NIGERIA DOMESTICATION GUIDE

MAPUTO PROTOCOL

Article 14

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MOUVEMENT DE SOLIDARITÉ POUR LES DROITS DES FEMMES AFRICAINES
Une force pour la liberté

BAOBAB
FOR WOMEN'S HUMAN RIGHTS

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DOMESTICATION GUIDE

Maputo Protocol – Article 14

NIGERIA

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Introduction

The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, widely known as the Maputo Protocol, stands as one of the most progressive human rights instruments in the world. Adopted by the African Union in 2003, it sets out a bold vision for the dignity, equality, and bodily autonomy of women and girls across the continent. For the millions of women it seeks to protect, the Protocol is more than a legal text. It is a promise.

This guide is produced by Make Every Woman Count (MEWC) and the Solidarity for African Women's Rights Coalition (SOAWR). It offers a practical path from international and regional commitment to national reality grounding the Protocol's standards in the specific legal, political, and social context of this country.

Why the Maputo Protocol Matters

At the heart of this guide are two of the Protocol's most significant provisions: Article 5 calls on states to eliminate harmful practices such as female genital mutilation/cutting (FGM/C), child marriage, and other customs that threaten the health and dignity of women and girls; while Article 14 guarantees women's reproductive health rights, including access to family planning, safe maternal care, and lawful abortion in cases of sexual assault, rape, incest, or when a pregnancy endangers a woman's mental or physical health.

These articles address some of the biggest threats women face: preventable maternal deaths, unsafe abortions, gender-based violence, and harmful practices that deny women control over their own bodies. The Protocol frames these issues not as matters of charity or moral debate, but as enforceable human rights.

Understanding 'Domestication'

A treaty only changes lives when its standards reach the people it protects. Domestication is the process of translating international obligations into national law, policy, and practice so that rights become enforceable in domestic courts and through everyday government services. How this happens depends on a country's legal system:

In monist states, ratified treaties are, in principle, directly applicable and take precedence over national law. Yet in practice, domestic courts and institutions rarely apply these standards, leaving a gap between theory and reality.

In dualist states, treaties do not become law on ratification alone. They require a deliberate act of Parliament to be incorporated and enforced. Until that happens, the Protocol's promises remain aspirational.

In both systems, domestication is the bridge between commitment and lived experience. Closing that gap is the central purpose of this guide.

I. Purpose of This Guide and How to Use It

This Domestication Guide is a practical tool intended for civil society actors, legislators and legal practitioners working to advance the domestication of the Maputo Protocol in Nigeria. Ratified by Nigeria on 16 December 2024, the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (the Maputo Protocol) is an international human rights instrument established by the African Union (AU) to 'ensure that the rights of women are promoted, realised and protected in order to enable them to fully enjoy all their human rights.'[1]

The Protocol features many key thematic rights areas:[2]

Thematic Rights Area	Articles
Economic & Social Welfare Rights	13 & 19 (c)
Rights Related to Marriage (Including Child Marriage)	6
Health & Reproductive Rights	14
Protection from Violence (including Female Genital Mutilation/Cutting)	3, 4 & 5
Right to Participate in Political & Decision-Making Process	9
Rights to Peace & Protection from Armed Conflict	10 & 11
Specially Protected Women	20, 21, 22, 23 & 24

Nigeria has ratified the Maputo Protocol and has not entered any reservations, but challenges with implementation persist around obstetric violence, respectful maternity care and emergency obstetric care. More advocacy and reform are needed around Article 14, which guarantees a woman's right to health, including sexual and reproductive health.[3]

This guide focuses on framing sexual and reproductive health advocacy as safe motherhood and family health, and outlines technical arguments for liberalising local laws to be aligned with the Maputo Protocol to protect the physical inviolability and personal security of Nigerian women. The guide focuses primarily on strategies and case studies for civil society organisations, activists and legal advocacy professionals. For effective domestication, these groups must work in tandem.

II. Country Context and Legal Framework

The Federal Republic of Nigeria gained its independence from the United Kingdom on 1 October 1960.[4] With a population of more than 237.5 million, it is one of the most populous countries in the world.[5] Nigeria has three tiers of government: the federal level, 36 State Governments and 774 Local Government Administrations.[6] Nigeria is a constitutional democracy headed by the President, an elected legislature formed by the National Assembly and an independent judiciary. The legislature is bicameral, consisting of the Senate and the House of Representatives.[7]

Nigeria is a dualist state, which means the Maputo Protocol did not automatically become law by being ratified. To have a binding effect in Nigeria, aspects of the Protocol must be incorporated into the domestic legal structure through a process called domestication. Only domesticated international laws are enforceable.[8] Until the Maputo Protocol is domesticated, its important commitments to women's bodily autonomy and human rights remain aspirational.

There are several ways in which the Protocol can be domesticated:

- The entirety of the treaty could be enacted by a two-thirds vote by the National Assembly.
- The treaty could be referenced when drafting legislation.
- The treaty could be used as a template for legislation.

The Constitutional Foundation for Reproductive Rights

The Constitution of the Federal Republic of Nigeria 1999 provides the foundational legal basis upon which reproductive rights claims can be advanced.[9] Chapter IV guarantees fundamental human rights, including the right to life (Section 33), dignity of the human person (Section 34), personal liberty (Section 35), privacy (Section 37) and freedom from discrimination (Section 42). These provisions are directly relevant to claims concerning bodily autonomy, reproductive health and freedom from obstetric violence.

Importantly, Section 34 obligates the state to secure each person's individual security and safety. This could potentially be extended to ensuring the bodily autonomy and integrity of Nigerian women – securing the safety and security of women in ways that encompass reducing gender-based violence, female genital mutilation/cutting (FGM/C), gender-based discrimination and maternal mortality.

However, a critical limitation must be acknowledged: while Chapter II of the Constitution directs the state to provide adequate medical facilities, these directives are legally non-justiciable. This means citizens cannot bring suit against the government solely for failing to provide them.[10] This non-justiciable character of constitutional health rights significantly constrains the avenues available for holding the state accountable for failures in maternal and reproductive care. Strategic litigation must therefore be carefully framed around the justiciable rights in Chapter IV rather than the directive principles in Chapter II.

The Criminal Law Framework

Nigeria operates a dual criminal law system, with direct consequences for reproductive autonomy. In Southern Nigeria, the Criminal Code Act severely restricts reproductive choices, imposing up to 14 years' imprisonment for procuring a miscarriage, with only poorly defined exceptions to save the woman's life.[11] In Northern Nigeria, the Penal Code Act similarly criminalises abortion with heavy prison sentences; in addition, 12 northern states operate Sharia courts alongside the federal Penal Code, adding a further layer of restriction.[12] These two frameworks diverge in their precise formulations: the Criminal Code does not explicitly codify a life-of-the-mother exception, though the cases of **Rex v Edgar** and **Rex v Bourne**

established legal precedent permitting abortion in such circumstances,[13] but both fall dramatically short of the grounds required under Article 14(2)(c) of the Maputo Protocol.

Key Legislation

In addition to the Maputo Protocol, several domestic statutes shape the legal landscape for sexual and reproductive health and rights:

- The Violence Against Persons (Prohibition) Act 2015 (VAPP Act) criminalises rape, domestic violence and FGM/C. However, the VAPP Act applies automatically only in the Federal Capital Territory (FCT). For it to take effect in Nigeria's 36 states, each state must individually domesticate it.[14]
- The Child Rights Act 2003 sets the minimum marriage age at 18 and prohibits child sexual abuse. Like the VAPP Act, it requires state-level domestication to apply outside the FCT.[15]
- The National Health Act 2014 provides a framework for the development and management of a national health system, mandating essential health services including reproductive health and maternal care, and requiring healthcare facilities to provide emergency care regardless of ability to pay.[16]
- The National Health Insurance Act 2022 (replacing the NHIS Act of 1999) provides the framework for universal health insurance coverage, including coverage for reproductive and maternal health services.[17]

III. Status of Domestication

Progress since Ratification

Nigeria has taken steps to advance physical inviolability and personal security by incorporating some parts of the Maputo Protocol into domestic law, including in the Gender Policy adopted in 2015.[18] However, implementation remains inconsistent and more effort is needed to bring domestic law in line with the Protocol.

Articles 3, 4 and 5 of the Maputo Protocol call on states to protect women and girls from violence. One in three Nigerian women will experience physical or sexual violence in her lifetime.[19] In 2015, Nigeria passed the VAPP Act, which aims to prevent violence in private and public life and provide aid to survivors of sexual assault and domestic violence.[20] This law was passed after 14 years of vigorous campaigning.[21] Unfortunately, it is not implemented consistently across all states, and there are still gaps in providing services to victims of violence. Only 19 out of the 36 states have established Sexual Assault Referral Centres to provide support and services to victims.[22]

Article 5 of the Maputo Protocol is particularly relevant to Nigeria as it prohibits FGM/C. A total of 9.9 million survivors of FGM/L live in Nigeria, the largest number of survivors in the world.[23] Nigeria has addressed FGM in the VAPP Act and in its National Health Policy,[24] and adopted a standalone National Policy & Plan of Action for the Elimination of Female Genital Mutilation 2021–2025.[25] Meanwhile, Article 6 of the Maputo Protocol calls for the

eradication of child marriage. In 2016, Nigeria adopted the National Strategy to Reduce Child Marriage.[26] However, more is needed to protect against FGM/C, child and forced marriage, and physical violence. We must also consider how these issues will impact Nigeria's youth, who will struggle with bodily autonomy and violence in the digital age.

Article 9 of the Maputo Protocol calls for women to be more involved in the political world and decision-making. The Nigerian National Gender Policy 'provides a 35% minimum threshold for women's participation in politics whether in appointive or elective positions.'[27] However, Nigeria ranks among the lowest for women's political participation in the world, with only 5% of seats in the National Assembly held by women.[28] To address this, the proposed Special Seats for Women Bill would create specific seats to be filled by women.[29] This political representation is particularly important because women in leadership have championed much-needed reform to health and safety laws.[30] Increasing the number of women in the legislature will help ensure the implementation of all of the parts of the Maputo Protocol.

Gaps and Barriers

Because Nigeria has not fully domesticated the Maputo Protocol, gaps persist between the Protocol's ideals and their implementation, domestic law and the lived reality of Nigerian women. Ratifying the Protocol is an important step in acknowledging and pledging to protect the rights of women. However, this commitment is not fully reflected in local laws, policies or healthcare services.

Legal and Policy Gaps and Barriers: Abortion and Maternal Care

Nigeria has a very high maternal mortality rate,[31] owing in part to obstetric violence and the need for emergency obstetric care. To reduce the maternal mortality rate, the country has implemented the National Strategic Framework for the Elimination of Obstetric Fistula in Nigeria.[32] However, more is still needed to prevent obstetric violence and ensure timely and safe maternal and obstetric care.

The most acute legal gap concerns abortion access. There is a stark misalignment between Nigeria's domestic legislation and its commitments under Article 14(2)(c) of the Maputo Protocol, which requires states to permit abortion in cases of sexual assault, rape and incest and where the pregnancy poses a significant risk to the mental or physical health of the woman. Neither the Criminal Code Act (applicable in the south) nor the Penal Code Act (applicable in the north) acknowledges these broader grounds: both restrict lawful abortion to circumstances necessary to preserve the woman's life, with heavy criminal penalties – up to 14 years' imprisonment – for women and healthcare providers who act outside this narrow exception. This places Nigeria's laws among the most restrictive in the region and in direct conflict with its human rights commitments.

These restrictions have been largely ineffective at preventing abortion. Approximately one in seven pregnancies ends in abortion,[33] and approximately 63% of abortions are unsafe, contributing to 10% of the maternal mortality rate.[34] While many lawmakers understand that unsafe abortion is causing maternal mortality, few legislators are willing to challenge existing abortion laws, owing to sociocultural and religious stigma.

A further structural gap compounds these difficulties. Although the Maputo Protocol was ratified by Nigeria in December 2004 without reservations, it has not been domesticated into national law as required by Section 12 of the Constitution. This means the Protocol's provisions, including Article 14, are not directly enforceable in Nigerian courts.[35] The gap between federal policy and state-level implementation is equally significant: progressive health frameworks adopted at the federal level – including the VAPP Act and the Child Rights Act – do not automatically apply in Nigeria's 36 states. Because health is on the concurrent legislative list, advocates must repeat their efforts in every state legislature to secure adoption and funding, creating a fragmented landscape in which a woman's legal protections can differ dramatically depending on her location.

Recent Judicial Development

Despite this restrictive framework, 2025 brought a landmark ruling with significant implications for advocacy strategy. In **Reproductive Justice Initiative Foundation (RJIF) v Attorney General of the Federation & Others**, the Federal High Court in Abuja ruled that forcing survivors of sexual violence to carry pregnancies to term violated their fundamental right to physical and mental health.[36] This decision represents the first domestic judicial recognition that reproductive healthcare for survivors of sexual violence is a fundamental human right rather than a criminal act. Legal practitioners and civil society actors should treat this ruling as a foundation for further strategic litigation and as a powerful tool for shifting legislative discourse.

Sociocultural and Religious Gaps and Barriers

To fully domesticate the Maputo Protocol or make advancements through the legislature, a two-thirds majority in the National Assembly is required. At present, it is unlikely that the National Assembly will pass legislation to address these challenges, as there is a lack of political will and a failure to prioritise sexual and reproductive healthcare.[37]

When it comes to policy priorities, many Nigerians are guided by religious ideology. Religion is highly politicised in Nigeria, such that faith-based organisations and traditional leaders play an important role in shaping public discourse and policy positions.[38] This has created stigma around contraception and reproduction rights.[39] Efforts to increase access to contraceptives or safeguard sexual health are met with resistance.[40] Abortion, in particular, is frowned upon, and efforts to implement more liberalised abortion laws have been met with strong and vocal opposition from 'pro-family' and 'pro-state' organisations.[41]

A strategic reframe (discussed below) is necessary to make implementation of the Protocol more viable in this challenging political climate.

IV. Advocacy and Lobbying Strategies

There are two primary paths to domesticating the Maputo Protocol in Nigeria:

1. Through civil society and activists, legislation to implement some or all of the Protocol is passed with a two-thirds legislative majority.

2. Through legal advocacy and reform, litigation is used to set broad legal precedent, creating new policy and shifting public discourse.

These strategies involve a combination of sustained and targeted advocacy, social change work and building political will.

Civil Society and Activists

Civil society, community and civil rights groups are essential to ensure the rights of Nigerian women and girls are realised. When like-minded organisations work together on a multi-pronged approach with shared goals, they can overcome the culture of shame and build local capacity and political will.

Case Study: National Coalition of Civil Society to End Child Marriage in Nigeria (CSO-ECM) – Girls' Education

CSO-ECM[42] is a unified network of non-governmental and civil society organisations dedicated to eradicating early and forced marriage across the country by 2030. Operating through local, state and federal chapters, the coalition coordinates strategic advocacy, drives grassroots mobilisation and influences public policy to protect the fundamental rights of adolescent girls. A major focus of their current strategy is positioning girls' education as the primary tool to delay marriage, alongside advocating for the strict domestication and enforcement of the Child Rights Act and the National Strategy to End Child Marriage. By partnering with community influencers, youth advocates and the wives of traditional rulers, the coalition works to dismantle deep-seated social norms, scale up school re-entry policies for pregnant or married girls and build a safer, more equitable environment for the next generation.

Case Study: Women's Rights Advancement and Protection Alternative (WRAPA) – Culture-Shifting

WRAPA[43] worked with faith, religious and traditional cultural leaders between 2005 and 2017 to address the religious and cultural practices driving child marriage in north-western communities of Nigeria. Together, these stakeholders developed a Khutba, a compilation of sermons of the Prophet, that disproved some of the misconceptions contributing to early and forced marriage. The Khutba was then translated into local languages and used by traditional leaders. A total of 105 mosques used this Khutba during Friday prayers. By partnering with religious leaders to shift cultural norms, WRAPA has also been able to influence policy and legal reforms.

Case Study: Campaign Against Unwanted Pregnancy (CAUP) – Knowledge-Sharing

For the past three decades, CAUP[44] has been advocating for abortion reform in Nigeria. It has met with the editorial boards of all of the major newspapers and trained journalists about the consequences of unsafe abortions. It has held large public meetings and educational events as well as community workshops on sexual health and women's rights. It has established the Action Group for Adolescent Health, which has trained medical students on sexual and reproductive health. CUAP has also created a set of guidelines for the Nigerian Medical School

Curriculum on Sexual Health and Reproductive Rights. While its efforts have not yet been successful in generating reforms to the abortion laws of the country, its decades of advocacy are laying the groundwork for legislation to do so to be introduced in the National Assembly.

Strategies

- Create opportunities for knowledge-sharing by training the media; community based-organisations; medical professional; religious and cultural leaders; and members of the legal sector, such as judges, prosecutors and litigators.
- Ensure accountability through tracking and monitoring any civil rights abuses.
- Hold those in power accountable by creating public campaigns criticising the state's lack of commitments or progress, and submitting shadow reports to watchdog groups.
- Create social support by working with local communities and leaders to develop their capacity.
- Coordinate activist campaigns and mass mobilisations.
- When holding lobby meetings with policymakers and government institutions, involve cultural and religious leaders and human rights defenders.
- Partner with political leaders who are willing to champion the cause and name leaders who refuse accountability.

Legal Advocacy and Reform

Litigation has become an increasingly powerful tool to protect human rights, change laws and hold governments accountable.[45] Courts play a key role in ensuring states fulfil their obligations to women and girls when legislation fails to do so. Legal advocacy and reform combined with civil society organisations and sustained activism can be successful at effecting change.

Occasionally, there is an opportunity for a court ruling to set precedent and to be a catalyst for social and policy change. This strategy is called strategic litigation. While many advocacy groups in Nigeria have used the international legal framework to campaign for change, few have used strategic litigation so far.[46]

Case Study: **Setting Legal Precedent**

In 2009, government officials in Abuja were subjecting women to physical and sexual violence. Despite several complaints to authorities, the violence continued. In 2014, Dorothy Njemanze and three others brought the case before the Economic Community of West African States (ECOWAS) Community Court of Justice – a supra-national court established by the ECOWAS Treaty that does not require applicants to have first exhausted local remedies. Judgement was given in favour of these women in 2017 in **Dorothy Njemanze & 3 Others v Federal Republic of Nigeria** (Suit No. ECW/CCJ/APP/17/14). The Court held that Nigeria had failed to protect them from gender discrimination and gender-based violence, finding a violation of the Maputo Protocol.[47]

This was the first time any international human rights institution had held a state accountable to the Maputo Protocol. It established a powerful sub-regional precedent for how gender discrimination and gender-based violence cases could be handled at the regional level, and demonstrated the particular value of the ECOWAS Court for Nigerian litigants: unlike many regional and international forums, it allows cases to be brought directly without prior domestic exhaustion. As Alliances for Africa, one of the supporting organisations, observed: 'It was important to get partnerships with other organisations who had stronger strategic litigation experiences than ourselves.'[48]

Case Study: 2025 Domestic Ruling on Abortion for Survivors

Building on this regional precedent, domestic courts have begun to shift the landscape. In June 2025, in **RJIF v Attorney General of the Federation**, the Federal High Court in Abuja held that compelling survivors of sexual violence to continue a pregnancy violated their constitutional right to physical and mental health.[49] This ruling is significant for two reasons. First, it provides domestic judicial authority, alongside the ECOWAS precedent, that reproductive healthcare is constitutionally protected. Second, it creates an opening to argue that the restrictive provisions of the Criminal Code Act and the Penal Code Act, as applied to survivors of rape or sexual assault, are themselves unconstitutional. Legal practitioners should consider building on this foundation when selecting cases for strategic litigation.

Regional Precedence on Abortion

Strategic litigation could be particularly effective around the issue of abortion because there is limited legal interpretation of current laws. While abortion is currently prohibited except to save the life of the mother, there is a potential opportunity to expand the definition of preservation of a woman's life. Although Malawi had a similar law, the Malawi Law Commission – through a court ruling – proposed expanding the definition of preservation of life to include preservation of mental and physical health.[50] The **RJIF** ruling in Nigeria opens a comparable domestic avenue, particularly for survivors of sexual violence.

Nigeria could also be influenced by other jurisdictions where safe abortion has been judicially upheld, including Ghana, Kenya and Rwanda.[51]

Steps and Considerations for Strategic Litigation

The first step in strategic litigation is identifying a suitable plaintiff who has the time and commitment to pursue the case. Adequate resources must also be secured to support both the plaintiff and her legal counsel, particularly where proceedings may be lengthy. In addition, the plaintiff should be fully informed of the risks involved and prepared for potential public and media scrutiny.

It is important to choose a forum where a ruling will be applicable across many jurisdictions and fast to obtain. In Nigeria, court cases can take several years to be concluded.

Meanwhile, cases concerning sexual and reproductive health and rights may face additional challenges. For example, a Nigerian court may be influenced by the shame and

social stigma around contraceptive care. the personal religious beliefs of decision-makers may influence outcomes. In such circumstances, regional or continental courts may offer a more effective avenue for advancing strategic litigation.

V. New and Emerging Approaches

A coalition of organisations, implemented by BAOBAB for Women's Human Rights and supported by Akina Mama wa Afrika via funding from Amplify Change, and including the National Human Rights Commission; the National Institute for Legislative and Democratic Studies; the Initiative for Research, Innovation and Advocacy in Development; and the Inter-Party Advisory Council, has come together. This coalition is coordinating on a two-year strategic initiative, from October 2025 to September 2027, to call for legislative and constitutional change to transform the Maputo Protocol into a lived reality for women and girls in Nigeria. Its primary tactics include advocacy, movement-building and knowledge-sharing with the goal of political accountability and implementation of the Protocol. The coalition has already engaged key stakeholders such as constitutional oversight bodies, legislative experts and political party leaders. Through strategic partnership with these stakeholders, its efforts have the benefit of institutional knowledge, legal frameworks and political mobilisation.

The Strategic Reframe Matrix

To help address longstanding opposition to sexual and reproductive health and rights, the coalition has encouraged a strategic reframing of its messaging to engage more effectively with cultural and religious leaders and legislative actors. This approach seeks to advance urgently needed constitutional and legal change that could positively impact the lives of women and girls while recognising the realities of the political environment.

From	To
Bodily Autonomy and Integrity	Physical Inviolability and Personal Security
Sexual Health and Reproductive Rights	Safe Motherhood and Family Health
Elimination of Harmful Practices	Upholding the Sanctity and Dignity of the Person

This reframe is strategic for a several keys reasons:

- Focusing on physical inviolability and personal security will invoke Section 34 of the Nigerian Constitution. According to the Constitution, the state has a mandate to ensure personal security.
- Focusing on safe motherhood and family health will shift focus to maternal mortality, which is a national priority including for religious leaders. This will invite partnership and collaboration rather than opposition. It will also translate into advocacy for maternity and obstetric care.

- Focusing on upholding the sanctity and dignity of the person translates to both the legal and the traditional value frameworks. It will allow for more advocacy around implementation of the VAPP Act across all states as well as protections from FGM/C, child and forced marriage, and physical violence.

Next Steps and Recommendations

Domesticating the Maputo Protocol is crucial to ensure women and girls in Nigeria are able to fully enjoy their rights, physical inviolability and personal security. Change is possible through collaborative efforts across legal, social and political spheres. Practical steps and recommendations are outlined below.

For Legislators and Policymakers

- Draft and introduce legislation to amend the Penal and Criminal Codes to bring them into conformity with Article 14(2)(c) of the Maputo Protocol, adding exceptions for sexual assault, rape, incest, foetal abnormality and mental health.
- Strengthen policy implementation of the Gender Policy and the VAPP Act, ensuring there are Sexual Assault Referral Centres to provide support and services to victims in every state.
- Address emerging harms. Develop legislation to address digital harms that disproportionately affect women and girls, such as cyberbullying, cyberstalking, non-consensual sharing of intimate images and online harassment.

For Legal Practitioners

- Use strategic litigation as an avenue to set precedence for policy reform.
- Broaden exceptions around permissible abortion to encompass not only physical but also psychological and economic risks to the pregnant person.
- Apply Section 34 of the Constitution, around the dignity of the human person, which guarantees a person's security and safety, to arguments around the physical inviolability and personal security of women.

For civil society actors

- Build broad coalitions to coordinate efforts around ratification with whatever relevant stakeholders are willing to partner, including government actors, civil society organisations, women's rights organisations and the private sector.
- To build political will, prioritise high-level engagement with members of the National Assembly and other political leaders. Engage with legislators as early as possible in partnership with community champions including religious leaders and young people. Advocate for more women legislators, ensuring Nigeria reaches the 35% minimum threshold for women's participation in politics outlined in the National Gender Policy. Recruit other legislators to champion the physical inviolability and personal security of women with their peers.

- Through public education campaigns, change the narrative around how to ensure the physical inviolability and personal security of women. Educate legislators, the media, medical providers and religious leaders. Provide resources and tools to empower women and girls throughout Nigeria. Prioritise evidence-based open conversations to shift discourse away from shame and stigma and towards empowerment.
- Track and document the true impact of the lack of domestication on the lives of Nigerian women and girls, including survivors of unsafe abortion, gender-based violence and/or sexual assault. Submit shadow reports using SOAWR's shadow reporting programme, to hold the government accountable.

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