



DANISH IMMIGRATION SERVICE



**Report of Joint British-Danish Fact-Finding
Mission to Lagos and Abuja, Nigeria
9 - 27 September 2007 and 5 - 12 January 2008**

29 October 2008

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Preface

- i. In the light of continuing asylum applications by Nigerian nationals in a number of European Union countries, a joint fact-finding mission (FFM) to Nigeria comprising representatives of the Danish Immigration Service Documentation and Project Division, and the United Kingdom Border Agency (UKBA) Country of Origin Information Service (COIS), visited Nigeria in order to obtain up-to-date information on specific human rights issues in Nigeria as detailed in the terms of reference. The fact-finding mission was carried out during the period 9-27 September 2007 and 5-12 January 2008. The Danish Immigration Service members of the FFM delegation were Jens Weise Olesen, Chief Adviser - Africa, and Jan Olsen, Regional Adviser - Africa. The UKBA members of the FFM delegation were John Hayes, Country Researcher and Syam Jeshram, Country Researcher.

Terms of Reference

- ii. The terms of reference for the joint fact-finding mission were to gather up-to-date information on the following issues:
 - Internal relocation of women
 - The death penalty
 - Prison reforms
 - Provisions for orphans and abandoned children
 - Lesbian, gay, bisexual and transgender persons
 - Medical facilities
 - Enforcement of Decree 33 of 1990

The Danish representatives of the FFM delegation to Nigeria were responsible for collecting information regarding internal relocation of women, the death penalty and prison reforms. The chapters on these issues have been written by the Danish members of the FFM delegation.

The British representatives of the FFM delegation to Nigeria were responsible for collecting information regarding provisions for orphans and abandoned children, lesbian, gay, bisexual and transgender issues, as well as medical facilities and the enforcement of Decree 33 of 1990. The chapters on these issues have been written by the British members of the FFM delegation.

The UK delegation of the FFM also obtained information about the treatment of returned Nigerian failed asylum seekers, and documentation and forgery issues, although these issues were not part of the terms of reference.

Methodology

- iii. This report, published on 29 October 2008, has been compiled by the Danish Immigration Service Documentation and Project Division, and the United Kingdom Border Agency (UKBA) Country of Origin Information Service (COIS), for use by officials involved in the asylum/human rights determination process. The report comprises information obtained whilst visiting the country and from reports from a variety of recognized sources. It is not exhaustive; if some information is not included, this should not be taken to imply that it does not exist; simply that it was not obtained by the mission team. The report does not include any opinion or policy.
- iv. All individuals and organisations referred to in this report were advised of the purpose of this report and care has been taken to present their views in an accurate and transparent way. Every interlocutor has seen the note of their interview in draft form, made amendments where necessary, and given explicit consent for it to be published. Several of the interlocutors requested that they should not be directly identified in the report and the level of anonymity required has been reflected in the descriptor for each source. A list of individuals, organisations and authorities consulted in Nigeria is at Annex A. A list of publicly available source material referred to in the report is at Annex D.
- v. The mission team was based in Lagos and Abuja and held meetings with a number of individuals and organisations with detailed knowledge of the position on the ground in Nigeria. These included a medical doctor, a leading psychiatrist, governmental and non-governmental organisations, and international organisations.
- vi. The programme of meetings regarding the British part of the terms of reference was organised by the British High Commission in Nigeria. The Danish members of the delegation organised their meetings based on experience from previous missions to Nigeria.

United Kingdom Border Agency (UKBA)
Country of Origin Information Service (COIS)
Apollo House
36 Wellesley Road
Croydon CR9 3RR
United Kingdom

Email: cois@homeoffice.gsi.gov.uk
Website: http://www.homeoffice.gov.uk/rds/country_reports.html

Danish Immigration Service
Documentation and Project Division
Ryesgade 53
DK-2100 Copenhagen Ø
Denmark

Email: us@us.dk

Website: www.newtodenmark.dk

1. Internal relocation for women

- 1.1 The FFM sought to obtain information on the means used and facilities available to women in order to internally relocate within Nigeria to escape domestic violence, female genital mutilation (FGM) and forced marriage. By way of background, brief information is provided on each of these issues below.

The incidence of domestic violence

- 1.2 The 1993 United Nations Declaration on the Elimination of Violence against Women defines domestic violence as:

“any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life.

Violence against women shall be understood to encompass, but not limited to, the following:

- Physical, sexual and psychological violence occurring in the family, including battery, sexual abuse of female children in the household, dowry related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence, and violence related to exploitation;
- Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment, and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution;
- Physical, sexual and psychological violence perpetuated or condoned by the State, wherever it occurs.” [12] (Annex D)

- 1.3 Women’s Aid (UK women’s NGO) defines domestic violence as:

“physical, sexual, psychological or financial violence that takes place within an intimate or family-type relationship and that forms a pattern of coercive and controlling behaviour. This can include forced marriage and so-called ‘honour crimes’. Domestic violence may include a range of abusive behaviours, not all of which are in themselves inherently ‘violent’.” [13] (Annex D)

- 1.4 On the incidence of domestic violence in Nigeria, the US State Department 2007 Human Rights Report on Nigeria, published in March 2008, states that:

“Domestic violence was widespread [in 2007] and often considered socially acceptable. Reports of spousal abuse were common, especially wife beating. Police normally did not intervene in domestic disputes, which seldom were discussed publicly. The law permits husbands to use physical means to chastise their wives as long as it does not result in ‘grievous harm,’ which is defined as loss of sight, hearing, power of speech, facial disfigurement, or life-threatening injuries. In more rural areas of the country, courts and [the] police were reluctant to intervene to protect women who formally accused their husbands of abuse if the level of alleged abuse did not exceed customary norms in the areas.” [10] (Annex D)

The practice of female genital mutilation (FGM)

- 1.5 The World Health Organisation (WHO) defines FGM as “all procedures involving partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons.” According to the WHO, there are four types of FGM practiced and these are:

“Type I - Partial or total removal of the clitoris and/or the prepuce (clitoridectomy).

Type II - Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision).

Type III - Narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation).

Type IV - All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterization.” [14] (Annex D)

- 1.6 On the practice of female genital mutilation in Nigeria, the US State Department 2007 Human Rights Report on Nigeria states that:

“The NDHS [National Demographic and Health Survey] estimated that approximately 19 percent of the female population had been subjected to FGM, although the incidence had declined steadily in recent years. While practiced in all parts of the country, FGM was much more prevalent in the southern region among the Yoruba and Igbo. Women from northern states were less likely to undergo the most severe type of FGM known as infibulation. The age at which women and girls were subjected to the practice varied from the first week of life until after a woman delivered her first child; however, three-quarters of the NDHS 2003 survey respondents who had undergone FGM had the procedure before their first birthday. According to the survey, the principal received ‘benefits’ of FGM included maintaining chastity/virginity before marriage, giving the victim better marriage prospects, providing more sexual pleasure for men (primarily according to male

respondents), and aiding safe childbirth.

The federal government publicly opposed FGM but took no legal action to curb the practice [in 2007]. Because of the considerable impediments that anti-FGM groups faced at the federal level, most refocused their energies on combating the practice at the state and local levels. Bayelsa, Edo, Ogun, Cross River, Osun, and Rivers states banned FGM. However, once a state legislature criminalized FGM, NGOs found they had to convince the LGA authorities that state laws were applicable in their districts. The Ministry of Health, women's groups, and many NGOs sponsored public awareness projects to educate communities about the health hazards of FGM. They worked to eradicate the practice, but financial and logistical obstacles limited contact with health care workers on the medical effects of FGM.

During the year [2007] there were no known prosecutions resulting from a 2005 Osun State law intended to punish persons who encouraged FGM. The law criminalizes the removal of any part of a sexual organ from a woman or a girl, except for medical reasons approved by a doctor. According to the provisions of the law, an offender is any female who offers herself for FGM; any person who coerces, entices, or induces any female to undergo FGM; and any person who other than for medical reasons performs an operation removing part of a woman or girl's sexual organs. The law provides for a fine of \$385 (50,000 naira), one year's imprisonment, or both for a first offense, and doubled penalties for a second conviction." [10] (Annex D)

The practice of forced marriage

- 1.7 In some parts of Nigeria, young women are forced into marriages with older men, as noted in the British-Danish 2005 Fact-Finding Mission Report on human rights issues in Nigeria:

"According to BAOBAB [Nigerian NGO] forced marriages are especially common in northern Nigeria and is mostly a concern for young women who are being forced to marry an older man. BAOBAB was aware of many young women from the north escaping forced marriages but the organisation also receives reports on this from the southern part of the country. Women from the north who find themselves under pressure to marry against their own wish may take up residence in another state in the northern part of Nigeria or in the south, especially in Lagos. Those women can seek legal assistance from a number of NGOs and some do so.

Women who are trying to escape forced marriage may be assisted by WACOL [Nigerian NGO], but WACOL emphasized that the vast majority of such disputes have been solved and the parties reconciled by the assistance of WACOL. In some cases women are underage when they are forced to marry. Finally, WACOL regretted that the organisation is only able to provide assistance to victims arriving at its office in Abuja." [11] (Annex D)

Possibilities to escape domestic violence, FGM and forced marriage

- 1.8 Representatives of a United Nations (UN) organisation advised that internal relocation is possible and is done in practice by adult victims of domestic violence, forced marriage or FGM. Many NGOs deal with such women seeking protection at local, state or national levels. The most well known women's NGOs are Women's Aid Collective (WACOL), Project Alert on Violence Against Women and Women's Rights Advancement and Protection Alternative (WRAPA). WRAPA was founded in 1999. It has over 15,000 members as of December 2003 and a network of volunteers in all of Nigeria's 36 states. The Federal Capital Territory supports the operations of WRAPA. Some NGOs even provide shelter, counselling and legal assistance to relocating women; whilst some NGOs also provide vocational training and post-shelter assistance in the form of empowerment, and assistance to find accommodation and/or employment for the women.
- 1.9 The NGO coalition Legislative Advocacy Coalition on Violence Against Women (LACVAW) provides post-shelter assistance to women who are victims of domestic violence, forced marriage or FGM. It achieves this through its referral system whereby LACVAW guarantees that women who need further assistance or accommodation will receive this by one of its members. [17a] (Annex D)
- 1.10 Representatives of a UN organisation emphasized that it is mainly a matter of empowerment and enlightenment for a girl or a woman to relocate and seek protection. The protection structures are in place and functioning in Nigeria. However, these structures need to be strengthened, as the capacity is still weak.
- 1.11 WACOL stated that internal relocation for adult victims of domestic violence, FGM and forced marriage is an option for women in Nigeria. WACOL added that internal relocation is a common phenomenon in Nigeria for women who are victims of domestic violence. Furthermore, there is freedom of movement in Nigeria.
- 1.12 Regarding forced marriages (i.e. marriages arranged by both families without the consent of the girl), representatives of a UN organisation said that girls, even underage, do resist those marriages. They are not in a position to negotiate with their parents about the marriage, but they do run away and seek shelter elsewhere. It was emphasised that due to empowerment training in the recent past, many more girls are learning about their rights.
- 1.13 Regarding forced marriages, WACOL explained that it is very uncommon for young girls to run away from a forced marriage. It was added that forced marriages are very common in the north of Nigeria and that poverty is a frequent reason for forced marriages. Poor families often cannot afford to pay for their daughter's education, and early marriage is often seen as a way to secure her a livelihood. However, families who are economically better off can afford to pay for their daughter's education, and these girls are less likely to be forced into marriage at an early age.

- 1.14 WACOL explained that internal relocation is possible for any adult woman irrespective of whether the case is about FGM, domestic violence or forced marriage. It is possible for adult women to relocate and look for jobs to sustain themselves, however, FGM and forced marriage cases very often involve underage girls. WRAPA advised that internal relocation is legally possible, based on the right to freedom of movement as guaranteed by the 1999 Nigerian Constitution, for adult women seeking to escape domestic violence, FGM, forced marriage, and adult women seeking to protect their daughters against FGM. WRAPA considered that internal relocation is a realistic option for such women.
- 1.15 WRAPA explained that many women who are either victims of domestic violence, FGM or forced marriage, or even women who wish to avoid their daughters undergoing FGM may not be aware of their rights and the possibilities to be assisted and protected. WRAPA emphasised that raising awareness is still an important issue in order to make women aware of the options they have. The issue is not just whether a woman can get assistance or protection, but that of the level of self-esteem among many women and a knowledge of and a belief in their rights. The low level of knowledge is a contributing factor of the lack of self-esteem and belief, which is in turn a consequence of the cultural socialization of women.
- 1.16 The United Nations Development Fund for Women (UNIFEM) found that in theory, it is not difficult for a woman to relocate within Nigeria and in this way find physical safety. As regards crime rates, Nigeria is a relatively safe country.
- 1.17 According to UNIFEM, there are basically four scenarios for women who relocate within Nigeria in order to avoid FGM, forced marriage or domestic violence:
- She can approach the local church/mosque or religious establishment and seek assistance from the leadership.
 - She can approach friends or relatives who are willing to hide her.
 - She can approach NGOs working on women's human rights. (However, these NGOs may only be known to women in those urban settlements, towns or cities where the organisations are active).
 - She can take to the street. This is a frequent scenario for young women or women who do not have the capacity or the means to do otherwise. Some of these may end up in brothels or are vulnerable to being trafficked.
- 1.18 UNIFEM added that attractive young, single women, in particular, are very vulnerable to abuse, harassment and trafficking when relocating to another area without economic means or family networks. Regarding internal relocation, UNIFEM explained that the vast majority of women seeking protection against domestic violence, forced marriage or FGM, including women who wish to protect their daughters against FGM, have the tendency to first relocate to a safe place not far from their home area. They may even relocate several times within their familiar locality if necessary.

- 1.19 BAOBAB stated that from a legal point of view, internal relocation is an option for any woman in Nigeria because there is full freedom of movement in the country. However, this first step - even to take a bus - can be difficult as women are dependent on their relatives, family or husbands, and may not have the money to allow them to relocate. As a consequence of this, a woman will need relatives in her new location who are ready to accommodate her. It was emphasized that it is technically possible for victims of domestic violence, FGM or forced marriage to relocate in Nigeria, but economically it is not easy. Even language might pose a problem for women who relocate to areas where members of their own ethnic group do not live.
- 1.20 It was emphasized by BAOBAB that a woman can obtain physical protection by relocating to another area in Nigeria. Women who are economically independent, in particular, would stand a much better chance of sustaining themselves than women who are not. BAOBAB added that it is difficult to separate the question of physical protection from the social, cultural and/or humanitarian constraints involved in relocating. However, even women who have access to economic means could face difficulties in finding accommodation or a job as they are often stigmatised. BAOBAB further added that young women and/or single women, in particular, who have relocated within Nigeria, are vulnerable to unscrupulous men that may target these women. Some of them might even end up as commercial sex workers.
- 1.21 According to the Legislative Advocacy Coalition on Violence Against Women's (LACVAW) 2005 seminal work "Bodily Integrity: A Study of Women and Girls in Nigeria", very few respondents, irrespective of gender, were aware of the laws on the rights of children and youth, or on women's rights. There was a clear emphasis, however, on protection against physical and sexual abuse as the most important category of rights for women. This was followed by recognition of the need for economic empowerment and improved social status. The absence of law enforcement, especially at the community level, the lack of information; and a tendency to accept the status quo by women, were all attributed as reasons for the absence of punitive measures against the abuse of women's rights. The perceived need to 'fight' for one's rights, along with a relatively small percentage of persons willing to report violent incidents to the authorities (between 25.8 and 39.5 per cent), suggest a lack of confidence in the legal system amongst those in the educational community and in wider society. These findings call for strong advocacy and public enlightenment to address the issues concerning the significance of women's and girl's bodily integrity. [17b] (Annex D)
- 1.22 LACVAW added that "the provision of shelters, counselling centres and legal assistance to victims of violence against women would give hope and a source of refuge for the women concerned. The availability of such aid may give more women the courage to speak out and seek help". [17c] (Annex D)

Shelter facilities

- 1.23 According to representatives of a UN organisation, many women relocate to escape domestic violence, forced marriage or FGM, even within their local or state area. However, women prefer to go to friends or relatives, rather than to a shelter. The general perception amongst Nigerians is that shelters hide battered women and women with many problems who have no relatives to turn to. Many women, even victims of violence themselves, do not want to be associated with such women. Moreover, women relocating from their homes are seen as violators of their own culture and may feel ashamed as a result. However, when there are no other alternatives women will seek protection in a shelter.
- 1.24 Project Alert confirms that the shelter option is often sought as a last resort when all other options such as the religious angle, the family, friends, and relatives have failed. One result of Project Alert's evaluation of its shelter (named Sophia's Place and located in Lagos) was that a majority of the respondents "articulated the need to publicize the shelter and its services more to the general public as many victims out there still don't know where to go for help". [18a] (Annex D)
- 1.25 WACOL explained that it only knew of one shelter in Nigeria run by the government. This shelter is located in Abuja and the Federal Ministry of Women's Affairs and Social Development administer it. However, WACOL had no further knowledge of this shelter, as it had never referred any woman to it. In addition to the governmental shelter in Abuja, there is also a NGO shelter that is run by the NGO Daughters of Abraham. This shelter is mainly reserved for victims of trafficking and prostitutes.
- 1.26 WACOL added that the physical safety of a woman is guaranteed in its shelter in Enugu, and WACOL was of the opinion that if a woman needs physical protection in Abuja, she can go to the Federal Ministry of Women's Affairs and Social Development. The Ministry would definitely take such cases seriously and offer protection to the women concerned. However, WACOL has never encountered cases in Abuja where this has been necessary.
- 1.27 WRAPA explained that up to 2005, the organisation had a safe shelter in a secret location in Abuja. This shelter provided protection to women who were victims of domestic violence. WRAPA explained that its shelter in Abuja was closed in 2005. The shelter had the capacity to accommodate six women. However, the local community had promised WRAPA a plot of land in another location for a new shelter, but this has not yet materialised.
- 1.28 It was emphasized by WRAPA that because of the existence of LACVAW, more than 50 organizations are always able to refer a woman in need to an available shelter in Nigeria. In addition, WRAPA can also contact a Social Welfare Office or the Federal Ministry of Women's Affairs and Social Development in Abuja, which now runs its own shelter.
- 1.29 UNIFEM explained that, in September 2007, the Federal Ministry of Women's Affairs and Social Development opened a shelter in Abuja for battered women and accompanying children. The shelter has the capacity to accommodate 15

- women at any given time and is modelled after the shelters of NGOs. Its location is kept secret for the safety of the women.
- 1.30 Regarding shelter facilities, BAOBAB stated that it was not aware of government shelters at local, state or federal level to accommodate and protect a woman who does not wish to return to her husband or family. However, the NGO Project Alert on Violence against Women (Project Alert) runs a shelter in Lagos. BAOBAB at times refers women to this shelter. Project Alert often tries to mediate in the cases. It was added that WACOL runs a similar shelter in Enugu.
- 1.31 According to the Ministry, there is currently a budget to keep the shelter running in the longer term, and the current Minister has expressed her strong commitment for the continuation of the shelter project. It was further stated that there is presently a need for at least one additional shelter in the southern part of Nigeria, and ideally there should be established shelters in each of Nigeria's six geopolitical zones.
- 1.32 According to UNIFEM, Project Alert has the only NGO shelter for battered women in Lagos State. It has the capacity to provide shelter for only about 20 women at any given time and has been successful in keeping the identities of their clients' secret and providing security for them. Women NGOs only provide shelter for a limited period of time, i.e. for a few weeks.
- 1.33 Project Alert's shelter in Lagos was established in May 2001 and it was the first shelter in Nigeria to provide support and protection for women who have become victims of domestic violence. The shelter, named Sophia's Place, housed approximately 100 battered women in the first three years of its operation. [18b] (Annex D)
- 1.34 According to Project Alert, the vast majority of the women who have been accommodated in its shelter in Lagos expressed their reluctance to leave at the time they were due (one month maximum) "because the atmosphere and friendliness in the shelter was such that no one would ordinarily wish to leave. This partly explains why some of the women stayed beyond the official maximum four weeks duration, while the inability to secure or rent an apartment and the unwillingness to return to the same abusive relationship or environment accounted for others' reluctance to leave Sophia's Place". [18b] (Annex D)
- 1.35 Project Alert added that the stay in the shelter empowered the ex-residents to control their lives and activities including their income. Many deplored the violence suffered while living with their partners. According to Project Alert, ex-residents of Sophia's Place have expressed how they felt safer after their shelter experience than before it. This was because they are no longer living a life of fear, harassment and violence. With Project Alert, they feel they are secure, since the organisation will always be there for them. Although members of their families may not be happy with their "sudden disappearance and reappearance", the relationship with the shelter and Project Alert has created a new sense of security for them, as peoples' perception of them as 'weak and powerless' has changed. [18b] (Annex D)

- 1.36 The Federal Ministry of Women's Affairs and Social Development stated that the shelter of the Ministry was commissioned on 17 May 2007. The shelter opened and was fully operational in November 2007. The shelter is situated in an undisclosed location in Abuja in order to protect the women in the shelter against any kind of hostility from their perpetrators. The shelter can accommodate approximately 7 women at the same time. However this capacity can be extended if the need arises. Security staff is employed at the shelter.
- 1.37 The Ministry stated that since the opening of the shelter in November 2007, it has accommodated one woman and four children. However, this should be seen in the light of the fact that the shelter is fairly new. Furthermore, to most women a stay in a shelter is often seen as the last resort irrespective of whether the shelter is run by a NGO or by the government.
- 1.38 The Ministry is currently working to raise awareness about the existence of its shelter among police officers and other law enforcement agencies in Abuja, in order to ensure that those women who approach the police for assistance and who are in need of shelter, will be referred to the shelter. Furthermore, the Ministry has conducted training of the police and other law enforcement agencies concerning gender-based violence.
- 1.39 In addition to this, the Ministry is cooperating with LACVAW to ensure that any NGO in Nigeria, who is a member of this coalition, is aware of the possibility of referring victims of domestic violence or other women who are in need of protection, to the Ministry in Abuja.
- 1.40 It was emphasized that women NGOs throughout Nigeria can refer any woman who needs shelter to the shelter in Abuja. Women can stay in the shelter for up to four or five months. During this time the women receive counselling from a department in the Ministry and attempts will be made to mediate between the women and the perpetrators. If reconciliation is not possible, the Ministry can offer the women legal assistance in taking their cases to the courts. There is not yet a budget in place to offer vocational training or education to the women who are staying in the shelter.
- 1.41 Finally, the Ministry stated that in addition to its close cooperation with LACVAW, the Ministry also tries to further develop its cooperation with religious organisations concerning gender-based violence. The reason for this is that many women who are victims of domestic violence often approach their local mosque or church for initial assistance and support.
- 1.42 According to the Ministry, there is currently a budget to keep the shelter running in the longer term, and the current Minister has expressed her strong commitment for the continuation of the shelter project. It was further stated that there is presently a need for at least one additional shelter in the southern part of Nigeria. Ideally, shelters in each of Nigeria's six geopolitical zones should be established.

Support services

- 1.43 Representatives of a UN organisation stated that in some cases internal relocation to the extended family is very difficult. In one particular case, a widow who was forced by her own family and her in-laws to undergo certain harmful rituals could not relocate to the extended family. The widow was then referred to the NGO Inter Gender in Jos for shelter and assistance. It was added that the NGO Civil Resource Development and Documentation Centre (CIRDDOC) in Enugu offers legal assistance to widows who are victims of violent widowhood rituals and other harmful traditional practices such as forced marriage, FGM or domestic violence. CIRDDOC is a member of LACVAW.
- 1.44 Representatives of a UN organisation referred to a girl of 18 in Adamawa who had become pregnant by a man and her parents tried to press her to marry him. The girl refused and finally ran away to Jos. There she was assisted and sheltered by the NGO Network of Caring Women, which focuses on young women (aged from adolescent to mid-twenties). Under the pretext of vocational training, Network of Caring Women provides accommodation and empowerment training to girls who run away from forced marriages, domestic violence, FGM etc.
- 1.45 Regarding FGM, WACOL stated that its office in Abuja has not handled any cases involving FGM and there have been no cases in Abuja involving internal relocation in order to protect women against FGM. FGM is uncommon in northern Nigeria, and this includes Abuja. However, WACOL's office in Port Harcourt (southern Nigeria) is aware of one case where a woman relocated in Nigeria to avoid FGM. WACOL was not involved in the relocation or transferral of the woman.
- 1.46 It was added that if a woman from another part of the country approached WACOL's office in Abuja or any other WACOL office in Nigeria, she would be assisted by the NGO if she needed assistance. WACOL has its head office in Enugu in Enugu State and there are branch offices in Abuja in the Federal Capital Territory (FCT), Port Harcourt in Rivers State, Ogidi in Anambra State and Nkalagu in Ebonyi State. In addition, WACOL has a free legal telephone hotline.
- 1.47 WACOL explained that the usual procedure is that the NGO invites the husband and/or the family of the victim to a meeting/dialogue at the WACOL office. This takes place in order to attempt reconciliation between the parties and to inform the husband and/or the family of the victim about the consequences of FGM. WACOL emphasized that this procedure most often takes the form of a positive dialogue and the end result is normally that the victim avoids having to undergo FGM and she can return to her family without fear of having to undergo FGM. This procedure takes place at several locations in Nigeria.

- 1.48 WACOL emphasized that in the vast majority of its cases, it is successful in reconciling the conflicting parties. If this does not solve the problem, they can assist the woman to go to court. WACOL provides free legal assistance to women and children, victims of FGM, forced marriage or domestic violence, which it has done so for a number of years. WACOL employs its own legal officers and lawyers but will also use *pro bono* lawyers in case their lawyers are very busy with other activities/programmes.
- 1.49 The court cases in Abuja in which WACOL has assisted so far have only involved domestic violence, not FGM or forced marriage, as WACOL in Abuja has not been confronted with such cases. WACOL added that free legal assistance is also provided to women who try to save their daughters from FGM. In one such case, WACOL's Port Harcourt office intervened and the family of the mother was invited to the office and the dispute was resolved through dialogue, and as a consequence the daughter did not undergo FGM.
- 1.50 WACOL considered that it has a high success rate in its reconciliation efforts as well as in court cases, and in support and protection of women. WACOL also conducts some monitoring in cases where it has reconciled a woman and her family. WACOL assisted a total number of 29 women in 2007. These cases, however varied, but they were mostly related to domestic violence and wife beating. Other cases involved divorce and custody of children, child abuse/child defilement and cases of unwanted pregnancy, as well as cases of disinheritance where in-laws denied women the property of their husbands etc.
- 1.51 Amongst other things, WRAPA assists women seeking to escape domestic violence, FGM, forced marriage and women seeking to protect their daughters against FGM. Normally, WRAPA interviews and counsels women who have approached the NGO, in order to establish if the women have relations or relatives who can assist them to reunite with their family. However, if a safe reunification cannot take place, i.e. if a woman is still at risk, WRAPA will try to establish if the woman has any relatives or relations who can take care of her. This is to provide safety and accommodation pending the resolution of the issue. Internal relocation in cases of forced marriage is very limited to the extent that, in practice, it is almost impossible to sever relationships with one's family.
- 1.52 However, WRAPA added that even underage girls do escape forced marriage and seek temporary protection at WRAPA. In general even these girls will, sooner or later, be reconciled and reintegrated with their families. Internal relocation in cases of threats of FGM may be possible. Cases may occur, however, in which parents track down their daughter and force her back to their home village, since it is generally considered shameful for a daughter to defy family tradition.
- 1.53 In some cases, WRAPA will attempt to reconcile the conflicting parties and secure the women a safe return home. However, should there be a risk that the perpetrators would again violate her rights, WRAPA would closely monitor the situation. WRAPA explained that there have been cases where such women have returned to WRAPA for further assistance. In some of those cases, WRAPA had taken legal action against the perpetrators, who could be the woman's husband, her brother-in-law, sister-in-law or her father.

- 1.54 As of today (January 2008), WRAPA runs two skills acquisition and literacy training centres in Abuja. About 200 women are receiving training at these centres. WRAPA explained that even relocated women could have access to the centres, as the original state of domicile of the applicants is not taken into account as regards admission. These skills centres have been very successful. However, WRAPA explained that there is still a need for a new WRAPA shelter as many victims of violence who approach WRAPA are referred to other organizations. Should the local community provide WRAPA with a plot of land on which a new shelter could be constructed, it would be done, especially if support for the construction can be secured from the corporate construction sector.
- 1.55 WRAPA is now part of a well-established referral system involving a large number of women NGOs in Nigeria. This referral system is an integral part of the NGO coalition called LACVAW. LACVAW is a coalition of more than 50 Nigerian NGOs and a few individuals, and it has a chain of referral systems throughout Nigeria. WRAPA is the Secretariat of LACVAW. LACVAW's referral system makes it possible for any NGO member to refer a case to another member if there is a need for further assistance. It was explained that a number of the smaller NGOs within LACVAW might not have the capacity or technical expertise to assist all the women who approach them. If this is the case, the NGOs will then refer the women to a NGO that has the capacity to assist and protect. Records indicate that WRAPA, BAOBAB, CIRDDOC, WACOL, the Women's Consortium of Nigeria (WOCON), the Girls Power Initiative (GPI) and Project Alert are all members of LACVAW.
- 1.56 WRAPA added that there are a large number of NGOs in Nigeria who address women's issues, but only about 60% of these NGOs have the capacity to follow-up cases. However, those 50 NGOs that are members of LACVAW can use its referral system, and WRAPA emphasized that any woman who is in need of assistance and protection in Nigeria will be given it, irrespective of where she may be in the country, as long as she is aware of a women's group she can contact.
- 1.57 WRAPA emphasized that it has never found it necessary to reject a woman in need of assistance. WRAPA added, "to do so would be to negate the essence of our being here for Nigerian women in all circumstances. Of course WRAPA cannot fulfil all expectations and aspirations, but no woman/girl has ever been turned down and that will never happen as WRAPA remains committed to its founding objectives."
- 1.58 UNIFEM stated that women who are victims of domestic violence, forced marriage or FGM, including women who wish to protect their daughters from FGM, and who approach women NGOs could expect to receive some form of assistance within the limits of their capacity.

- 1.59 BAOBAB explained that it received 17 cases in 2007 and during the same year 17 cases of domestic violence, child abuse, forced marriage and FGM were presented to the police and the courts. However, in many cases the victims are under considerable pressure to withdraw their case, and accordingly the majority of the 17 cases were never filed or concluded. Without the consent of the victims, BAOBAB is not able to assist in these cases. A victim needs to give BAOBAB consent in order for the NGO to proceed with the case. However, BAOBAB tries to reconcile or mediate between the parties in many other cases.
- 1.60 BAOBAB explained that due to lack of funding they are not always able to assist women who are in need of medical treatment at a hospital, but in some cases, BAOBAB personnel have voluntarily contributed from their personal finances to assist. BAOBAB provides information to violated women when they come to them, and also mediates between the disputing parties as the need arises. In case of litigation, BAOBAB usually refers the case to its networks.

Support provided by governmental bodies

- 1.61 Representatives of a UN organisation stated that protection of women is weak but progressing. The federal government is making efforts in providing protection to women fleeing domestic violence, FGM or forced marriage. Not only is the Federal Ministry of Women's Affairs and Social Development providing shelter and legal assistance to women who are victims of violence, the police as well are developing more gender awareness. Police Desk Officers have been trained on gender issues and domestic violence. This training is supported by the United Nations Development Programme (UNDP) while the National Human Rights Commission (NHRC), WRAPA, Federacion Internacional de Abogados (international federation of women lawyers) (FIDA) and other NGOs undertake the training. This helps the police to better handle cases of women who are victims of domestic violence, forced marriage, FGM and other crimes.
- 1.62 Furthermore, representatives of a UN organisation explained that there are Human Rights Desk Officers in many police stations in Nigeria. The federal government has established a well-functioning National Human Rights Commission, which offers free legal assistance and facilitates necessary physical protection of women who are victims of domestic violence, FGM or forced marriage. It was added that there are many women, including many victims of domestic violence, forced marriages and FGM, who have turned to the government for help and they have been assisted.
- 1.63 In its findings Project Alert noted that "although they [victims of violence] think that no prison term could change a violent man, they believe adequate protection of women by [the] law may help in addressing problems of violence against women". According to Project Alert's findings one respondent observed that: "...our laws are completely weak at dealing with domestic violence...I wondered why the issue of domestic violence be kept under private aspect of law, it is double jeopardy. The day I registered my complaints at the police station, he came and denied and they believed him. I believe that if it was a man that complained against his wife they would have acted".
[18c] (Annex D)

- 1.64 WACOL explained that nowadays the Nigerian authorities are involved in the combat against FGM practices. For this reason a woman who tries to escape FGM will be able to seek assistance and be protected by the authorities. In many cases, the authorities will refer a victim to women NGOs assisting women who flee from FGM. WACOL emphasized that the police are enlightened during WACOL's campaigns against FGM and other harmful traditional practices in Nigeria, and therefore will be willing to protect women who refuse to undergo FGM. WACOL has had positive experiences with the police Gender Desks. The Gender Desks have referred cases to WACOL, and the last case was in October 2007.
- 1.65 WRAPA emphasized that legal protection against domestic violence is limited as the Penal Code as well as the Criminal Code have provisions that are discriminatory against women. Most court cases regarding domestic violence have not been successful according to WRAPA. However, WRAPA mentioned cases that took place in Kano, Sokoto, Niger and Bauchi states. These cases were all successful, as the perpetrators were found guilty and convicted. It was added that women are in a better position to seek legal redress for domestic violence under the *Shari'a* penal codes in some of the Northern Muslim states.
- 1.66 However, LACVAW reported in 2005 "that the Penal Code, applied in the northern states of Nigeria, permits the use of physical means by a husband to chastise his wife as long as this does not lead to 'grievous bodily harm'. In addition, women are reluctant to report acts of abuse out of shame, fear of incriminating other family members, or of being ostracized by them. Moreover, in instances where reports are made, the attitude of the police is that they do not normally interfere in 'domestic disputes' and these disputes are seldom discussed publicly." [17d] (Annex D)
- 1.67 WRAPA confirmed that police Gender Desks have been established in Lagos and Abuja, and more are in the process of being established as an outcome of sustained advocacy by NGOs. The police officers employed in these Gender Desks have received special training on gender-based violence. Should a woman approach one of these Gender Desks she would definitely be assisted according to WRAPA. Furthermore, it was stated that even police officers that have not received this special training might refer a woman in need of assistance to a NGO.
- 1.68 According to WRAPA's report on Zonal Training on Gender-Based Violence (GBV) the Nigerian Government has "designed and conducted eight zonal three-day training for officers of law enforcement agencies and related services including officers of the Nigeria Police Force, the Nigeria Armed Forces, the Prison Service, the Immigration Service, the Judiciary and the Legal Aid Council of Nigeria." WRAPA added that "the selection of the target group for the training is justified by the central role these agencies play either as first line institutions that a victim and survivor of GBV turns to or their strategic position in responsibility for checking national and transnational forms of GBV especially human trafficking." [19] (Annex D)

- 1.69 UNIFEM explained that the Social Welfare Policy (1989) mandates every one of the 774 local government areas spread across Nigeria's 36 states to set up so-called Social Welfare Offices. These offices function as mediators in cases of problems in marriages and family disputes. They have no shelter facilities to offer to the women concerned, and the offices are often understaffed, so the impact of the Social Welfare Offices is not really felt.
- 1.70 UNIFEM doubted if the ordinary police would take action by arresting the perpetrator of domestic violence where there is evidence of severe bodily harm; or take action against family members who are trying to force a woman to undergo FGM or to enter into a marriage against her will. The police would often consider this as a family matter and they might even reprimand the relocated woman and request her to return home. Unlike WRAPA, UNIFEM was not aware of whether the police would refer a woman who has relocated and approached the police for assistance to a women's NGO (see para 1.67).
- 1.71 UNIFEM considered the existence of the so-called Gender Desks in some police stations as mentioned by some NGOs consulted by the delegation as a very positive step in assisting victims of domestic violence, FGM and forced marriage. However, the Gender Desks only exist in three police stations in Enugu State (being just one out of 36 states in Nigeria) and concentrated in the state capital, contradicting the statement by WRAPA that desks had been established in Abuja and Lagos (see para 1.67).
- 1.72 BAOBAB added that enforcement agencies are not sensitised to take women's issues seriously. However, some police stations have established Gender Desks and they cooperate with women NGOs. In some cases, the police will even refer women to BAOBAB. It was added that even though the police and other government bodies and social services do not lack the resources to assist female victims of domestic violence, forced marriage and FGM, they often do not have the will to assist. In addition, there is a lack of political will to address women's issues. This is due to a general negative perception of women; gender stereotyping and the view that violence against women is often considered to be a private matter.
- 1.73 BAOBAB advised that if laws against FGM, domestic violence and forced marriage were in place and implemented then structures addressing these problems could also be established. However, as of today (January 2008) there are no governmental or welfare structures to support and integrate women who have relocated. This means that there is no guarantee that they will find a new place in society. They may easily become vulnerable to unscrupulous men and abuse. BAOBAB added that although some states have passed laws prohibiting FGM these laws are not always enforced. BAOBAB had no information that cases have been filed against FGM practitioners.

- 1.74 Finally, BAOBAB stressed that a violent husband should not be considered as a 'husband' but as a 'perpetrator'. However, law enforcement agencies only rarely assist, and only Ebonyi State has passed a law against domestic violence. Accordingly, the police often do nothing to assist the woman as they regard it more as a 'private affair'. WACOL was aware that churches provides counselling to women, because some have come to WACOL either recommended by the church or after the church could not handle the case. However, WACOL was not aware that churches provide protection but women do actually go to churches for assistance. WRAPA confirmed that mosques and churches provide a temporary safe haven for women in need and many women do seek sanctuary in churches and mosques. Often these institutions will try to reconcile the parties, but in those cases where the leaders consider that this is no longer an option, they will refer the women to NGOs like WRAPA for further assistance.

Support provided by churches and mosques

- 1.75 UNIFEM explained that the majority of women will also, as a first step, seek refuge in a church, mosque or other religious establishment in their home area and seek assistance from the pastors, mallams (Islamic clerics), priest or reverend sisters who often try to mediate and reconcile the parties. Most churches in Nigeria provide a haven for victims of violence, especially destitute and runaway women, so it is much more common for women who face domestic violence to seek assistance and protection from the church leadership than from NGOs.
- 1.76 Most women have strong confidence in their religious leaders who have an enormous influence in local communities, but in Nigeria, as in most parts of Africa, religious beliefs run deep and the fear of the supernatural is absolute. As a result, religious leaders wield absolute power and command unquestioning devotion from their adherents. There are reported examples of such leaders having abused women who sought refuge in their care.
[20] (Annex D)

Risk of being tracked down and found by relatives

- 1.77 WACOL did not have any information to indicate that families or husbands try to trace and kidnap a runaway girl or a woman/wife. According to UNIFEM, the sheer size of the country and its large population means that it would be very difficult for a husband, or other family members, to locate a woman who has escaped FGM, a forced marriage, or is a victim of domestic violence. UNIFEM believed that, should a husband know where his wife has fled to, there is a high risk that he would try to contact her or force her to return home.
- 1.78 BAOBAB added that there are cases where a father may retrieve his daughter from a violent marriage and fully support her. In the Muslim North, divorces on the request of the woman are much more common than elsewhere in Nigeria. In many cases, a father of a wife may demand his daughter to be divorced and returned home if her husband does not treat her properly. In general, it is much easier for women in Muslim marriages to divorce than in traditional marriages, which are common in the southern part of Nigeria. From a legal perspective, *Shari'a* grants a woman the opportunity to divorce on her own request, based on certain conditions. However, fathers are under considerable pressure to arrange for their daughters to re-marry very quickly. BAOBAB did not have any information regarding the occurrence of families or husbands trying or succeeding in tracing and/or kidnapping a runaway girl or a woman/wife.

Social and humanitarian constraints

- 1.79 Representatives of a UN organisation explained that there are a number of social and humanitarian constraints on women who consider relocating in Nigeria. These constraints include:
- Lack of information on the part of the women themselves.
 - Level of empowerment.
 - Fear of leaving their own environment and to be seen as defiant of their own cultural norms and practices.
 - Lack of accommodation and job opportunities. Fear of losing their own social network.
 - Poverty.
- 1.80 WACOL believed that, in general, it would be difficult for a girl or a woman to relocate in Nigeria without relations who can assist her. WACOL considered that if an underage girl does not want to enter into a marriage, and she is ready to relocate elsewhere in Nigeria in order to escape the marriage, it is a precondition that she has a family member or relative in the new location that is ready to support her. Furthermore, regarding forced marriage it was emphasized that internal relocation might be much more difficult for a daughter/woman of an influential family than for a daughter/woman of an ordinary family. A daughter/woman from an influential family might find it more difficult to find a location in the country where she would not be recognised and maybe returned to her family or husband.

- 1.81 Regarding humanitarian and social constraints for women who try to relocate in Nigeria, WACOL stated that it had never considered such aspects. WACOL had never learned that women who have fled their husband or family are finding it much more difficult to find a job just because they are on their own. A single woman might even be in a better position to acquire a job than a married woman, as a single woman is more flexible and free, and is seen as a more effective work resource in the eyes of employers.
- 1.82 Regarding ethnic affiliation and job opportunities, WACOL considered that this might play a significant role in some rural locations, but not in the larger cities. Ethnic affiliation is generally not a major issue in connection with internal relocation, but it could be in some rural areas. Ethnic affiliation has almost no bearing regarding internal relocation to Lagos or Abuja. All ethnic groups are represented in Lagos and Abuja and to a certain extent in other large cities in Nigeria.
- 1.83 UNIFEM considered that, in practical terms, if a woman chooses to relocate she could face a number of economic and social constraints depending on her situation. The woman would be in a more favourable situation if she has an economic foundation of her own in the form of savings, which can sustain her until she can get a job. There is no social security system in Nigeria that can support a woman without any means of existence.
- 1.84 It would also be easier for a woman to relocate if she has a relative or a friend in the new location who would be willing to support her in the initial phase. Married women may have two families to choose from when it comes to whom they turn to for protection and safety. If the woman has no one to receive or accommodate her she might end up living in the street. According to Sections 405-409 of the Penal Code (Northern States) Federal Provisions Act 1960, she might then even be arrested in the northern part of the country as a 'vagabond'. The question of the economic and social constraints facing a woman who has decided to relocate very much depends on the specific situation of the woman.
- 1.85 UNIFEM explained that in general there is a strong desire to maintain the unity of the family and this means that families, NGOs and religious leaders will try hard to reconcile the wife and the violent husband. For a wife to leave her family, even if her husband is violent, is almost considered a taboo.
- 1.86 BAOBAB explained that if the woman has family or relatives in the new location, they may listen to her and try to support her, but they may not be in a position to help her to secure a sustainable living. Culturally, the woman will often be expected to return and stay with her husband. It was added that traditional Nigerian culture expects women to be subservient to their husbands even when the women are living with a violent husband.

- 1.87 Dealing with the issue of women married according to customary law, BAOBAB explained that the bride price often poses a problem to the parties involved in divorce cases. The wife is very often under considerable pressure from her own father as he and her father-in-law will have to settle the question of the bride price. Normally the father of a wife who demands divorce will have to pay back the bride price to the father-in-law. At the same time, the father of the woman risks losing face and very often the woman and her own family would be stigmatised if she divorced.
- 1.88 BAOBAB explained that social welfare structures in Nigeria are not well equipped to perform their statutory and social functions. Accordingly women who have relocated will find that there are no shelters to protect them, no jobs, no access to justice, and they may find it difficult to be accommodated. In addition, gender stereotyping labels single women as “unattached” and they easily become vulnerable. Finally, laws are very often not implemented or enforced.

2. The death penalty

Background

- 2.1 The Amnesty International report "The Death Penalty in Nigeria", published in 2004, states that:

"The Constitution of the Federal Republic of Nigeria (1999) does not prohibit its [the death penalty] application. Accordingly, Section 33(1) permits the derogation of the right to life *"in execution of the sentence of a court in respect of a criminal offence of which he has been found guilty in Nigeria"*. The Penal Code (Northern States) Federal Provisions Act of 1959 ('the Penal Code'), and the Criminal Code Act applying in southern Nigeria of 1961 ('the Criminal Code') and the new *Sharia* penal codes all prescribe the death penalty for a range of criminal offences, including armed robbery, treason, murder, culpable homicide, *zina*, and so called "sodomy", the latter two under the new *Sharia* penal laws." [15] (Annex D)

The death penalty according to the Shari'a penal codes

- 2.2 According to the Human Rights Watch World Report 2008:

"Since 2000, *Sharia* (Islamic law) courts have had jurisdiction over criminal cases in 12 of Nigeria's 36 states. *Sharia* has provisions for sentences that amount to cruel, inhuman, and degrading treatment, including death sentences, amputations, and floggings. Although capital sentences have been thrown out on appeal or simply not carried out, *Sharia* courts continue to hand down death sentences." [16] (Annex D)

- 2.3 It was stated in a 2004 National Study Group on the Death Penalty report that the 12 states that have Shari'a penal codes are Zamfara, Sokoto, Kebbi, Niger, Kano, Katsina, Kaduna, Jigawa, Yobe, Bauchi, Borno and Gombe. According to the same report, offences in the Shari'a Penal Codes that attract the death penalty include adultery (*zina*), apostasy (*ridda*), rebellion (*bag'yi*), and *Hiraba*, translated as highway robbery, which comes under rebellion to constituted authority. [21] (Annex D)

- 2.4 Chino Obiagwu, National Co-ordinator, Legal Defence and Assistance Project (LEDAP), stated that according to Shari'a law all *Zina* crimes, i.e. adultery, sodomy etc. are punishable by death. Furthermore, the death penalty is mandatory for these types of crimes. Obiagwu estimated that 10 to 12 persons have been found guilty of sodomy and have been condemned to death by stoning.

- 2.5 Olawale Fapohunda, Managing Partner, Legal Resources Consortium (LRC), Lagos, explained that although a number of shari'a courts have imposed the death penalty, no execution has yet been carried out. According to Obiagwu (LEDAP), the most recent execution according to Shari'a law took place in 2002 in Katsina where a man was found guilty for the murder of his wife and subsequently hanged.

- 2.6 Obiagwu (LEDAP) explained that in most cases, death sentences in Lower

Shari'a Courts are appealed to Upper Shari'a Courts or a State Shari'a Court, where the vast majority of them are dismissed due to procedural mistakes. The final appeal option is the Federal High Court or the Supreme Court but death penalty cases according to Shari'a law have not yet been taken through the federal justice system. This is because these cases are dismissed earlier in the Shari'a court system. From a legal point of view, Obiagwu stated that he would find it interesting if a death sentence under Shari'a was brought before the Federal High Court or the Supreme Court, because this would provide an opportunity to challenge the constitutionality of the death penalty under Shari'a law.

- 2.7 Obiagwu (LEDAP) pointed to the fact that several legal safeguards are not taken into account by Shari'a law and this has especially to do with the rules regarding evidence and transparency in general. According to Shari'a law, the testimony of a female has less value than that of a male.

The death penalty according to federal law

- 2.8 According to a report from the National Study Group on the Death Penalty, the position in Nigeria now is that the death penalty is used in common law only for a few offences. In the Criminal Code, which applies in the southern states of Nigeria, treason is a capital offence under section 37 and in section 410 of the Penal Code, which applies in the northern states of Nigeria. Homicide is also a capital offence under section 319 of the Criminal Code and Section 214 of the Penal Code. Armed robbery under section 402 of the Criminal Code and Section 298 of the Penal Code is punishable with death. [21] (Annex D)
- 2.9 Obiagwu (LEDAP) stated that death sentences are regularly handed out according to federal law and the death penalty is mandatory for certain serious types of crimes such as homicide, intentional homicide, armed robbery and high treason. The most recent execution of a death penalty according to federal law was the execution of Ken Saro Wiva in 1995.
- 2.10 Fapohunda (LRC) explained that although there is an unofficial moratorium on the death penalty in Nigeria, it sometimes can be difficult to establish what takes place in the various states regarding the implementation of the death penalty. He could neither confirm nor deny that the official execution of Ken Saro Wiwa in 1995 was followed by a subsequent execution, specifically in 1999 or 2000 in Enugu State. Obiagwu estimated that on average about 50 persons receive the death penalty each year.
- 2.11 Currently, between 650 and 750 persons are on death row but many cases are pending trial or appeal. Fapohunda (LRC) confirmed that approximately 650 to 750 persons are on death row. Compared with the 90 percent of all inmates who are in prison for capital offences, the number of persons on death row is relatively low. This is a result of the slow criminal justice system, largely caused by inadequate police work where investigations are often not completed, and the fact that many case files are simply lost.

- 2.12 Obiagwu (LEDAP) considered that in general there is no guarantee of justice in Nigeria and he especially pointed to the fact that up to 95 percent of all cases that have been completed in the court system are based on confessions procured by unlawful means i.e. violence by the police. Furthermore, it is a very serious problem that most people are not represented in court by a lawyer or another competent person.
- 2.13 Obiagwu (LEDAP) explained that the issue of whether or not the death penalty is in contradiction with the Nigerian Constitution and whether the death penalty should be abolished is often discussed in the media and in the political sphere. However, the Supreme Court found in 1998 that the death penalty is not in contradiction with the Constitution.

3. Prison reforms ___

- 3.1 In December 2006 the Danish Immigration Service undertook a fact-finding mission to Nigeria regarding prison conditions. The vast majority of sources consulted during this mission stated that the need for prison reforms have been acknowledged in Nigeria and a debate about such reforms was ongoing. However, no reforms that could improve prison conditions had taken place by December 2006. The Danish Immigration Service report is available in Danish only. [22] (Annex D)
- 3.2 Obiagwu (LEDAP) stated that during the previous presidency of Olusegun Obasanjo, a presidential commission presented a list of recommendations with the aim of improving the conditions for inmates in prisons. [23] (Annex D). However, most of the recommendations were not acted on during the former presidency of Obasanjo. Also, there has been no general amnesty to certain groups of inmates in pre-trial detention, as was recommended by the presidential commission, and envisaged by many human rights lawyers and NGOs. It was hoped that the serious problem of overcrowding in some prisons would be eased if Obasanjo, who was considered to be committed to improving prison conditions as one of his last acts as president, announced a general amnesty for certain groups of inmates in pre-trial detention. However, this has not taken place.
- 3.3 Fapohunda (LRC) explained that about 25,000 inmates in Nigerian prisons are awaiting trial out of a total prison population of 40,000 to 42,000. The former president Obasanjo was recommended to release approximately 5,000 inmates who were all awaiting trial and who belonged to one of the following groups:
- Inmates who had spent more than 10 years in pre-trial detention
 - Inmates whose case files have been lost
 - Inmates who suffered from life-threatening diseases such as HIV/AIDS
 - Inmates who were older than 60 years
 - Inmates who have been on death row for more than 10 years.
- 3.4 Fapohunda (LRC) regretted that the general amnesty for the above categories of persons in pre-trial detention has not taken place and expressed concern that the momentum of the debate concerning the much-needed prison reform is being lost. The transition from the Obasanjo government to President Yar'Adua's government (Yar'Adua was formally inaugurated as the President of Nigeria on 29 May 2007) has in many ways led to a loss in momentum of the whole issue of prison reforms. It was added that the lack of political will to release suspected armed robbers could be related to the very negative public perception of this particular category of prison inmates.
- 3.5 Obiagwu (LEDAP) advised that he was Chairman of the National Working Group on the Reform of Criminal Justice Administration. This national working group was set up in June 2004 to develop a draft of an Administration of Criminal Justice Bill aimed at reducing delays in criminal trials and generally modernizing the criminal justice system in Nigeria. Furthermore, the working group had the mandate to examine legislation, including the Prison Act, and make recommendations for amendments. [24] (Annex D)

- 3.6 According to Obiagwu (LEDAP), the current Prison Act dates back to 1958 and a revision of this law is very much needed. However, a new Prison Bill is still pending in parliament. Fapohunda (LRC) added that the new Prison Bill has passed the second reading in parliament, and if this legislation is passed into law, at least the legal framework would be there to support real changes in the prisons of Nigeria.
- 3.7 Fapohunda (LRC) and Obiagwu (LEDAP) explained that news reports of releases of inmates have nothing to do with the planned general amnesty. Such news reports reflect the fact that State Chief Judges have the authority to review cases of inmates in pre-trial detention and release those who have been in pre-trial detention for longer than the maximum jail time they would have received by a court. Fapohunda (LRC) added that State Chief Judges also have the authority to review cases of inmates whose cases have been lost. Some State Chief Judges visit prisons and exercise their authority as should be expected while others do not go at all. Fapohunda (LRC) emphasized that it is not a pleasant experience to stay in a prison even for just one day.
- 3.8 Fapohunda (LRC) considered that the reality for inmates in prisons has not improved in the last year. Obiagwu (LEDAP) had no reason to believe that the conditions for inmates in prisons have improved within the last year in terms of food, sanitation, medical treatment and health. Although the federal government within the last five years has increased its budget allocation to the prison service in order to feed and clothe inmates, Obiagwu (LEDAP) found that prison conditions in general are absolutely inadequate and deplorable.
- 3.9 Fapohunda (LRC) said that the issue of prison reforms appears to top national discussions when there are jailbreaks, such as the recent attempted jailbreak in Agodi Prison in Oyo State in September 2007. [25] (Annex D). Presently, there is no coherent prison reform strategy specifically as it relates to the wider issue of reforms in the criminal justice system. In an effort to promote the debate and regain the loss of momentum Fapohunda (LRC), is working on creating a platform comprising all interested groups such as members of parliament, the National Human Rights Commission and various NGOs. Fapohunda (LRC) considered that the National Human Rights Commission is serious in its effort to improve prison conditions. Obiagwu (LEDAP) found it difficult to say if the current government will in fact take action in order to improve prison conditions.

4. Provisions for orphans and abandoned children

Definition of a child

- 4.1 United Nations Children's Fund (UNICEF) officials based in Abuja explained that the definition of a child (especially relating to age) is not universal in Nigeria. According to the Convention for the Rights of the Child and the Child Rights Act in Nigeria, a child is defined as a person who is under 18 years of age. For many people - especially in the north of the country - a child is ready for marriage at the moment puberty starts. Some states in the country have passed legislation prohibiting child marriage. There is a clear relation between child marriage and the Islamic faith.

Children and the law

- 4.2 Chino Obiagwu, the National Co-ordinator of the Legal Defence and Assistance Project (LEDAP), stated that the Childs Rights Act governed the welfare of children in Nigeria. The comprehensive provisions of the Child Rights Act supersedes all other legislation that has a bearing on the rights of the child. The Act which has been passed is a federal law applicable throughout Nigeria, while the equivalent child rights laws have been passed in only 16 of the 36 states in the country.

Federal and state facilities

- 4.3 Obiagwu (LEDAP) stated that if children were orphaned and were not looked after by their extended family, the state had a duty to look after them. In the case of unaccompanied children being returned to Nigeria, the social services department in each state would have the responsibility under the Child Rights Act to reunite them with their parents. However, according to members of the NGO Civil Liberties Organisation (CLO), there are no federal government departments or agencies in Nigeria that take responsibility for looking after orphans or abandoned children. They stated that the only organisations involved with deprived children were NGOs such as the Children's Organisation and Project Alert, which attempt to rehabilitate children.
- 4.4 The CLO officials stated further that there are some facilities for orphans or abandoned children provided by state governments, but these are few and far between, and do not even provide a basic minimum standard of care for the children they are responsible for. They mentioned that there are state-run centres in Enugu, Ogun, and Kaduna, where the state governments were not doing anything to help the children, and children were running away from the centres because of the poor conditions there. They stated that in Nigeria the federal government and state governments do not run a social service system of the type that exists in developed countries such as those in Europe. Orphaned or abandoned children are expected to be looked after by their relatives.

Returns through the federal government's National Agency for the Prohibition of Trafficking in Persons

- 4.5 United Nations Children's Fund (UNICEF) officials recommended that foreign governments should liaise with UNICEF and other official bodies such as the National Agency for the Prohibition of Trafficking in Persons (NAPTIP), before returning any unaccompanied child to Nigeria. These bodies can then refer these children to local NGOs who can provide shelter etc.
- 4.6 A leading NAPTIP official stated that NAPTIP is a federal government law enforcement agency created by the Trafficking in Persons (Prohibition) Law Enforcement and Administration Act 2003 (amended in 2005). The Agency started operations in 2004 and has its headquarters in Abuja with six zonal offices based in Lagos State, Edo, Kano, Sokoto, Akwa Ibom and Enugu. The Agency is funded by an annual budget allocation from the federal government. However, the work undertaken by the organisation is limited by the funds available to it.
- 4.7 According to the NAPTIP official, each NAPTIP zonal office provides shelter to accommodate the victims of trafficking. When victims are returned they will first be received at the Agency's shelter nearest to their point of rescue for a period not exceeding six weeks. During this time, the Agency will trace their family and they will be counselled by social workers in an effort to find out the details of their trafficking, and to find out what they want to do in the future. The NAPTIP report for July 2006 states that the Agency works closely with the National Poverty Eradication Programme (NAPEP), National Directorate for Employment (NDE), Federal Ministry of Women's Affairs and some NGOs to devise an approach for providing micro credit facilities to trafficked persons as part of their rehabilitation process.
- 4.8 The NAPTIP official explained that if the victims are of age and wish to learn a trade, they are trained in the trade of their choice, and thereafter funding is provided in the form of a grant or microcredit to support a business venture. Support from the Agency continues after the victims are reunited with their family, and if necessary it will carry out counselling for the family. Those children who are willing to go back to school are reinstated back into school. If the victim does not want to go to school he or she will be helped to learn a trade or receive micro credit, as is done for adults. Training is usually done in the victim's own local environment so that he or she will have the benefit of family and community support and protection. Whilst at the shelters, some form of vocational training is made available to victims such as clothes making and knitting, as well as basic education in order to keep them busy. Some of these shelters do not yet have the training facilities seen in the Abuja shelter because they are new and are being developed.
- 4.9 The NAPTIP official added that one of the organisations that NAPTIP works in conjunction with is the International Organisation for Migration (IOM), with whom the federal government and NAPTIP have cooperation agreements. The IOM helps support NAPTIP by providing resources and meeting returnees at their point of entry into Nigeria, if needed, and assisting them with rehabilitation and reintegration, as necessary.
- 4.10 The NAPTIP official added further that NAPTIP has a series of Memorandums of Understanding (MOU) with Benin, Spain, and Norway and the federal government has a MOU with the United Kingdom. NAPTIP is also in the process of formalising the unofficial cooperation they have with the Netherlands. Each of these MOUs is different. The MOU with Benin is a

reciprocal arrangement for repatriation, which covers the repatriation of each other's nationals. The MOU with Norway has led to donations to run facilities in some of the shelters through the IOM. The MOU with the United Kingdom covers people trafficking. One of the objectives of this memorandum is "to protect victims of trafficking, and to provide them with assistance to enable reintegration into their original environment". The NAPTIP official described this MOU as "not quite operative". The main action under this MOU has been the training of some Nigerian personnel and exchange visits. The NAPTIP official stated that it was possible for children to be repatriated from a foreign country to Nigeria, but that it could not happen without a MOU being drawn up between that country and NAPTIP, and a work plan agreed by experts from both countries, to run in the first instance for a period of two to three years.

Returns to non-state run institutions

- 4.11 The FFM delegation also looked at the provisions for orphans and abandoned children in privately run orphanages, for which purpose they visited the "Arrows of God" orphanage in Lagos.
- 4.12 The Director of the "Arrows of God" orphanage, Rev. Lieutenant Colonel Deborah Chinwe Ogo (ret'd), stated that the orphanage is one of eight Lagos State-approved orphanages in the area. These "approved orphanages" are orphanages that are registered with the Lagos State Government and with the federal government, and have been given official approval to function as orphanages. Quarterly meetings are held with the other orphanages and representatives of the federal government and other organisations. She added that the orphanage has a family tracing service.
- 4.13 The FFM delegation noted that the orphanage building was small and dilapidated but construction work was being carried out at the time of the visit in September 2007. The Director of the orphanage explained that the orphanage provides basic facilities for the children who live in it such as cookers, baths, toilets and communal bedrooms. The children receive regular meals. The orphanage is connected to the national electricity supply network and has a generator to provide electricity when the power supply fails.
- 4.14 The Director of the orphanage stated that most of the children in the orphanage are referred to it by the police, although some come from church organisations. Any disabled children, i.e. deaf or dumb, are looked after at a branch of the orphanage in another part of Lagos. The orphanage took in babies and children up to 19 years of age. They also arranged for the adoption of children up to the age of three. At the time of the FFM visit, the orphanage had 180 children under its care, some of whom boarded at school or university. The orphanage is run by volunteers and receives funding from voluntary donations. Children are taught at the orphanage from kindergarten to primary school level. Depending on how their education has progressed, they then can go to secondary school at the ages of 10, 11 or 12.
- 4.15 The Director of the orphanage stated that all children brought to the orphanage are given a blood test, and if they are found to be HIV positive they are referred to the Mother Theresa Home in Lagos where they have facilities for dealing with the disease. Likewise, those with physical disabilities and

those that are blind are referred to the Government School for the Disabled and the Government School for the Blind respectively. The government also runs an orphanage for children with disabilities. The Director of the orphanage said that the Lagos State Government does run some orphanages but she did not know to what extent the State Government funds these orphanages or what their facilities are like. As far as she was aware, the federal government does not run any orphanages in Lagos State. She was aware that there were orphanages in other parts of the country but did not know how many. As far as the children's general health is concerned, the orphanage has an arrangement with a private hospital, the J Rapha Hospital, for the children to be treated and payment to be made, as and when the orphanage can afford it.

- 4.16 When asked if she was willing to take children returned by European countries that had been trafficked or smuggled into those countries, the Director of the orphanage replied that they would not turn any child away on condition that there was Nigerian Government approval and proper documentation was produced. She also said that they were willing to meet the children at Lagos Airport. The orphanage, however, does not have any motor vehicle transport and given the poor quality of the roads around it, would require a robust four-wheel drive vehicle to collect children from Lagos Airport. As the orphanage is funded by voluntary donations, it would require regular funding by European Union countries or other countries returning children, to put in place any reception arrangements.

5. Lesbian, Gay, Bisexual and Transgender Persons (LGBT)

Background

- 5.1 According to LEDAP officials, Nigerian law does not clearly define sodomy, and the law on sodomy covers other types of non-conformist sexual behaviour or acts, which are all regarded as “sodomy”. Under the law on sodomy, nobody can be convicted without a confession. No one has been convicted for sodomy under common law as sodomy is hard to prove.
- 5.2 Article 214 of Nigeria’s Criminal Code prohibits acts of sodomy between two men and the penalty for this offence is a jail term of up to 14 years. Under Article 217 of the Criminal Code, other male homosexual acts or practices defined as ‘gross indecency’ whether in private or in public, are also illegal and the punishment for these offences is imprisonment for three years. Women homosexuals (lesbians) are not mentioned in the law. [9] (Annex D). As regards arrests of homosexual men, a “New York Times” report, dated 18 December 2005, stated that “in practice, gay men are often arrested and jailed until they can bribe their jailers to let them go.” [2] (Annex D)
- 5.3 According to the Global Rights NGO, in the 12 Nigerian northern states, (Bauchi, Borno, Gombe, Jigawa, Kaduna, Kano, Katsina, Kebbi, Niger, Sokoto, Yobe and Zamfara), governed by Shari’a penal codes, persons found guilty of engaging in homosexual acts may be sentenced to death by stoning. This is covered by, for example, Section 137 of the Zamfara State Penal Code.
- 5.4 The LEDAP officials added that the Shari’a penal codes were adopted by the 12 northern states from 2000 to 2001. Between 2003 and 2007, 20 people have been charged under the homosexuality provisions of Shari’a law, although not all have been convicted. Between 10 and 12 people have been sentenced to death by stoning, but these sentences have not been implemented, as they have been overturned on appeal by the federal courts.
- 5.5 According to Global Rights, people convicted of homosexual acts under Shari’a law, known as zina, will receive 100 lashes, but a fourth conviction would lead to death by stoning. Whilst those convicted of sodomy would be put to death immediately, however, under Shari’a law the crime must be witnessed by four witnesses.
- 5.6 An Associated Press report, dated 13 February 2007, stated that although sentences of amputations and death by stoning are routinely imposed under Shari’a law, no stonings have ever been carried out, and no amputations have been carried out since 2001. The report further stated that according to top Islamic court officials, the amputations and stonings ordered by the lower courts have little legal justification. The result is indefinite jail stays for prisoners waiting for a higher court to overturn their sentences. [3] (Annex D)
- 5.7 In May 2007, Lagos State passed its own anti-gay legislation, which according to a spokeswoman for the NGO Global Rights, was particularly alarming because Lagos was the most cosmopolitan city in Nigeria. She said that there was a rising trend of conservatism and intolerance in the State which was

extending even beyond people of different sexual orientation. Recently, even women wearing trousers and body-hugging tops have been arrested on the streets of the city and charged in court for wearing indecent clothing under section 249 a(i) of the criminal code punishing “indecent dressing”.

- 5.8 At a meeting with the Nigerian NGO, Civil Liberties Organisation (CLO), a spokesman stated that he believed that homosexual acts or behaviour were tolerated in Nigeria, as long as they were carried out discreetly and in private, but homosexuals would be arrested for offending public decency if they showed affection in public. He added that violent attacks against homosexuals were not a common occurrence in Nigeria. He further stated that the public have little confidence in the police who are perceived to be inefficient and corrupt, but believed that they would provide protection for homosexuals threatened with violence for being homosexual. However, the spokeswoman for Global Rights stated that violence against homosexuals is widespread, and that societal disapproval of homosexuality meant that, even if a bribe was offered to the police to drop sodomy charges, at least 65% of such charges and prosecutions would go ahead, in her opinion at least.

Same-Sex Marriage (Prohibition) Bill

- 5.9 According to LEDAP officials, a bill known as the Same-Sex Marriage (Prohibition) Bill 2005 failed to pass through the Nigerian parliament. A further bill, the Same-Sex Marriage (Prohibition) Bill 2006 also failed, due to the dissolution of parliament prior to the 2007 elections. There remains the possibility that this law may be revived by the new government. The LGBT Director of Global Rights stated that the government supported the Bill, which criminalises with up to five years in jail, any form of advocacy, association, expression and speech, in public or in private on lesbian, gay, bisexual and transgender issues. Under the proposed law, people of the same sex might be targeted if they shared a house, even if they were only doing so for economic reasons. The Bill was voted in first and second hearings, both in the House of Representatives and the Senate, but had not been approved by the time the legislative term ended in June 2007.

LGBT support groups

- 5.10 Prior to the year 2000, there were no known incidents of gay Nigerians openly declaring their sexual orientation. A spokeswoman for Global Rights in Abuja said that there were three local groups that work on sexual rights but their

members do so under various guises because of the hostile environment. The groups are the International Centre for Reproductive Health and Sexual Rights (Increase), Alliance Rights, and the Centre for Youth Policy Research and Advocacy (Cyprad). In spite of their low key approach, members of these groups still fall victims to societal intolerance and hostility towards homosexuals.

- 5.11 According to Global Rights, Increase works openly on health issues; its members address sexual and reproductive health and do not publicly address homosexuality. Its members have been the target of personal attacks and victimisation because they open their doors to suspected gay people in the communities where they work. Alliance Rights advertises itself as a human rights group but is actually a support group for gay men. Its members have literally lost their lives on account of discrimination following suspicions of their sexual orientation. Even though they took the precaution of not disclosing their membership list and nominating only one member to act as contact person for the group, at least two members have died from complications related to discrimination that they suffered. Cyprad publicly campaigns on the rights of youths and contemporary social-cultural impediments to their development. Its members have been shunned for defending the rights of young people to choose partners of the same sex.
- 5.12 Another group, Changing Attitudes Nigeria (CAN), an Anglican Church gay rights group is also reportedly based in Abuja. The spokeswoman for Global Rights had heard of them but as far as she was aware, their leader Sir Davis Mac-Lyalla was no longer in the country. This appears to be borne out by an article in Jazzolog, dated 22 May 2007, which stated that he is in exile in Togo. [5] (Annex D)
- 5.13 Another group, Support Project in Nigeria (SPIN), a human rights group based in Lagos, was founded in 2004 and has over 3,000 members located in Lagos, according to its website. It states that its mission is “to build a democratic and accountable NGO that will promote the health and rights of all persons irrespective of race, religion, sexual orientation, social orientation and social status. To act as a support/companion to sexual minority persons in Nigeria in the areas of mental health, HIV/AIDS and STI awareness, prevention, care and treatment”. SPIN networks with various health and gay organisations including Alliance Rights. [6] (Annex D)

Incidents of human rights abuses against LGBT persons

- 5.14 According to reports published in the “Yawning Bread” website, a student at the Birnin Kudu College in Jigawa State was killed in April 2002 by fellow

- students who suspected him of being gay, and early in 2006, a Christian lesbian couple were attacked with acid through their bedroom window. One of the women died as a result of the attack and the other was hospitalised. [7] (Annex D)
- 5.15 A Global Rights representative stated that in Cross Rivers State in 2006, girls were expelled from a secondary school for having alleged tendencies towards lesbianism. The school authorities said the students did not “look like normal girls”.
- 5.16 According to a BBC News Online report, in August 2007, eighteen men were arrested by the Hisbah (religious police) for sodomy in Bauchi which has a penal code based on shari’a law. The men were reportedly wearing women’s clothes, and were said to have gone to Bauchi to celebrate a “gay wedding”. [1a] (Annex D). According to Global Rights, this led to demonstrations at the prison and court where they were held after the charges against them were reduced to idleness or vagabondism (which is the criminal offence under Shari’a law for cross-dressing in public), when it could not be proved that any sex had taken place. This also led to the men’s families disowning them.
- 5.17 According to another BBC News Online report, in April 2007, four women were accused of organising a same-sex marriage ceremony in Kano. [1b] (Annex D). Another BBC News Online report stated that the women involved denied the allegations that they had “married” and said that they would challenge the Hisbah Board. Hisbah’s deputy commander said that the women faced one of two punishments. For a married woman, the offence would be considered adultery, the punishment for which is death by stoning. The punishment for a single woman would be caning. [1c] (Annex D). A Global Rights representative added that the charges were dropped when the local Hisbah could not produce witnesses.
- 5.18 According to a report published in the allAfrica.com website, a further incident took place in October 2007 in Abuja, when two men appeared before an Abuja magistrates’ court for allegedly practicing homosexuality. It was reported that members of a vigilante group had caught the men having unlawful sexual intercourse with each other. One of the men claimed that he had been tricked by the other and was granted bail. [8] (Annex D).

6. Medical facilities

Background

- 6.1 The “Nigeria – Access to Health Care for People Living with HIV and AIDS”

report, published in 2006 by the Physicians for Human Rights (PHR), states:

“Responsibility for health care in Nigeria is split between the different levels of government. The Federal government is responsible for establishing policy objectives, training health professionals, coordinating activities, and for the building and operation of Federal medical centers and teaching hospitals. The States are responsible for the secondary health facilities and for providing funding to the Local Government Areas (LGAs), which are responsible for primary health care centers. In addition to government-run public facilities, there are also private health facilities, most of which are secondary level facilities. Many Nigerians do not go to government facilities first but rather seek health care from traditional healers, patent medicine stores, lay consultants and private medical practices and facilities owned by faith-based organizations.

The health care system in Nigeria is inadequately funded and understaffed, and suffers from material scarcity and inadequacy of infrastructure which may contribute to overall discriminatory behaviour. The blood transfusion system is inadequate and access to quality health care is limited. There are regional disparities in education, health status, poverty level, and other aspects of human development.

...health care in Nigeria is largely financed by user fees. Field studies by the World Bank estimate that Nigerian households pay roughly 45% of total health expenditures in the country. The Federal Government subsidizes staff salaries in federal facilities, which usually account for more than 65% of recurrent expenditure in the health service. In non-federal facilities, staff salaries are paid through the funds allocated by the Federal Government to the LGAs. However, since LGAs receive ‘block allocations’ or one pool of money from which to finance all of their projects, this funding is often insufficient for covering salaries or purchasing prescription drugs. As a result, the cost of medication, tests, hospital beds and facilities used by patients during their visits is expected to be borne by them.” [4] (Annex D)

Overview of medical services in Nigeria

- 6.2 The FFM delegation interviewed a Nigerian medical doctor at the National Hospital in Abuja to obtain information about health care services in Nigeria.

Additional information was obtained from another Nigerian doctor in March 2008 who also corroborated the information obtained from the first doctor consulted.

- 6.3 The doctor at the National Hospital stated that, in general, Nigerian hospitals suffer from poor funding, a lack of qualified medical staff, a lack of drugs and a lack of medical equipment. The federal government and state governments do not provide free medical services, but the new national health insurance system which started in January 2007, will help to take care of health expenses for many people. Under the scheme, employers pay in money on behalf of their employees, while the self-employed are expected to take out their own health insurance. Nigeria has 250,000 doctors serving a nation of 140 million people (2006 Nigerian Census). Doctors and nurses, and other medical professionals, are poorly paid and many accept postings abroad where they can earn a lot more than they do in Nigeria.
- 6.4 The doctor added that there are teaching hospitals which train all kinds of medical staff, and federal and state nurse training schools. There are training centres for laboratory and radiology staff, and staff who deal with medical records. There are also two post-graduate medical colleges which train and certify specialists. The federal government runs some public hospitals, which it maintains and funds, and also pays the salaries of the medical staff who work in them. Some public hospitals in Nigeria are run by state governments which maintain and fund them. In the Federal Capital Territory area, the federal government runs several general hospitals. There are no restrictive health care control measures in Nigeria which means that patients are free to go to any hospital in any state for treatment. Despite the limitations of Nigeria's health care system, a large number of diseases and conditions can be treated including heart conditions, high blood pressure, polio, meningitis, HIV/AIDS, hepatitis, sickle cell anaemia, diabetes, cancer and tuberculosis.
- 6.5 The doctor added further that medical care provided in public and teaching hospitals, including investigations and any drugs prescribed or administered, have to be paid for, even in medical emergencies. If a person, however, arrives at a hospital and requests or needs medical treatment but does not have the money to pay for it in advance, it is possible that medical treatment will still be provided but only on condition that the person concerned or his relatives makes a payment as soon as possible after the first 24 hours, or provides an acceptable guarantor. If no payment or guarantor can be provided at all by the person concerned or his relatives, medical treatment is refused. Private hospitals exist in Nigeria and provide a higher standard of medical care than public sector hospitals, but charge their patients a lot more money. All the Nigerian teaching hospitals and a few specialist and private hospitals have intensive care units but not all of them are well equipped.
- 6.6 The doctor stated that food is provided in some public sector hospitals but has to be paid for. Public sector hospitals usually include the cost of food and water in the fees they charge to their patients. In the parts of the country where public sector hospitals do not provide food and water, the relatives of the patient are expected to provide them with these provisions. According to

another Nigerian doctor, consulted in March 2008, water provided in public sector hospitals is usually given free of charge.

- 6.7 The doctor stated that road traffic accidents are common in Nigeria and can result in serious injuries and death for the people involved. General ambulance services for medical emergencies and people who are acutely ill are few and far between in Nigeria. Also, there are very few general public mobile paramedic services available to treat people at the location where they happen to be ill or injured. In general, people who have sustained serious injuries at home, at their place of employment or at a road traffic accident, have to arrange for their own transport to hospital, or rely on other people to arrange this for them. Some general, teaching, specialist and private hospitals, however, have ambulance services and often respond to requests from the general public for a small fee. Ambulance and paramedic services are mostly provided by private companies, the armed forces for military personnel, and by foreign embassies for their staff. Resuscitation training is now provided in hospitals at federal and state level. The Nigerian Road Safety Commission (NRSC) is building resuscitation centres, linked to hospitals, at road traffic accident black spots. The NRSC also carries out regular patrols along dangerous roads and routes but these services are small in number and inadequate.
- 6.8 The doctor believed that the health of Nigerians could improve if medical practitioners educated the public on health matters, thereby increasing an awareness and focus on healthy lifestyles. The doctor also believed that there is a need for quick and accurate diagnostics, adequate numbers of well-trained medical practitioners, quick and easy access to health and treatment centres through the means of good roads and reliable transport services.

Treatment for diabetes

- 6.9 The doctor stated that all the drugs needed for the treatment for diabetes are available, including the drugs needed to reduce blood-sugar levels and insulin, which can be injected by doctors, if needed, as there are no facilities in Nigeria for self-injection. Nigerians with diabetes tend to see a doctor about their condition when the disease has reached an advanced stage, due to a lack of regular medical check-ups and knowledge of the symptoms. Nevertheless, these people can be still be treated, and related peripheral conditions such as eye disease, neuropathy, kidney disease (nephropathy), and vascular ulcers can also be treated.

Treatment for sickle cell anaemia

- 6.10 The doctor stated that no cure exists for sickle cell anaemia, but people with

the condition can be monitored and managed effectively in Nigerian hospitals. Blood transfusion services are available in most hospitals in Nigeria if needed by people suffering from sickle cell anaemia. Some hospitals, however, suffer from a lack of blood available for transfusions. According to another Nigerian doctor, consulted in March 2008, bone marrow transplants are available in hospitals where trained haematologists exist.

Treatment for heart conditions and cardiovascular diseases

- 6.11 The doctor stated that the most common type of cardiovascular disease that Nigerians suffer from is hypertension (high blood pressure), with 8%-10% of Nigerians suffering from the condition. Drugs that can reduce blood pressure are available but are very expensive and are not affordable by the majority of the population. There are no specialist cardiovascular or cardiothoracic centres in Nigeria, but treatment is available for a wide variety of cardiovascular conditions and diseases, including congenital heart conditions. People suffering from coronary heart disease or people who have had heart attacks can be treated, in general, but coronary artery by-pass and angioplasty operations are not available in Nigerian hospitals. In general, invasive heart operations are not available but heart valve defects, atrial septal defects, and aneurysms can be treated. Pacemakers can be installed and therefore patients with certain types of arrhythmias (abnormal heart rhythm) can be treated. There is inadequate treatment available in Nigerian hospitals for people suffering from primary cardiomyopathy (enlargement of the heart cavity). This condition in its end-stage can be cured through the use of a heart transplant but heart transplant operations are not yet available in Nigerian hospitals.

Treatment for cancer

- 6.12 The doctor stated that breast cancer is the most common type of cancer that Nigerian women suffer from, closely followed by cervical cancer. The most common type of cancer that Nigerian men suffer from is liver cancer. Other types of cancer that Nigerians commonly suffer from are cancer of the stomach, cancer of the bone, cancers of the maxillo-facial region (face, mouth, tongue, and jaws) and leukaemia. Lung cancer, bowel cancer and pancreatic cancer are not common in Nigeria. Chemotherapy is widely available for the treatment of a wide variety of cancers. Surgical procedures and operations can be carried out if necessary but are not widely done in Nigerian hospitals. Radiotherapy for the treatment of bone cancer can be done but bone grafting can only be carried out abroad. Tumours in the brain can be removed, mostly in private hospitals, but this type of operation is not widely available.

Treatment for lung diseases

- 6.13 The doctor stated that treatment for tuberculosis, emphysema and asthma is available in Nigerian hospitals, and all the drugs needed to treat these diseases are also available. Invasive lung surgery operations, however, are not carried out in Nigerian hospitals.

Organ transplants

- 6.14 The doctor stated that lung, liver and heart transplant operations are not available in Nigerian hospitals. In a few hospitals, however, kidney transplant

operations can be carried out but these operations are not widely available in Nigerian hospitals.

Treatment for HIV/AIDS

- 6.15 The doctor stated that in 2006, the Nigerian Government tried to make treatment for HIV/AIDS free, but this was not possible due to a shortage of drugs. Monitoring of people with HIV/AIDS takes place in all Nigerian states at monitoring centres, which also administer drugs to HIV/AIDS patients. There is a greater awareness of the problem of HIV/AIDS in Nigerian society which has led to an increase in voluntary screening for the disease and more public information campaigns. The problem of mother-to-unborn child HIV/AIDS transmission is being tackled in maternity hospitals. The cost of HIV/AIDS drugs is 9,000 Naira per month. This is very expensive by Nigerian standards and most people who need these drugs cannot afford them. There is a free HIV/AIDS drug programme run by the US Government in all of Nigeria's 36 states. The doctor and his colleague did not think that there would be too many problems for people to transfer to this programme if they could no longer afford to pay for HIV/AIDS drugs. A number of clinics have been set up by NGOs from the UK, USA, and the European Union which provide free drugs for the treatment of HIV/AIDS. These services are limited, however, and cannot help everyone in the country who has HIV/AIDS.

Treatment for hepatitis

- 6.16 Many Nigerians suffer from hepatitis, especially type A and B, according to the doctor. The other types of hepatitis - C, D and E are not common in Nigeria. There is treatment available for all five types of hepatitis in Nigerian hospitals. The doctor believes that more people need to be vaccinated against the disease as this will help the Nigerian health care system manage the problem better.

Treatment for eye diseases

- 6.17 When asked about treatment for eye diseases in general, the doctor stated that a wide variety of eye diseases and conditions, such as glaucoma and cataracts, can be treated in Nigerian hospitals.

Psychiatric treatment in Nigeria

- 6.18 The FFM delegation interviewed a leading consultant psychiatrist, based in

Lagos, to find out about mental health care services in Nigeria. According to the psychiatrist, psychiatric treatment is available throughout Nigeria with about 35 psychiatric hospitals, teaching hospitals and university departments of psychiatry offering treatment for mental conditions. Eight of these are run by the federal government and the others are run by individual states. There are also a few private clinics. Nigerian psychiatric hospitals are able to treat all psychiatric illnesses, including severe or clinical depression, suicidal tendencies, paranoia, post-traumatic stress disorder, schizophrenia and other psychotic conditions.

- 6.19 The psychiatrist added that hospitals are well staffed and their staff are well qualified. Doctors are offered fellowship training, and all nurses must have a qualification in mental health as well as in general nursing. Some hospitals are not as well equipped as others. For example, the Psychiatric Hospital at Yaba, in Lagos can offer electroconvulsive therapy and electroencephalogram (EEG) investigations which other psychiatric facilities may not.
- 6.20 The psychiatrist added further that whilst treatment in some state hospitals is free, any drugs have to be paid for. When considering treatment the patient's financial situation is taken into account, and this can influence which drugs are prescribed, the older drugs being cheaper than the newer drugs. Where a patient is unable to afford to pay for any drugs then the Social Welfare Unit, which may be found in the hospitals, will carry out a social assessment and report back to the Medical Director of the hospital for a decision on the next line of action. In the case of Yaba, some funds are available for paupers. The Association of Friends of the Hospital also sponsor treatment for some patients and there may be similar arrangements at other psychiatric hospitals.
- 6.21 The psychiatrist stated that among the older and therefore cheaper drugs available, are Chlorpromazine, Haloperidol, Imipramine and Amitriptyline. Among the more modern drugs available are Olanzapine, Risperdal, Fluoxetine and Sertraline. It should be noted that the cost of drugs is per tablet, capsule or injection, and it should also be noted that these costs at Yaba hospital are the minimum prices in May 2007, and that drugs may be dearer at other hospitals, or may rise at Yaba depending on the cost of drugs in the market. [For a complete list of drugs used in Nigerian psychiatric hospitals, see Annex C].
- 6.22 The psychiatrist stated that the hospital in Yaba treats 300 patients that have been admitted, and also treats 300-400 at each outpatients clinic (OPC) a day. There are four OPC days in a week. The initial deposit for admission of patients to Yaba is 32,400 Naira (rate of exchange £1=245.59 Niara as at 16 September 2007) for the General Ward and 36,900 naira for the Drug Unit. This covers accommodation and food for two months of which 5,000 Naira is for drugs. Patients will be requested to pay more money for drugs as soon as the deposit is exhausted, even if he/she has not yet stayed two months. The deposit does not include the cost of registration which currently stands at 1,700 Niara, and that of investigations which depend on the requests by the managing doctor.
- 6.23 The psychiatrist further stated that the Drug Unit has 80 beds. The majority of patients have been using cannabis, although some have been using cocaine, heroin and other drugs. The psychiatrist also stated that they did not treat patients with HIV/AIDS at his hospital but referred patients with these

conditions to the Teaching Hospital in Lagos, which was equipped to deal with HIV positive patients.

7. Enforcement of Decree 33 of 1990

- 7.1 The FFM delegation interviewed senior officials of the Nigerian National Drug Law Enforcement Agency (NDLEA), based in the Agency's national

headquarters in Lagos, about the enforcement of Decree 33 of 1990. The provisions of Decree 33 of 1990 allows for the prosecution of a Nigerian who has “brought the name of Nigeria into disrepute” by being convicted of a drugs offence abroad. The Decree only applies to Nigerian citizens.

- 7.2 The NDLEA officials were asked whether Decree 33 of 1990 had ever been enforced. The NDLEA officials stated that Decree 33 had been enforced from 1990 to 2000. No information is available regarding the number of prosecutions and convictions from 1990 to 1995. From 1996 to 2000, NDLEA statistical information indicates that 451 Nigerians had been prosecuted and convicted under the provisions of Decree 33. The officials stressed that these individuals had been prosecuted and convicted for “bringing the name of Nigeria into disrepute” by being convicted of a drugs offence abroad, and not for committing the drugs offence itself. Those individuals therefore were never at risk of being prosecuted and convicted twice for the same offence, a situation otherwise known as “double jeopardy”.
- 7.3 The NDLEA officials stated that in 2000, the Agency reviewed the enforcement of Decree 33 and suspended prosecutions under the Decree. This was in response to public concerns that the Agency prosecuted people who had been convicted of drug offences abroad twice for the same offence. Consequently, since 2001, there have been no prosecutions of returned Nigerians convicted of drug offences abroad under the provisions of Decree 33. The Nigerian National Assembly is presently (September 2007) considering the Decree for amendment or repeal.
- 7.4 The NDLEA officials explained that the immigration and law enforcement authorities of foreign governments normally inform the relevant Nigerian embassy when they intend to deport a Nigerian who has been convicted of a drugs offence in their respective countries. The Nigerian embassy concerned then informs the Nigerian Immigration Service in Nigeria that a Nigerian is to be deported and passes on the details of the deportee. Thus, immigration officials in Nigeria already have in their possession information about the deportee and the deportation action before the individual concerned is deported. Once a deportee arrives back in Nigeria, NDLEA officials monitor the activities of that individual, but do not take any action to arrest him.
- 7.5 The NDLEA officials added that the Nigerian Government takes the problem of illegal drug trafficking and the use of illegal drugs very seriously, and co-operates with other governments on an international level to tackle the problem. They would like more resources to be able to tackle the problem more effectively.

8. Treatment of returned Nigerian failed asylum seekers

- 8.1 The FFM delegation interviewed Jason Ivory, Head of the Visa Section at the British High Commission in Abuja, about the treatment of returned failed

asylum seekers by the Nigerian authorities. He stated that it is not illegal for Nigerians to travel abroad and apply for asylum. Therefore, the Nigerian Immigration Service and the police would have no legal basis to detain and arrest a returned failed asylum seeker. Officials at the British High Commission in Abuja have regular contact with Nigerian NGOs and none of these NGOs have reported to them that returned failed asylum seekers have suffered human rights abuses. He was also not aware of any reports in the Nigerian media to indicate that returned failed asylum seekers have been ill-treated or suffered from any form of persecution from the Nigerian authorities.

- 8.2 The Head of the Visa Section explained that Nigerian failed asylum seekers return back to Nigeria with temporary travel documents. These documents are checked by immigration officials and the person concerned is then interviewed. The purpose of the interview is to verify the person's identity and nationality and to ascertain why the person arrived back in Nigeria with a temporary travel document. This is simply a formality and part of the standard procedures carried out by immigration officials. Once the immigration officials have verified the person's identity and nationality, he is then let through the immigration control section of the airport and is free to continue his journey.

9. Documentation and forgery issues

- 9.1 The FFM delegation interviewed the Deputy Director for West Africa, UK Visas, British Deputy High Commission, Lagos, about documentation and forgery issues. He stated that corruption is endemic in Nigeria and the use of

forged documents is widespread. Any printed official document can be forged. Genuine official documents such as birth, marriage, divorce, and death certificates, ID cards, driving licences and passports can be obtained from officials by bribery. Furthermore, information contained in genuine official documents is often false, inaccurate or cannot be relied upon. Documents that are submitted in support of UK visa applications have to be rigorously examined and checked.

- 9.2 An Entry Clearance Officer (ECO), based at the British Deputy High Commission in Lagos, was also interviewed about documentation and forgery issues. (ECOs are officials who have the authority to issue visas). He reiterated the fact that corruption is endemic in Nigeria and that any kind of printed official document can be forged. He also reiterated that documents submitted in support of visa applications have to be rigorously examined and checked.
- 9.3 When asked whether birth, marriage, divorce and death certificates could be authenticated, the ECO stated that there is no federal government central registry office where copies of all birth, marriage, divorce and death certificates can be obtained. Such documents are most frequently obtained by Nigerian citizens who need them, from local authorities and local registry offices. Likewise with passports, these can be obtained from local passport offices as there was not, until very recently, a centralised passport-issuing agency. He was uncertain as to whether local authorities or local registry offices routinely keep copies of documents but believes some may do. The ECO further stated that the process of issuing official documents in Nigeria is often poorly regulated, and issued documents can often be unreliable, having had little or no verification involved in their production.
- 9.4 In practice, attempts to authenticate birth, marriage, divorce and death certificates are rarely made by ECOs. This is because the process of authenticating these kinds of documents is often difficult, time-consuming, and in some cases, not possible. Likewise, it would also be difficult to authenticate land and property ownership/entitlement documents as there is no centralised land or property registry which holds all the names and addresses of all the landowners and property owners in Nigeria, as well as details of the land and property owned by them. Moreover, the ECOs who work at the British Deputy High Commission in Lagos do not have the resources to authenticate all documents submitted in support of visa applications. Attempts are often made, however, to authenticate other types of documents such as school or university examination certificates, and financial documents such as bank statements.

Annex A: List of persons, agencies and organisations consulted

Persons, agencies and organisations consulted by the Danish FFM delegation:

A representative of the Federal Ministry of Women's Affairs and Social Development, Abuja

Amadi, Patience, Programme Officer, Legal Defence and Assistance Project, Lagos

Ezeilo, Joy Ngozi, Chief Executive Officer, Women's Aid Collective, Abuja

Fapohunda, Olawale, Managing Partner, Legal Resources Consortium, Lagos

Knudsen, Jeanette Bach, Intern, United Nations Development Fund for Women, Abuja

Mahdi, Saudatu Shehu, Secretary General, Women's Rights Advancement and Protection Alternative, Abuja

Ms. Sindi Médar-Gould, Executive Director, BAOBAB, Lagos

Nwogu, Victoria Ijeoma, Programme Specialist, United Nations Development Fund for Women, Abuja

Nwosu-Juba, Ngozi, Admin/Finance Manager and Reproductive Rights Programme Officer, BAOBAB, Lagos

Obiagwu, Chino, National Co-ordinator, Legal Defence and Assistance Project, Lagos

Obinwa, Chibogu, Senior Programme Officer, BAOBAB, Lagos

Ofen-Imu, Godfrey, Barr, Women's Rights Advancement and Protection Alternative, Abuja

Representatives of a United Nations organisation

Ukagha, Halima, Legal Officer, Women's Aid Collective, Abuja

Persons, agencies and organisations consulted by the UK FFM delegation:

A senior official of the National Agency for the Prohibition of Trafficking in Persons, Abuja

Deputy Director for West Africa, UK Visas, British Deputy High Commission, Lagos

Entry Clearance Officer (ECO), British Deputy High Commission, Lagos

Ivory, Jason, Head of Visa Section, British High Commission, Abuja

Leading consultant psychiatrist, Lagos

Limlim, Dr Robert, United Nations Children's Fund, Abuja

Medical doctor, National Hospital, Abuja

Obiagwu, Chino, National Co-ordinator, Legal Defence and Assistance Project, Lagos

Oladiji, Sharon, United Nations Children's Fund, Abuja

Representatives of the Civil Liberties Organisation, Lagos

Representatives of Global Rights, Abuja

Rev. Lieutenant Colonel Deborah Chinwe Ogo (retd), Director of "Arrows of God" orphanage, Lagos

Senior officials of the National Drug Law Enforcement Agency, Lagos

Annex B: List of abbreviations used in the report

CLO	Civil Liberties Organisation
ECO	Entry Clearance Officer (British High Commission official)
EEG	Electroencephalography

FFM	Fact-Finding Mission
FGM	Female Genital Mutilation
FIDA	Federacion Internacional de Abogadas (FIDA is an international federation of women lawyers)
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
ICRC	International Committee of the Red Cross
IOM	International Organisation for Migration
LACVAW	Legislative Advocacy Coalition on Violence Against Women
LEDAP	Legal Defence and Assistance Project
LRC	Legal Resources Consortium
NAPTIP	National Agency for the Prohibition of Trafficking in Persons
NDLEA	National Drug Law Enforcement Agency
NGO	Non-Governmental Organisation
NHRC	National Human Rights Commission
UN	United Nations
UNDP	United Nations Development Programme
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
USSD	United States State Department
WACOL	Women's Aid Collective
WHO	World Health Organisation
WRAPA	Women's Rights Advancement and Protection Alternative

Annex C: List of psychiatric drugs available in Nigeria

[Drugs Price List correct as of May 2007 at the Psychiatric Hospital in Yaba, Nigeria]

Tablets

Serial number	Description	Drug form	Strength	Selling price/unit per tablet in Nigerian currency (Naira)
1	Alaxin	Tablet	60mg	480.00
2	Amitriptyline	"	25mg	4.80
3	Anafranil SR	"	75mg	120.00
4	Ancopir	"		35.00
5	Aspirin	"	300mg	0.50
6	Benzhexol	"	5mg	3.50
7	Brinerdin	"		24.00
8	Brufen	"	200mg	1.60
9	Buscopan	"	10mg	5.50
10	Carbamazepine	"	200mg	7.50
11	Chlorpromazine	"	100mg	5.00
12	Chlorpromazine	"	50mg	3.50
13	Chloroquine	"	250mg	1.50
14	Ciprofloxacin	"	500mg	50.00
15	Coartem	"	20/120mg	100
16	Combantrin	"	125mg	150.00/6 tabs
17	Clopixol	"	25mg	120.00
18	Diazepam	"	5mg	6.50
19	Epilim	"	200mg	40.00
20	Epilim Chrono	"	500mg	100.00
21	Erythromycin	"	250mg	12.00
22	Fansidar Combi	"		160.00
23	Ferrous Gluconate	"	300mg	1.50
24	Flutex (fluoxetine)	"	20mg	50.00
25	Folic Acid	"	5mg	0.20
26	Haloperidol	"	5mg	3.90
27	Haloperidol	"	10mg	6.20
28	Imipramine	"	25mg	5.20
29	Inderal	"	40mg	2.60
30	Lasix	"	40mg	2.00
31	Lecital (Citalopram)	"	20mg	115
32	Lecital (Citalopram)	"	40mg	140
33	Leponex	"	25mg	35.00
34	Leponex	"	100mg	120.00
35	Lexotan	"	3mg	18.00
36	Lithium Carbonate	"	400mg	32.00
37	Lorazepam	"	2mg	8.50
38	Melleril	"	25mg	23.00
39	Melleril	"	50mg	24.00
40	Melleril	"	100mg	26.00
41	Methyl – Dopa	"	250mg	16.00
42	Metronidazole	"	200mg	1.00
43	Multivitamin	"	-	0.7
44	Nifecard Retard	"	20mg	22.00
45	Nitrazepam (Swidon)	"	5mg	11.30
46	Normoretic	"	-	6.80

47	Olanzapine (Prexal)	"	5mg	360.00
48	Olanzapine (Zyprexa)	"	5mg	495.00
49	Olanzapine (Zyprexa)	"	10mg	985.00
50	Paracetamol	"	500mg	1.00
51	Phenobarbitone	"	30mg	1.60
52	Piriton	"	4mg	0.50
53	Placebo	"		13.00
54	Respal (Risperidone)	"	2mg	130.00
55	Respal	"	4mg	235.00
56	Risperdal	Caplets	1mg	165.00
57	Risperdal	Caplets	2mg	300.00
58	Risperdal	Caplets	3mg	445.00
59	Rohypnol	Tablets	1mg	34.00
60	Salbutamol Sulph	"	4mg	1.00
61	Septrin	"	480mg	2.30
62	Seroxat	"	20mg	140.00
63	Suprafit	"	-	21.00
64	Tegretol CR	"	200mg	28.00
65	Tegretol CR	"	400mg	52.00
66	Thalazole	"	500mg	6.60
67	Trifluoperazine	"	5mg	3.50
68	Vitamin C	"	100mg	1.00
69	Vitamin B Co	"	-	0.30

Capsules

70	Amoxycillin	Capsule	250mg	12.00
71	Ampiclox	"	500mg	11.00
72	Ginsomin	"		34.00
73	Phenytoin	"	100mg	10.50
74	Sertraline (Zoloft)	"	50mg	130.00
75	Sertraline (Zosert)	"	50mg	50.00
76	Tetracycline	"	250mg	2.00

Injectables

77	Adrenaline	Inj	1mg	120.00
78	Aminophyline	Inj	250mg	250.00
79	Amoxcillin	"	500mg	190.00

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80	Ampiclox	Inj	500mg	160.00
81	Apresoline	"	20mg	230.00
82	Biperidine (Akineton)	"	5mg	735.00
83	Buscopan	Inj	20mg	27.00
84	Cannula			90.00
85	Chlorpromazine	Inj	50mg	52.00
86	Chloroquine	Inj	322mg	12.00
87	Clopixol Depot	Inj	200mg	1900.00
88	Darrows (Full/Half)	Infusion	500ml	130.00
89	Dextrose / Saline	Infusion	500ml	130.00
90	Dextrose / Water	Infusion	500ml	130.00
91	Dextrose 50%	Infusion	100ml	150.00
92	Diazepam	Inj	10mg	180.00
93	Digoxin	Inj	0.5mg	90.00
94	Disposable Syringes		2/5/10cc	15.00
95	Fluanxol Depot	Inj	20mg	1,020.00
96	Fluanxol Depot	Inj	40mg	1,400.00
97	Fluphenazine Dec.	Inj	25mg	240.00
98	Gentamicin	Inj	80mg	40.00
99	Grofenac	"	75mg	160.00
100	Haloperidol	Inj	5mg	120.00
101	Haloperidol deca	"	50mg	1,420.00
102	Hydrocortisone	Inj	100mg	115.00
103	Infusion Giving Set			35.00
104	Lasix	Inj	40mg	35.00
105	Metronidazole	Infusion	500mg	130.00
106	Normal Saline	Infusion	500mg	130.00
107	Procaine Penicillin	Inj	5gm	60.00
108	Promthazine	Inj	50mg	18.00
109	Rocephine	Inj	1gm	2,150.00
110	Scalp Vein Needle			20.00
111	Streptomycin	Inj	5gm	70.00
112	Vitamin B Co	Inj	10ml	65.00
113	Water for Inj	Inj	10ml	6.00
114	Xylocaine	Inj	1ml	55.00
115	Zyprexa	"	10mg	945.00

Liquid Preparations

116	Amoxil	Susp	250mg	120.00
117	Ampiclox	Susp	100ml	140.00

118	C/quine	Syr	60ml	50.00
119	Alaxin	"	80ml	520.00
120	Epilim	Syr	300ml	2,520.00
121	Erthromycin	Susp	100ml	175.00
122	Metronidazole	Syr	60ml	65.00
123	Multivitamin	Syr	100ml	70.00
124	Neofylin Cough Syr.	Syr	100ml	100.00
125	Micpol (pcm)	Syr	60ml	80.00
126	Co-Trimoxazole Susp.	Susp	50ml	65.00
127	Promethazine	Syr	100ml	45.00
128	Tac orange vit C.	Syr	100ml	130.00
129	Vit. B. Co	Syr	100ml	50.00
130	Supermag.	Susp	200ml	185.00
131	Benzyl Benzoate	Lotion	100ml	110.00

Ointments/Creams

132	Methyl Salicylate	Oinment		145.00
133	Whitfield	Oinment		

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