  UN Women works with countries at the global level to advance the international normative framework through support provided to inter-governmental processes, such as the General Assembly and the [CSW](https://www.unwomen.org/en/csw). At the country level, UN Women supports Governments in adopting and enacting legal reforms aligned with international standards.

CSOs partner with Governments, UN agencies, and other institutions to advocate for ending violence, increase awareness of the causes and consequences of violence and build capacity of partners to prevent and respond to violence. We also promote the need for changing norms and behaviour of men and boys, and advocate for gender equality and women’s rights. UN Women supports expanding access to quality multi-sectoral responses for survivors covering safety, shelter, health, justice and other essential services. Policy guidance helps to step up investments in prevention—the most cost-effective, long-term means to stop violence.

CSOs work with Governments to develop dedicated national action plans to prevent and address violence against women, strengthening coordination among diverse actors required for sustained and meaningful action. UN Women also advocates for the integration of violence in key international, regional and national frameworks, such as the post-2015 development agenda.

**11. Please send any additional information on the impacts of the COVID-19 crisis on domestic violence against women not covered by the questions above.**

**Focusing on the over-arching goal: elimination of violence against women**

Violence [against women] must be addressed on multiple levels and in multiple sectors of society simultaneously, taking direction from local people on how women’s rights may be promoted in a given context. By working on the improvement of data and statistics on violence against women, adopting special legislation that guarantees equal protection of the law and enforcement of its provisions, Governments can put in place the building blocks of a system that can respond more effectively to gender-based violence.

The allocation of resources, support to research and documentation on causes and consequences of gender-based violence, education and prevention programmes to support efforts to increase community responsibility, making information on women’s rights readily available and creating partnerships between Governments and NGOs are also necessary important steps.

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