

# NATIONAL GUIDE FOR THE ESTABLISHMENT AND MANAGEMENT OF SEXUAL ASSAULT REFERRAL CENTRES IN NIGERIA

Developed by:  
Prof. Fatima Waziri-Azi, Ph.D

This Handbook is intended for:

Key Government Institutions
Non-Governmental Organizations
Civil Society Organizations
Service Providers

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## PART ONE

# INTRODUCTION



Sexual assault casts a long, dark shadow over the lives of survivors, leaving them vulnerable to further instances of abuse and violence. The repercussions extend beyond the immediate incident, manifesting in enduring physical and psychological scars such as post-traumatic stress disorder, depression, anxiety, and sleep disturbances. Recognizing the multifaceted needs of those who have endured such trauma, it becomes evident that survivors of sexual assault require comprehensive care across three key domains: medical, psychosocial, and support from the criminal justice system.

One glaring area where access to justice has been lacking for women, girls, and boys in Nigeria is in cases of sexual violence. Recent reports and trends underscore a concerning rise in the prevalence of sexual violence, particularly rape, in the country. A poll conducted by NOIPOLLS in July 2019 revealed a staggering statistic: one in every three girls is likely to experience some form of sexual abuse by the age of 25.

Tragically, a significant number of sexual assault cases go unreported. Survivors often grapple with fear and embarrassment, hesitant to come forward due to the social stigma associated with rape and the tendency for victim-blaming. Even when cases are reported, they are frequently marred by poor prosecution, primarily attributed to a lack of sufficient evidence. Compounding this issue is the inadequacy of facilities to provide victims with essential medical assistance and trauma counseling.



Acknowledging the gravity of the situation, the government has recognized the importance of multi-agency partnerships and collaborative efforts to enhance criminal justice performance and respond effectively to Sexual and Gender-Based Violence (SGBV). Since 2003, federal and state governments have made attempts to improve victim protection and treatment, enacting legislation such as the Child Rights Act (CRA) 2003, Violence Against Persons Prohibition Act (VAPP) 2015,<sup>2</sup> establishing the National Sexual Offender and Service Provider Registers in 2019, and creating Sexual and Gender-Based Response Teams at the state level. One significant initiative addressing these challenges is the establishment of Sexual Assault Referral Centres (SARCs).

In 2012, the British Council initiated support for SARCs across Nigeria under the Department for International Development (DFID) funded Justice for All (J4A) Programme, continuing through the European Union funded Rule of Law and Anti-corruption (RoLAC) and Managing Conflict in Nigeria (MCN) programmes.

The first SARC, the Mirabel Centre Lagos, was established in 2013, followed by additional centers across the federation. Presently, 40 SARCs operate across 20 states and the Federal Capital Territory (FCT), offering free medical, counseling, and support services to survivors of sexual violence. The establishment of a SARC ensures that states automatically fulfill a key provision of the VAPP Act.

Between July 2013 and December 2020, SARCs in Nigeria have assisted over 17,000 victims of sexual assault, with over 70% being under the age of 18. The number of females reporting to SARCs increased by over 150%, reaching nearly 5,000 in 2020. While the majority of SARC clients have been females, there has been a significant increase of over 400% in male victims seeking assistance between 2017 and 2020

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<sup>2</sup>35 states have stand-alone VAAP Laws. Kano state is the only state without a VAAP Law as at December 2023.

## Benefits and Services Provided by SARCs

A coordinated and collaborative approach to sexual assault provides that much needed reassurance and support, which in turn improves survivors' engagement to facilitate healing, and increase the potential for acquiring justice. SARCs are developed to provide a 'one-stop shop' for survivors of rape and sexual violence so they do not have to navigate multiple services. It also ensures that survivors have fair access to good quality services.

The goals of SARCs are to limit the physical and mental health consequences of rape and sexual assault by providing free, accessible, multi-agency, forensically secured service for survivors as enumerated below:

- i Confidentiality, privacy and a client-focused service orientation;
- ii Unbiased information;
- iii. Immediate emergency medical treatment;
- iv. Forensic medical examination services by specially trained doctors and midwives who prepare reports that are admissible as evidence where appropriate;
- v. Advice on Sexually Transmitted Infections (STIs), including HIV and the risk of pregnancy;
- vi. Immediate and continuous counselling support including risk of harm and vulnerability assessment from people experienced in the specialized field of counselling victims of sexual abuse;
- vii. Support in contacting the police, social welfare department, or Civil Society Organizations (CSOs) where appropriate and where the victim requests it;
- viii. Advice and ongoing support throughout any police investigation and prosecution.
- ix. Follow-up services;
- x. 24-hour telephone helpline.

The above services should be available irrespective of whether the survivor reports to the police. SARCs emphasize choice and options, meaning that all procedures and options must be explained. Survivors should be able to choose whether to have a forensic examination and evidence collection or not.

## PART TWO

# PURPOSE AND METHODOLOGY



## PURPOSE

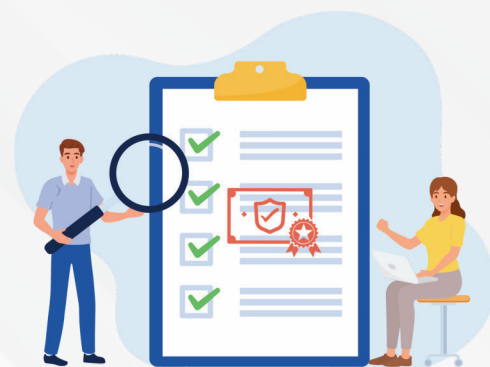
The purpose of this guide is to highlight the SARC as a model of good practice in the provision of immediate aftercare to survivors of sexual assault. Despite the importance of multi-agency partnership work, there is little research which addresses the process by which interventions such as SARC are established and managed by States interested in establishing one or for those who already have SARCs. This guide addresses these gaps and provides practical guidance on the steps necessary to establish and manage a SARC. It serves as a learning resource and includes tips that will assist stakeholders who respond to cases of sexual assault.

## METHODOLOGY

This guide is based on comparative research and semi-structured interviews. The guide is divided into six parts. Part one introduces the guide and discusses the benefits and services provided by SARCs. Part two highlights the purpose of the guide and its methodology and part three examines the minimum standards of a SARC and focuses on the different models, composition, accessibility and referral, other factors considered as good practices and case studies. Part four enumerates the steps involved in establishing a SARC, part five highlights the roles and responsibilities of SARC Staff and part six is the conclusion.

## PART THREE

# MINIMUM STANDARDS FOR SEXUAL AND ASSAULT REFERRAL CENTRE



### MODELS OF SARC

In their sexual assault services commissioning guidance, NHS England (2013) describes an integrated, person-centered model for sexual violence and rape services as one that can: ... integrate care pathways in a seamless way for victims, so they tell their story once and can choose care journeys to access crisis support, assessment, specialist clinical interventions, options for forensic medical examination, support, counselling and where needed mental health and other physical health services.

When establishing a SARC it should be noted that 'one-size-fits-all' model is not recommended because of different state circumstances like demographics, level of sexual violence in an area, health needs assessments and the resources available within the partner agencies. Most SARCs are hospital based, whilst others are based in primary health care centres, police clinics, nursing homes, juvenile correctional home or premises in residential areas. Also, some SARCs are managed by the State Government, others are managed by Non-Governmental Organizations (NGOs).

Generally, a SARC should provide sexual violence and rape services. It should be easily and safely accessible, available 24 hours a day, seven days a week. It should deliver a cohesive, comprehensive service to survivors of rape and sexual violence under one roof. Ideally, the SARC should be standalone units in established health service facilities but there may be instances due to lack of space, that the SARC service may be integrated into services that cover a range of other forms of violence against women and children like the family support unit.



It should be centrally located with its own private entrance that is security-monitored, housed in a refurbished standalone unit within a hospital or primary healthcare facility with forensic evidence collection, advocacy and counselling, and effectively integrated into the mainstream health services. Survivors should have access to experienced staff from the time they first access the SARC until the time they decide they do not need any support.

SARC services in Nigeria are of different models and contexts. Some SARCs in Lagos<sup>3</sup> Enugu<sup>4</sup> and Ogun State<sup>5</sup> are led by NGOs. In Niger, Akwa-Ibom, Jigawa, Kaduna, Kano, Yobe, Borno, Adamawa, Anambra and Edo State, are government led and are embedded into state budgetary and resource planning, from early stages. This is to ensure enhanced opportunity of resourcing and management which will lead to a greater level of ownership, commitment and collaboration by key state ministries and agencies, to ensure sustainability of the SARCs into the future.

To improve service delivery for survivors, the hospital, courts, police and social welfare departments must coordinate to ensure positive health and justice outcomes. Lapses at any one of these service points will jeopardize justice and healing for survivors. It is therefore necessary that governments adopt a comprehensive plan for integrating and reforming these service points and make funding available.

## **LOCATION OF SARCS**

The location and number of SARCs will be determined by the land mass, population, availability of hospital space and prevalence of sexual assault. Areas with a high prevalence of sexual assault should be given priority. Many of the SARC services across Nigeria are located in urban areas with high population densities and good access to public transport. In rural and semi-rural areas with very low volume of cases, a SARC services may be networked into other services such as sexual health clinics, pediatrics, social welfare, services and victim support services.

<sup>3</sup>Mirabel Centre, Women at Risk Foundation (WARIF) Centre, The CeCe Yara Child Advocacy Centre.

<sup>4</sup>WACOL Tamar SARC, Ulo Umunwanyi (The Women House).

<sup>5</sup>The Spring Centre.



## **COMPOSITION OF A SARC STEERING COMMITTEE**

The interdisciplinary and multisectoral service and collaborative working relationships with local CSOs, health, legal and social services must be reflected in the composition of any SARC. SARCs are led by steering committees made up of state and non- state actors, including members from State ministries of health, justice, women affairs, youth development; social welfare department; Nigerian Police Force (NPF), and representatives of civil society and media organizations.

## **COMPOSITION OF A SARC TEAM**

SARCs comprise multidisciplinary team members which may vary but good practice is to have a team comprising doctors, nurses, forensic examiner, centre manager, counsellors. The team should be supported by a media and communications team, administration officer, receptionist and finance officer.

## **ACCESSIBILITY AND REFERRALS**

SARCs are accessible to victims of recent rape or serious sexual assault regardless of gender, ethnicity or disability. Some SARCs are limited to victims over the age of 14 or 16, whilst others also see pediatric cases and younger teenagers, depending on availability of resources, and the local arrangements in place for children's services. SARCs can be accessed by contacting the police, Sexual and Gender Based Response Teams, hospital, social welfare department, helpline, or by self-referral.

# Case Studies

## Mirabel Centre, Lagos

Mirabel Centre is managed by Partnership for Justice and provides free professional medical, psychosocial and legal support to survivors of sexual abuse and is located within the premises of the Lagos State University Teaching Hospital, Ikeja. The Centre is NGO led with a high-level multi-agency collaboration with the Government, Police, Judiciary, CSOs, NGOs, Networks and other stakeholders. The Centre is opened between 9am-5pm, Monday-Sunday. The Centre is funded through grants from donor organizations, donations and charity from philanthropic individuals and organizations in Nigeria. Lagos State Government also makes an annual donation to support part of the Centre's administrative cost.

The Centre has nineteen full-time staff and eleven part-time staff and several volunteers. These include: Managing Partner, Senior Partner, Centre Manager, Doctors, Nurses, Counsellors, Accountant, Programmes Officer, Programmes Assistant, Admin/Data Officer, Dispatch rider, Driver, Mirabel Radio Studio Manager, Procurement Officer, and Communications Officer. The Centre received some rape kits from the only Forensic and DNA Centre in Lagos State until it got looted during the 2020 #End SARS protest.

The Centre's referral pathway is client centered with protocols and policies in place to achieve this. Once a survivor is referred to the Centre, that person is counselled, clinically examined, and laboratory investigations are conducted. The doctor documents the findings and prepares to be an expert witness in court when the need arises. Medical reports are dispatched by the Centre to the Police and other relevant justice sectors on request. Follow-up sessions are available for all survivors and for services not available at the Centre, safe referral is made. Majority of clients who visit the Centre are referred by the Police and Mirabel Centre works harmoniously with the Police, especially the units trained on investigating and responding to Sexual and Gender Based violence (SGBV).

The start-up cost of the Centre was N2.6M monthly, which covered the cost of an average of fifty clients, including administrative costs. The Centre has received and supported over 6,050 survivors of sexual abuse, children, women and men. The youngest was 3 months, and the oldest, 82 years old. Sixteen convictions have been secured so far with several ongoing cases in courts. Challenges faced by the Centre include: slow dispensation of justice, limited access to DNA/Forensic Centre; lack of adequate support system for clients in communities, staff welfare, and inadequate funding.

## **Salama Centre (4) Kafanchan- Kaduna**

Salama Centre (4) is a free, government led Centre located within the premises of Ibrahim Patrick Yakowa General Hospital, Kafanchan. Due to staff constraint, the Centre does not operate 24 hours. However, it liaises with the Out Patient Unit of the General Hospital on cases reported after hours. The Centre is funded by the State Government, with very little support from Development Partners. The Centre has fourteen staff; five full time Staff that is, Centre Manager, Counselor, Medical Doctor, Nurse, Desk Officer and nine volunteers that is, two Security Officers, one Cleaner, two Counselor Support, two Communication Staff and one Desk Officer Support. Salama is accessed by contacting the police, Kaduna State Ministry of Human Services and Social Development, Kaduna SGBV Response Team or by self-referral.

The Centre maintains a cordial relationship between the Police and Nigeria Security and Civil Defense Corps (NSCDC) as the Police and NSCDC provides safety for survivors, help in arresting perpetrators and prosecution of cases when they get to court. Where required, they escort survivors to the court, hospital and the SARC

The startup cost for the Centre was borne by the State Government. So far, the Centre has recorded 874 cases from February 2019 to 31st January 2021 with six judgments on rape; three life imprisonments, two discharge, and one option of fine and seven on-going cases. However, the Centre faces a myriad of challenges: insufficient awareness about the Centre within the locality; interference with cases by elites and family members; inadequate funding; inadequate drugs and test kits; lack of mobility; inadequate security personnel; inadequate manpower in running the Centre

## PART FOUR

# SETTING UP A SEXUAL ASSAULT REFERRAL CENTRE



STEPS	ACTION	MINIMUM STANDARD	FACTORS TO CONSIDER
One	Establish partnership with key stakeholders	Ministry of justice, Ministry of Health Ministry of Women Affairs, Social Welfare Department, Nigerian Police Force, Civil Society Organizations, Non- Governmental Organizations, Media Organizations	<p>Establish buy-in from all stakeholders</p> <p>Develop and sign a Memorandum of Understanding between all stakeholders.</p>
Two	Agree on specific roles, responsibilities, and budgetary contribution of each key ministry	<p>Who will be responsible for the day-to-day management of the SARC?</p> <p>What is the strategic decision making and oversight role of key ministries?</p> <p>Have you agreed on a plan of action for ensuring the sustainability of the SARC?</p> <p>What is the funding structure?</p>	<p>The running cost of SARCs vary depending on the services provided and the number of service users.</p> <p>Typical start-up costs include: Any remodeling of facility; training of health providers/multi-sectoral training workshops; equipment and supplies for basic sexual and reproductive health services (if not already available); lockable cabinets for files and evidence; community awareness and outreach activities (i.e., awareness campaign, launch event), development and production of Information, Education and Communication (IEC) materials in different languages.</p> <p>Recurrent costs typically include: Fixed operational costs of rape kits and other testing kits; support staff; ongoing training of health personnel; production and dissemination of IEC materials; awareness-raising, etc.</p>



<p>Three</p>	<p>Identify safe, accessible facility to be used as SARC</p>	<p>An ideal space should have the following features:</p> <p>Access to Hospital Facilities: Should be located within the premises of a state funded hospital with free access to the hospital's diagnostic/laboratory facilities if any, and access to the hospital's in-patient facilities, including beds and on-call medical staff. Must be able to leverage on existing water, electricity, cleaning and security structure of the hospital, at no cost to the SARC or to the client.</p> <p>Offer Client Privacy: The allocated space should be removed from the hospital's general reception, with its own separate entrance and exit. Where possible, it should be located away from general corridors and walk-ways. A stand-alone block behind or off the main hospital building would be ideal.</p> <p>Functionality of the Space: The allocated space should have potential to be partitioned into 4 rooms (including a reception area + medical examination room + counselling room + a room for prosecutors/legal support services area) + toilet + bath stall. There should be a space to discuss the process with the person.</p> <p>Where possible, the space should be located on the ground floor, with all rooms, door entrances, exits, walk-ways and corridors large enough to be wheelchair accessible.</p> <p>Sustainable: Long term commitment from the Ministry of Health demonstrated by a letter from the Ministry or Hospital Management Board allocating the specific space and granting permission for the space to a SARC for an indefinite period, for the benefit of the public.</p>	<p>Accessible to persons with disabilities</p>
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<p>Four</p>	<p>Select and recruit SARC staff</p>	<p>Identify medical and counselling personnel who are already staff of the Ministry of Health, Ministry of Women Affairs and Social Welfare Department, who will work at the SARC on full time or rotational basis. Respective State ministries should select staff.</p> <p>At least 2 qualified doctors (preferably female) currently employed by the hospital or employed within a neighboring state funded hospital.</p> <p>At least 2 qualified nurses (preferably female) currently employed by the hospital or employed within a neighboring state - funded hospital.</p> <p>10 Medical staff specialized in forensic medical examination and sexual assault injury documentation that will be permanently posted to the SARC or available to work at the SARC on rotational basis.</p> <p>10 counselling personnel specialized in sexual assault trauma counselling that will be permanently posted to the SARC or available to work at the SARC on rotational basis.</p>	<p>Recruited staff should include:</p> <ul style="list-style-type: none"> <li>• Doctors</li> <li>• Nurses</li> <li>• Forensic Examiners</li> <li>• Counsellors Centre</li> <li>• Manager</li> <li>• Receptionist</li> <li>• Finance</li> <li>• Administrative</li> <li>• Officer</li> </ul> <p>Develop clear job descriptions, terms and conditions of service</p>
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<p>Five</p>	<p>Train medical, counselling and support staff</p>	<p>Medical and counselling personnel and other support staff who will work in the SARC should receive 5-day training to equip them with the knowledge and skills to deliver services in a SARC.</p> <p>Training should be conducted 2-3 weeks before the launch of the SARC.</p> <p>Participants will be expected to attend the full duration of the training. Only those who provide 100% attendance will be presented with a certificate of attendance</p>	<p>Participants nominated to receive this training MUST be currently employed as medical staff within a state-funded hospital or as counselling staff/social workers under the state ministry of women affairs, where the training they receive will be directly relevant.</p> <p>The selection process should seek to balance the number of male and female training participants.</p> <p>The language of delivery will be English and training participants will be expected to be fluent in English.</p> <p>Participants who receive the training will be expected to share their learning as appropriate with colleagues within the hospitals where they work.</p> <p>Develop and ingrain underpinning practice that emphasize respect, dignity, rights and choice.</p>
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## PART FIVE

# ROLES AND RESPONSIBILITIES OF SEXUAL ASSAULT REFERRAL CENTRE STAFF



S/N	ROLE	RESPONSIBILITIES
1.	Doctor	To examine patients for sexual assault; complete and document a history and physician exam; provide appropriate treatment for injuries and sexually transmitted infections as well as emergency contraception.
2.	Nurse	To assist the doctor in performing medical examination on survivors of sexual assault; obtain fully informed consent for all procedures from the SARC client and; support the SARC Manager.
3.	Forensic Examiner	To conduct a medico-legal examination which typically includes medical evaluation and crisis intervention; forensic evidence collection with the use of rape kits; evaluate emotional needs and referral for follow-up care.  Should legal proceedings progress to a court hearing, the forensic examiner may be called upon to provide expert opinion or provide a statement regarding the evidence recorded, or the demeanor of the complainant during the examination
4.	Counsellors	To provide a confidential space where survivors can talk about the sexual violence experienced, address their experience, and reduce its ongoing impact.
5.	Centre Manager	To provide overall line management of the Centre staff and oversight of all operational, administrative and financial activities at the Centre; represent the Centre at all required meetings and related events; identify sources of funding and develop strategies for accessing funds; ensure administrative, financial systems are in place for effective management of the Centre; provide guidance and oversight to all services provided to clients and their families at the Centre; ensure that best practices are observed in all aspects of service delivery, which includes confidentiality, informed consent, providing relevant information, respecting clients' choices, etc.
6.	Receptionist	To provide high quality reception service by booking in clients on arrival; directing them to the appropriate staff in the Centre; support administrative officer in the smooth running of the Centre including arranging meetings, typing of medical documents, and other general administrative tasks

7.	Finance	To assist in the preparation of budgets; managing records and receipts; reconcile daily, monthly, and yearly transactions; prepare balance sheets; process invoices and develop in-depth knowledge of organizational products and process, where required.
8.	Administrative Officer	To ensure proper documentation of clients; collate client data into the data management system and assist with data collation and reports as required and requested; maintain supplies inventory by checking stock to determine inventory level; anticipate needed supplies; verifying receipt of supplies and requisitioning in line with office procedure; ensure operation of equipment by completing preventive maintenance requirements; maintain supplies inventory by checking stock to determine inventory level.



## PART SIX

# CONCLUSION



Ensuring the effective provision of forensic medical services is paramount for the successful investigation and prosecution of sexual assault crimes. It is imperative that these services align with the specific requirements of the Nigerian legal system, catering to the nuances essential for criminal proceedings. To bridge this crucial gap, Sexual Assault Referral Centers (SARCs) are being established, and states without one are strongly urged to take immediate action. The overarching objective is to establish a SARC in every State Senatorial District, fostering comprehensive coverage and support.

In 2016, the establishment of a Network of SARCs served as a pivotal platform for stakeholders to exchange ideas, share best practices, and learn valuable lessons in setting up and operating SARCs across Nigeria. The Network currently comprises 20 stakeholder States, encompassing those with existing SARCs and those keen on establishing one. The primary objectives of the network include securing institutional commitment at the state level to ensure the sustained operation of SARCs and enhancing cross-sector linkages to provide survivors of sexual assault with comprehensive support services.

It is crucial to recognize that achieving improvements in the conviction rate for sexual offenses necessitates equipping the police with the tools for high-standard investigations. Collaborative efforts between law enforcement and experienced prosecutors are pivotal in constructing robust cases. Keeping victims well-informed about case progress and adequately preparing and supporting them throughout legal proceedings are essential components of a holistic approach to address sexual assault crimes.



Finally, useful steps to recommend if someone has been sexually assaulted or raped are as follows:

- i. If you have been raped or sexually assaulted, get to a safe place.
- ii. Save all the clothing you were wearing at the time of the assault, unwashed and if possible, place in a sterile clean bag.
- iii. Do not:
  - Shower, bath or wash
  - Brush your teeth
  - Disturb anything in the area where the assault occurred
- iv. If you are absolutely certain you do not want the police involved and are not in danger, contact the closest SARC.<sup>6</sup>

<sup>6</sup>See appendix 1 for a directory of SARCs in Nigeria.

## APPENDIX 1

# DIRECTORY OF SARCS IN NIGERIA



S/N	State	Name of SARC	Location and Address	Centre Manager's Contact Details	SARC Hotline (s)/Handles
1	Adamawa	Hope Centre 1 (March 2018)	ADSACA Building State Specialist Hospital Jimeta, Yola	Dr Usha Saxena 08069710461 ushasaxena@gmail.com hopecenteryola@gmail.com	07068339913 hopecenteryola@gmail.com
2	Adamawa	Hope Centre 2	General Hospital, Numan	Glory Emmanuel Masei 08069693771, 08146664005 Gloryemmanuelmasei123@gmail.com	numanhopecentre@yahoo.com
3	Adamawa	Admawa State Women Development One Stop Centre		Adama Yusuf 08160928282	08002200100
4	Akwa-Ibom	Agape Centre (2016)	Immanuel General Hospital, Eket	Anietie Ikpe 08023009220 anie_ntem@yahoo.com agapesarc@yahoo.com	09077777433 09090000648 09050797650 09067773008 agapesarc@yahoo.com

5	Akwa-Ibom	Heartland Alliance Nigeria Health Facility SARC	26 Abel Damina Drive Osogama Estate Uyo	Dr Ngozi Nnanna 07068508127 08109143378 nnnanna@heartlandallianceni geria.org	09021028336
6	Akwa-Ibom	Restoration Centre	General Hosipal Ikot Ekpene Akwa- Ibom State	Dr Essien Attah 08081172204 attahessien@gmail.com attah.ng@gmail.com	08081172204
7	Anambra	Ntasi Centre (September 2019)	General Hospital Enugwu-Ukwu Njikoka	Bernadette Uchendu 08066306402 uchebern@yahoo.com	09049224086
8	Borno	Nelewa Centre (February 2018)	Umar Shehu Ultra-Modern Hospital, Maiduguri	Fati Mustapha 08161838555 mustaphafati209@gmail.com N3lewacentre@gmail.com	08028982947 N3lewacentre@gmail.com Twitter: @N3lewaCentre Facebook: @N3lewa center
9	Cross River	Heartland Alliance LTD/GTE SARC	4 Pam Ogar Street, State Housing Estate Calabar	Ndifreke Usanga 08180526630 nusanga@heartlandallianceni geria.org	08180526630 08164012835
10	Edo	Vivian Centre (June 2020)	1 Coronation Avenue, Beside Edi International Hospital, GRA Benin City	Dr Georgina Eromosele 08052322280	07046055026 08054461139 Toll free line: 0800 200 2020
11	Ekiti	Ekiti SARC 1 (Moremi Clinic) (June 2020)	Beside Dental Clinic. Ekiti State University Teaching Hospital, Ado Ekiti	Barrister Rita Ilevbare 08033581144 ritailevbare@gmail.com ekitisarc@gmail.com	07039786904 ekitisarc@gmail.com
12	Ekiti	Ekiti SARC 2 (Moremi Clinic)	State Specialist Hospital Ikole-Ekiti	Barrister Rita Ilevbare 08033581144 ritailevbare@gmail.com ekitisarc@gmail.com	

13	Ekiti	Ekiti SARC 3 (Moremi Clinic)	State Specialist Hospital Ikere-Ekiti	Barrister Rita Ilevbare 08033581144 ritailevbare@gmail.com ekitisarc@gmail.com	
14	Enugu	Enugu State Government Tamar SARC	Family Support Programme Building, Opposite College of Education Technical, Abakaliki Road		
15	Enugu	WACOL Tamar SARC Ulo Umunwanyi (2014)	Women Aid Collective (WACOL)		www.wacolnigeria.org
16	FCT Abuja	The Cece Yara Child Advocacy Centre	1st Avenue, D2 Salatu Royal Estate, Wuse 2	Sandra Ikegbula 08146310027 sikegbula@ceceyara.org	080080080001 info@ceceyara.org www.ceceyara.org
17	FCT Abuja	Awyetu SARC (November 2020)	Bwari General Hospital Abuja	Dr Oyetundun Afolabi 08035859724 WhatsApp: 07055363830  Oyetundun4real@yahoo.com bghsarc@gmail.com	
18	FCT Abuja	Kurudu One Stop Center		08078111126 07041149456	08000222222
19	Jigawa	Jigawa SARC (2017)	Dutse General Hospital 10 Kiyawa Road, Dutse	Dr Abbas Yau Garba 09033035588 yauichd2013@gmail.com	09033035588 08069444225
20	Kaduna	Salama Centre1 (January 2017)	Gwamna Awan General Hospital, Kakuri	Nannak Ndam 08037618661 salamasarc2017@gmail.com Nannakndam7@gmail.com	08092049888 09031999783 salamasarc2017@gmail.com

20	Kaduna	Salama Centre2 (March 2019)	Yusuf Dantsoho Memorial Hospital, Tundun Wada	Sidikat Adegboye Bello 08033143437 08092877682 Cdqah2@yahoo.com Salamacenter19@gmail.com	09011578622 08063968541 Salamacenter19@gmail.com Twitter: @SalamaSarc Facebook: @Salama Sarc
21	Kaduna	Salama Centre3 (February 2019)	Gambo Sawaba General Hospital, Zaria,	Aishatu Ahmed 08034095424 yarsabo@yahoo.com	08053248141 08093314844 Sarczaria03@gmail.com
22	Kaduna	Salama Centre4 February 2019)	Ibrahim Patrick Yakowa General Hospital, Kafanchan	Grace Abbin Yohanna 08035869981	08148026802 09061503384 09067528082 09032488802 salamasarcKaf@gmail.com Twitter: @SalamaSarc Facebook: @Salama Sarc
23	Kano	Waraka SARC (2016)	Murtala Muhammad Specialist Hospital	Dr Nasir Garko 08065340578 nasgak@gmail.com	09028944933 09030424123 warakasarc@gmail.com
24	Kebbi	Mai Talle Tara SARC	Kebbi Medical Center Kalgo, Birnin Kebbi	Safiya Isah 07063532324 Safiyakamba209@gmail.com	08061434873 07060736762 maitalletarasarc@gmail.com
25	Kwara	Ajike Care Centre Ilorin	General Hospital Ilorin	Bimpe Rahmot Sulaiman 07033033695, 08184305636 sulaimanbimpe@gmail.com	0805927272
26	Lagos	Mirabel Centre (July 2013)	Lagos State University Teaching Hospital, Ikeja,	Joy Shokoya 07013491769	08187243468 08155770000 sarc@pjnigeria.org



27	Lagos	Women at Risk Foundation (WARIF) Centre (2018)	6 Turton Street, Off Thorburn Avenue, Yaba	Dr Aniekan Makanjuola 07060568196 bridget.makanjuola@warifng.org	08092100009 info@warifng.org
28	Lagos	Idera Centre	Alimosho General Hospital Igando	Moromoke Babatunde-Martins 08035935086 Momart112@gmail.com	09055891612 iderasarc@gmail.com iderasarc@alimoshohgh.com
29	Lagos	The Cece Yara Child Advocacy Centre	2A Akin Ogunmade Davies Close, Gbagada Phase 2	Bisi Ajayi-Kayode 09085692612 08034083896 Oajayi-kayode@ceceyara.org info	08008008001 info@ceceyara.org
30	Lagos	Idera Centre (March 2021)	Alimosho General Hospital Igando	Moromoke Babatunde-Martins momart112@gmail.com	08035935086 Whatsapp: 08035935086
31	Niger	Rayuwa Centre (2016)	Police Clinic Stadium Road, Unguwa Daji, Minna	Dr Yinka Umeh 08188107782 08165195947 yinkaumeh@yahoo.com	07030735333 07038991160 rayuwasarc@yahoo.com
32	Ogun	The Spring Centre (January 2019)	Babalola Ti'lase Owu close, Ikereku-Ayedun, behind Laderin Workers Estate, Oke-Mosan, Abeokuta	Damola Lapite 08034268616 Jnmhi81@hotmail.com	08034268616 thespringcentre@yahoo.com
33	Ogun	Ogun State SARC (May 2021)	Olabisi Onabanjo University Teaching Hospital, Shagamu.		
34	Sokoto	Nana Khadija Centre, Sokoto (2020)	Sokoto Specialist hospital, Sultan Abubakar Road, Sokoto	Dr Auwal Ahmed Musa 08039438289 auwalahmedmusa@gmail.com	07042274748 08061981109 08142054253 nanakhadijacentre@gmail.com nanakhadijacentre@pjnigeria.org

35	Yobe	Shifa Centre (December 2016)	Family Support Unit, Women and Children Hospital, Gashua Road, Damaturu	Dr Zainab Mohammed Ngubdo 07032917966 Ammihassan14@gmail.com	
36	Yobe	Potiskum SARC (2019)	General Hospital Potiskum, Hausawa Asibiti Road	Dr Abubakar Sadik 08034453086 Abuzaks001@gmail.com	08025887545
37	Yobe	Nguru SARC (2019)	Federal Medical Centre, Nguru, Nguru Town, Yobe	Dr Shahid Hadi Gwadabe 08038861431 yaashahid@gmail.com	09039144568
38	Yobe	Gashau SARC (2019)	General Hospital Gashua	Jawi Garba Gashua 08024371185	
39	Yobe	Geidam SARC (2019)	General Hospital Geidam	Dr. Sanda Salisu 07018048056	
40	Zamfara	SARC, Gusau (February 2019)	General Hospital, gusau (Old FMC), Zamfara	Muazu Anaruwa 08037355396 muazuanaruwa@yahoo.com	08035577891 08067816263

## APPENDIX 2

# SAMPLE MEMORANDUM OF UNDERSTANDING



THE MEMORANDUM OF UNDERSTANDING is made on the ..... day of .....2020.

**BETWEEN**

XXXXXX

AND

XXXXXX

AND

XXXXXX

### 1. WHEREAS

i) The Federal Ministry of Women Affairs, Federal Ministry of Justice, the Nigeria Police FCT Command, and the SGBV Response Team..... are desirous of facilitating the establishment of a Sexual Assault Referral Centre (SARC) within (indicate name of hospital and location); where all the victims/survivors of sexual violence can access high-quality support services, free of charge, and provided by professionals.

ii) The parties hereby enter into this MoU to cooperate and collaborate between them according to terms and conditions set out in the following articles.

**IT IS HEREBY AGREED BY THE PARTIES TO THIS MoU AS FOLLOWS:**

## 2. PURPOSE OF THE MoU

- i. The purpose of the MOU is for the establishment, operation and sustainability of a Sexual Assault Referral Centre (SARC) in XXXX General Hospital, which will serve as a one stop centre in XXXX for all the victims/survivors of sexual violence to access high-quality support services free of charge, provided in a non- discriminatory and confidential manner, by professionals trained to support their recovery as well as encourage increased reporting and prosecution of cases of sexual assaults, especially involving minors, women and girls.
- ii. It is understood that none of the parties have the authority to commit the other party to any act, responsibility or liability unless that other party has given such prior consent in writing.

### A. The Ministry of XXXXXX shall:

- i. Be the lead agency for the establishment and operation of a SARC in XXXX State.<sup>6</sup>
- ii. Make available any resources, services, facilities and consumables necessary for the day-to-day operations of the SARC and its sustainability into the future.
- iii. Allocate the identified location within the premises of XXXX General Hospital to be renovated and equipped for an indefinite period.
- iv. Ensure access of SARC clients to laboratories, HIV/AIDS screening facilities, forensic medical examination, scanning and other standard medical/health facilities and administrative facilities of Bwari General Hospital.
- v. Recommend for recruitment or secondment to the SARC (on specific request), qualified medical staff, nurses and midwives of requisite experience and competence, already under the employment of and being remunerated by the Health Secretariat; and qualified counsellors and social workers of requisite experience and competence, already under the employment of, and being remunerated by the Social Development Secretariat.
- vi. Ensure nomination of relevant qualified and competent staff of the ministry of health to attend relevant training and study exchanges that will enhance service delivery, skills transfer and sustainability of the SARC.
- vii. Advise and/or assist in (on specific request) the acquisition of medical or diagnostic equipment/ standard technical and other equipment for the SARC.

<sup>6</sup>States should jointly agree on what Ministry should lead.



- viii. Maintain the representation of the Health and Social Development Secretariats on the FCT SARC Committee and maintain any partnerships necessary to ensure the sustainability and replication of the SARC initiative in FCT.
- ix. Manage and oversee the day-to-day service delivery at the SARC, including overseeing medical, counselling and any other SARC personnel.
- x. Be responsible for decision making, planning and monitoring to facilitate the smooth running the SARC, its sustainability and replication.
- xi. Be responsible for sharing updates, data and reports with all other stakeholders
- xii. Ensure that the SARC has adequate and well-maintained medical equipment, and a clean and friendly environment for providing its services.
- xiii. Collaborate with other parties to the MoU and stakeholders, to raise awareness about the availability of SARC and related services; and assist in any other way as may be necessary to ensure seamless delivery of SARC services, at no cost to its clients.

**B. The Ministry of Women Affairs shall:**

- i. Ensure a high level of collaboration and partnership between all the parties to this MOU for the successful establishment, operation and sustainability of the SARC initiative in FCT.
- ii. Make available any resources, related services and related facilities of the Federal Ministry of Women Affairs that may be necessary for the operations of the SARC and its sustainability into the future.
- iii. Ensure access of SARC clients, especially minors to support services provided by the Federal Ministry of Women Affairs, including shelters and any other relevant facility.
- iv. Ensure nomination of relevant qualified and competent staff of the Federal Ministry of Women Affairs, to attend relevant training and study exchanges that will enhance service delivery, skills transfer and sustainability of the SARC.

- v. Maintain the representation of the Federal Ministry of Women Affairs on the SARC Committee and maintain any partnerships necessary to ensure the sustainability and replication of the SARC initiative in XXXX State.
- vi. Maintain a strong link with the SARC by encouraging referrals, to and from the Ministry.
- vii. Collaborate with the SARC and stakeholders to collect, record, report and disseminate relevant data and information about patterns and incidence of rape and other sexual offences in XXXX State.
- viii. Collaborate with parties to the MoU and stakeholders, to raise awareness about the availability of SARC and related services; and assist in any other way as may be necessary to ensure smooth operation of the centre.

**C. The Ministry of Justice shall:**

- i. Ensure a high level of collaboration and partnership between all the parties to this MOU for the successful establishment, operation and sustainability of the SARC initiative in XXX State.
- ii. Make available any relevant resources and services of the Ministry of Justice that may be necessary for the operations of the SARC and its sustainability into the future. This will include but not limited to legal services.
- iii. Ensure nomination of relevant qualified and competent staff of the Ministry of Justice, to attend any relevant training or study exchanges that will enhance service delivery, skills transfer and sustainability of the SARC.
- iv. Maintain the representation of the Ministry of Justice on the XXX State SARC Committee and maintain any partnerships necessary to ensure the sustainability and replication of the SARC initiative in XXX State.
- v. Collaborate with other parties and stakeholders, to raise awareness about the availability of SARC and related services; and to assist in any other way as may be necessary to ensure smooth operation of the centre

**D. The Nigeria Police State Command shall:**

- i. Ensure a high level of collaboration and partnership with other parties to the MoU for the successful establishment, operation and sustainability of the SARC initiative in XXX State.

- iv. Collaborate with other parties to the MoU to improve processes involved in the care of survivors of sexual and gender-based violence, including children.
- v. Ensure that an appropriate and specially trained police officer is posted permanently to the SARC to act as the liaison between the SARC, the SARC Committee and the Police Command.
- vi. Ensure that adequate, trained, qualified and competent police personnel are selected at all levels and units of the Command to handle cases of sexual and gender-based violence, especially children
- vii. Collaborate with partners and stakeholders to raise awareness about the availability of SARC services; and assist in any other way as may be necessary to ensure smooth operation of the Centre.

**E. The National Agency for the Prohibition of Trafficking in Persons (NAPTIP) shall:**

- i. Ensure a high level of collaboration and partnership between all the parties to this MOU for the successful establishment, operation and sustainability of the SARC initiative in XXX State.
- ii. Maintain a strong link between the Sex Offenders Register and Register of Service Providers that are domiciled in NAPTIP and the SARC by encouraging referrals, to and from the SARC; and to collect, record, report and disseminate relevant data and information about patterns and incidence of rape and sexual assault in XXX State.
- iii. Ensure the use of medical and other reports from the SARC; and to investigate and prosecute all cases referred to it by the SARC.
- iv. Collaborate with other parties to the MoU to improve processes involved in the care of survivors of sexual and gender-based violence, including children.
- v. Ensure that an appropriate and specially trained officer is assigned to act as the liaison between NAPTIP, the SARC, and the SARC Committee.
- vi. Ensure that there are adequate, trained, qualified and competent personnel in NAPTIP to handle cases of sexual and gender- based violence, especially children
- vii. Collaborate with other parties to this MoU and stakeholders to raise awareness about the availability of SARC services; and assist in any other way as may be necessary to ensure smooth operation of the Centre.

**F. XXX State Sexual and Gender based Response Team (CSO Representative) shall:**

- i. Make client referrals to and receive client referrals from the SARC.
- ii. Actively engage in advocacy activities for ministries and agencies to provide funding for the day-to-day operations of the SARC and its sustainability into the future.
- iii. Support survivors of sexual and gender-based violence, especially minors, to access SARC services or any other related services provided by all the parties to this MoU.
- iv. Maintain civil society voice and representation on the XXX State SARC Committee.
- v. Collaborate with all the parties to this MoU and other stakeholders, to raise awareness about the availability of SARC and related services; and assist in any other way as may be necessary to ensure smooth operation of the Centre.

**G. Ministry or Donor Partner shall:**

- i. Renovate and equip the SARC facility provided by Health Ministry in XXX (State location)
- ii. Train relevant personnel nominated to manage the operations of the SARC
- iii. Provide other technical advice that may be necessary for the take off and running of the SARC
- iv. Collaborate with all the parties to this MoU and other stakeholders, to raise awareness about the availability of SARC and related services; and assist in any other way as may be necessary to ensure smooth operation of the Centre.

**3. FINANCIAL CONTRIBUTIONS**

The initial cost of setting up the SARC, including refurbishment, medical equipment, IT equipment, furniture and training personnel, will be funded by XXXX. All other costs, including day to day running costs, will be taken care of by contributions/resource allocations to the SARC from the key ministries, by mutual agreement among themselves.

**4. MANAGEMENT STRUCTURE**



## 5. DURATION OF AGREEMENT

This memorandum shall remain valid until unless all parties concerned agree to review or amend its terms.

## 6. REVIEW AND MODIFICATION

This memorandum maybe amended or varied from time to time provided that such amendments or variations is in writing and signed by all parties.

## 7. FORCE MAJEURE

Neither party will be liable for failure to perform its obligation under this memorandum of understanding if such failures result from circumstances which could not have been contemplated and which are beyond the party's reasonable control, for example. strikes, natural disaster etc.

## 8. DISPUTES

In the event of any dispute, the parties agree to solve the problem by way of mutual and responsible negotiation or in the alternative to refer the matter to a mediator to be mutually agreed by the parties.

1. Signed for the Ministry of XXXX by:<sup>8</sup>

Name.....

Designation.....

Signature.....

Date.....

Witness

Name.....

Designation.....

Signature.....

Date.....

<sup>8</sup>All partners are required to sign the MoU.

## APPENDIX 3

# SAMPLE CONSENT FORM FOR MEDICO- LEGAL EXAMINATION<sup>9</sup>



Note to the health worker: After providing the relevant information to the patient, read the entire form to the patient (or his/her parent/guardian), explaining that they can choose to refuse any (or none) of the items listed. Obtain a signature, or a thumb print with signature of a witness.

I, \_\_\_\_\_ (print name of survivor) authorize the above-named health facility to perform the following (tick the appropriate boxes):

	Yes	No
Conduct a medical examination		
Conduct a pelvic examination		

Collect evidence, such as body fluid samples, collection of clothing, hair combings, scrapings or cuttings of fingernails, blood sample, and photographs

Provide evidence and medical information to the police and/or courts concerning my case; this information will be limited to the results of this examination and any relevant follow-up care provided.

I understand that I can refuse any aspect of the examination I don't wish to undergo.

Signature: -----

Date: -----

Witness: -----

<sup>9</sup>Source: World Health Organization (WHO), United Nations Population Fund and United Nations High Commissioner for Refugees. 2004 (revised edition). "Clinical management of rape survivors: Developing protocols for use with refugees and internally displaced persons." Geneva: WHO.

