FEDERAL REPUBLIC OF NIGERIA

NATIONAL POLICY AND PLAN OF ACTION ON ELIMINATION OF FEMALE GENITAL MUTILATION IN NIGERIA

FEDERAL MINISTRY OF HEALTH
ABUJA NIGERIA
OCTOBER, 2002

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FOREWORD

Nigeria is one of 28 countries in the African Region where Female Genital Mutilation (FGM) otherwise known as Female Circumcision is practised. The national prevalence rate of 41% with regional variations ranging from 0.1% to 98.6% is unacceptable.

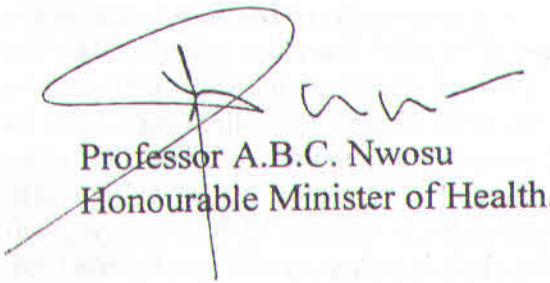
Reasons advanced for the continued perpetuation of this harmful practice include: reducing sexual desire in females thus curtailing promiscuity and promoting virginity before marriage, increasing male sexual pleasure, promoting social integration and initiation of girls into womanhood, hygiene and aesthetic reasons, myths around the survival of a baby whose head touches the clitoris during childbirth as well as religious reasons.

Whatever the reasons, it is absolutely evident today, that there is not a single benefit derivable from the practice. On the contrary, Female Genital Mutilation has very severe consequences ranging from health complications such as excessive bleeding, severe pain, shock, infections, urine retention, genital ulcerations, keloid, scar formation, HIV/AIDS/STIs, vesico vaginal fistula (VVF), recto vaginal fistula (RVF) resulting from damage to the urethra/rectum, to psychological complications where victims feel incomplete, suffer anxiety, and become depressed, irritable and frigid.

Fully convinced that Female Genital Mutilation is a form of violence against women and girls and also infringes on their human rights including the rights to integrity as well as attainment of the highest level of physical and mental health, Nigeria in 1994,along with other member nations at the 47th World Health Assembly passed Resolution WHA 47.10 which urged member nations to establish National policies and

programmes that will effectively eliminate Female Genital Mutilation and other Harmful Traditional Practices. Consequently, a 23-member Inter Agency National Technical Working Group was constituted to promote activities that will accelerate the elimination of Female Genital Mutilation and other harmful traditional practices in Nigeria.

The National Policy and Plan of Action for the Elimination of Female Genital Mutilation is the outcome of the efforts of the Inter Agency National Technical Working Group. It is a well-articulated document, which has been ratified by the National Council on Health. It is expected that the full implementation of this Policy and Plan of Action, backed by appropriate legislation and adequate enforcement will lead to the eventual elimination of Female Genital Mutilation in Nigeria.



Professor A.B.C. Nwosu
Honourable Minister of Health.

ACRONYMS

FGM	Female Genital Mutilation
WHO	World Health Organisation
WR	World Health Organisation Representative
WIHD	Women in Health Development
RH	Reproductive Health
PHC	Primary Health Care
NGO	Non-Governmental Organisation
FMOH	Federal Ministry of Health
IAC	Inter-Africa Committee
WHA	World Health Assembly
HIV	Human Immuno-deficiency Virus
AIDS	Acquired Immune Deficiency Syndrome
VVF	Vesico Vaginal Fistula
RVF	Recto Vaginal Fistula
IEC	Information Education Communication
LGA	Local Government Area
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
UNDP	United Nations Development Programme
TBA	Traditional Birth Attendant
VHW	Volunteer Health Worker
ILO	International Labour Organisation
UNESCO	United Nations Education Scientific and Cultural Organisation
UNIDO	United Nations Industrial Development Organisation
DFID	Department for International Development
UNIFEM	United Nations Development Fund for Women
EU	European Union

SMOH	State Ministry of Health
NPHCDA	National Primary Health Care Development Agency
FMWA & YD	Federal Ministry of Women Affairs & Youth Development
UNDS	United Nations Development System
TAC	Technical Advisory Committee
TOR	Terms of Reference
NCH	National Council on Health
FME	Federal Ministry of Education
AHI	Action Health Incorporated
FMI & NO	Federal Ministry of Information & National Orientation
NOA	National Orientation Agency
SMJ	State Ministry of Justice
NPF	Nigeria Police Force
NBA	Nigeria Bar Association
CHEW	Community Health Extension Worker
NERDC	Nigerian Educational & Research Development Centre
NCCE	National Commission for Colleges of Education
NUC	National University Commission
NHMIS	National Health Management & Information System
KAP	Knowledge Attitude and Practice
NDHS	National Demographic Health System
MCH	Maternal and Child Health
M & E	Monitoring & Evaluation
FOS	Federal Office of Statistics
CBO	Community Based Organisation

CHAPTER 1

NATIONAL POLICY ON THE ELIMINATION OF FEMALE GENITAL MUTILATION

1.1 NATIONAL HEALTH POLICY DECLARATION

The National Health Policy declaration of Nigeria states that:

"The Federal, State and Local Governments of Nigeria hereby commit themselves and all the people to intensive action to attain the goal of health for all citizens by the year 2010 and beyond, that is, a level of health that will permit them to lead socially and economically productive lives at the highest possible level.

All Governments of the Federation are convinced that the health of the people not only contributes to better quality of lives but is also essential for the sustained economic and social development of the country as a whole.

The people of this nation have the right to participate individually and collectively in the planning and implementation of their health care. However, this is not only their right, but also their solemn duty.

Primary Health Care is the key to attaining the goal of health for all the people of this country. Primary Health Care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full involvement, and at a cost that the community and state can afford to maintain at every stage of their development in the spirit of self-reliance. It shall form an integral part both of the National Health System, of which it is the central function and main focus, and of the

overall social and economic development of the community. All Governments and the people are determined to formulate strategies and plans of actions, including action to be taken by Local Governments, to launch and sustain Primary Health Care in accordance with this National Health Policy.

All Governments agree to co-operate among themselves in a spirit of partnership and service to ensure primary health care for all citizens, since the attainment of health by any one State directly concerns and benefits every other State in the Federation.

The Federal Government undertakes:-

i. To provide policy guidance and strategic support to States in their efforts at establishing health systems that are primary and accessible to all her people.

ii. To co-ordinate State efforts in order to ensure a coherent, nation-wide health system;

iii. To provide incentives in selected health fields to the best of its economic ability to promote this endeavour; and

iv. In collaboration with the State Governments, to undertake the overall responsibility for monitoring and evaluation of the implementation of the health strategy.

All Governments accept to exercise political will to mobilise and use all available health resources rationally."

1.2 The Goal of the National Health Policy

The goal of the National Health Policy is to provide a level of health that will enable all Nigerians to achieve socially and economically productive lives. The National Health System is based on Primary Health Care.

Health for all for the year 21st Century has been accepted as a challenging target. As a long-term policy and within available resources, the Governments of the Federation will provide a level of health care for all citizens to enable them to achieve socially and economically productive lives.

Within the overall fundamental obligations of governments of the Federation and the nation's socio-economic development, the goal of the National Health Policy is to establish a comprehensive health care system, based on Primary Health Care that is promotive, protective, preventive, restorative and rehabilitative to every citizen of the country within the available resources so that individuals and communities are assured of productivity, social well-being and enjoyment of living.

The health services, based on Primary Health Care include at least:-

i. Education concerning prevailing health problems and the methods of preventing and controlling them;

ii. Promotion of food supply and proper nutrition;

iii. Adequate supply of safe water and basic sanitation;

iv. Maternal and child health care, including family planning;

v. Immunisation against the major infectious diseases;

vi. Prevention and control of locally endemic and epidemic disease;

vii. Appropriate treatment of common diseases and injuries;

viii. Provision of essential drugs and supplies;

ix. Promotion of a programme on mental health and

x. Promotion of a programme on oral/dental health.

- The policy document on the elimination of Female Genital Mutilation is within the framework of the National Health Policy. It is in line with the United Nations Convention on the Rights of the Child and the Convention on the Elimination of all forms of Discrimination against Women to which Nigeria is a signatory. It also supports the World Health Assembly Resolution (WHA 47.10) on traditional practices harmful to the health of women and children and WHO policy on non-medicalisation of female genital mutilation.

CHAPTER 2

2.0 FEMALE GENITAL MUTILATION

2.1 DEFINITION

Female Genital Mutilation is defined as all procedures that involve partial or total removal of the female external genitalia and / or injury to the female genital organs for cultural or any other non-therapeutic reasons (WHO 1995).

2.2 PHILOSOPHY

Female Genital Mutilation (FGM) is an old and harmful traditional practice in Nigeria and Africa. Individual and group efforts to eliminate this practice have resulted in minimal success, indicating the need for collaboration between the government, private sector and communities.

2.3 BACKGROUND

Nigeria with a population of 108.5 million (medium variant of Projected National Population by sex and Single Years, Nigeria 1998), has about 350 ethno-linguistic and cultural groups. These groups have various beliefs and practices, some of which like Female Genital Mutilation are harmful to health. Female Genital Mutilation and practices such as early marriages and teenage pregnancy affect the reproductive

health of girls and women. The practice exists in various degrees throughout Nigeria and is sustained through migration. Cross-cultural marriages may result in the circumcision of women as a marriage rite or during the first pregnancy. Low literacy is another reason although a high level of education does not appear to change perceptions and attitudes in communities where Female Genital Mutilation is practised as a rite of passage. Ignorance, traditions and religious beliefs have therefore hindered efforts at eliminating Female Genital Mutilation. There is no denying, the overwhelming evidence of the negative effects of Female Genital Mutilation on the health of women and girls in terms of maternal, perinatal and neonatal morbidity and mortality. Female Genital Mutilation is a violation of the human rights of women and girls as well as a major cause of psychological and social problems. It is an infringement on the rights of girls and women and an obstacle to the attainment of the goal of health development not only for girls and women, but also for all members of every society where it is practised.

2.4 CLASSIFICATION

The types of Female Genital Mutilation known currently to be practised are (WHO 1995):

Type I Excision of the prepuce with or without excision of part or all of the clitoris.

Type II Excision of the prepuce and clitoris together with partial or total excision of the labia minora.

Type III Excision of part or all of the external genitalia and stitching/narrowing of the vaginal opening (infibulation).

Type IV Unclassified:

- Pricking, piercing or incision of the clitoris and/or labia.
- Stretching of the clitoris and/or labia
- Cauterisation by burning of the clitoris and surrounding tissues.
- Scraping ("angurya" cuts) of the vaginal orifice or cutting ("gishiri" cuts) of the vagina.
- Introduction of corrosive substances or herbs into the vagina to either cause bleeding, tighten or narrow the vagina.
- Any other procedure that falls under the definition of Female Genital Mutilation given above.

2.5 SITUATION ANALYSIS

Female Genital Mutilation is practised in every part of Nigeria in various forms from infancy to adulthood. The following studies show that the four types of Female Genital Mutilation are practised in Nigeria:

(i) A review of previous localised studies carried out between 1960 and 1967;

(ii) A national survey on female circumcision by the National Association of Nigeria Nurses and Midwives (1985-1996);

(iii) Community Based Knowledge, Attitude, and Practice studies from 22 States (1996) by the Inter-African Committee on Harmful Traditional Practices and

(iv) The National Baseline Survey on Harmful and positive Traditional Practices affecting women and girls in Nigeria conducted in thirty States and the Federal Capital Territory, from 1996 to 1997.

The data show prevalence rates ranging from 0.1-98% with zonal aggregates as follows:

*	South-West Zone	-	0.1-93.8%
*	South-East Zone	-	4.6-95.4%
*	South-South Zone	-	0.2-79.2%
*	Middle-Belt Zone	-	6.9-85.5%
*	North-East Zone	-	3.4-38.8%
*	North-West Zone	-	6.2-76.2%

These practices cut across religious and cultural boundaries and are either done in secret or with fanfare. Victims often display a sense of helplessness and are unaware of the irrelevance and potential dangers associated with this practice.

The commonest type of Female Genital Mutilation practised in Nigeria is Type I. Types II and III are found in different areas within the zones. Type IV is common in the North as Gishiri cuts, and in the South as the introduction of herbs into the vagina.

2.6 IMPLICATIONS AND CONSEQUENCES

The health consequences depend on the type and severity of the genital mutilation. Immediate health complications include pain, shock, bleeding, acute urine retention, risk of blood borne diseases such as septicemia, Hepatitis B, HIV/AIDS and other infections. The long-term health complications include recurrent urinary tract infection, dysmenorrhea, sexual dysfunction, chronic pelvic infection, infertility, prolonged and obstructed labour, vesico-vaginal fistulae (VVF), recto-vaginal fistulae (RVF), scarring/keloid formation with psychological consequences.

CHAPTER 3

3.0 GOALS AND OBJECTIVES OF THE POLICY ON ELIMINATION OF FGM

3.1 GOAL

In pursuance of the goal of the National Health Policy which is the attainment of health for All Nigerians by the year 2010, the goal of the National Policy on the Elimination of Female Genital Mutilation is to eliminate the practice of Female Genital Mutilation in Nigeria in order to improve the health and quality of life of girls and women.

3.2 GENERAL OBJECTIVE

The objective of the National Policy on the elimination of Female Genital Mutilation is to reduce the proportion of girls and women who are at risk of undergoing any type of genital mutilation with a view to its eventual elimination.

3.3 SPECIFIC OBJECTIVES: The specific objectives are to:

3.3.1 Increase awareness of hazards of Female Genital Mutilation through information, education and communication;

3.3.2 Increase the number of decision makers within families (spouses, fathers, mothers, grandparents and guardians) and Female Genital Mutilation practitioners with attitudes, beliefs, behaviours and practices against Female Genital Mutilation;

3.3.3 Increase the number of health personnel at primary, secondary and tertiary health care facilities who undergo training on the strategies for the prevention of Female Genital Mutilation and the management of its health consequences.

3.3.4 Plan, implement, monitor and supervise educational training programmes for health workers, women and

men's groups, adolescents and youth, traditional rulers, religious and other community leaders, traditional birth attendants, practitioners of Female Genital Mutilation, on the dangers of Female Genital Mutilation;

3.3.5 Promote research to monitor intervention programmes;

3.3.6 Integrate modules on Female Genital Mutilation in school curricula at the primary, secondary and tertiary levels;

3.3.7 Promote the enactment of laws for the elimination of Female Genital Mutilation;

3.3.8 Promote intersectoral collaboration and networking to eliminate Female Genital Mutilation at National, Regional and International levels.

3.4 TARGETS: This policy on Female Genital Mutilation seeks to:

3.4.1 Reduce the proportion of females at risk of undergoing any type of genital mutilation by 50 percent by the year 2005 and 80 percent by the year 2010;

3.4.2 Ensure that 60 percent of States and Local Government Areas should have annual budgetary allocation to support the elimination of Female Genital Mutilation by the year 2005 and 100 per cent by the year 2010;

3.4.3 Increase the number of States that have implemented intervention programmes, policies, guidelines and legislation against Female Genital Mutilation to 50 percent of all States in Nigeria by 2005 and 80 percent by the year 2010;

3.4.4 Increase the number of States reporting a decrease in

the incidence of Female Genital Mutilation to 50 percent of all states in Nigeria by 2005 and 80 percent by the year 2010;

3.4.5 Increase the proportion of decision makers within families and traditional Female Genital Mutilation practitioners reflecting positive changes in the attitudes, behaviours, beliefs and practices towards Female Genital Mutilation elimination to 40 percent by the year 2005 and 60 percent by the year 2010;

3.4.6 Ensure that all non-formal, primary, secondary and tertiary institutions, including schools of nursing and midwifery, and teachers training institutes integrate training modules on Female Genital Mutilation into their school curricula by the year 2010;

3.4.7 Increase the number of trained health personnel, traditional birth attendants, traditional Female Genital Mutilation practitioners and peer educators sensitised to the dangers of Female Genital Mutilation to 70 percent by 2005 and 90 percent by the year 2010;

3.4.8 Increase the number of primary, secondary and tertiary health care facilities that provide care, counselling and support to affected female persons to 50 percent by 2005 and 80 percent by the year 2010.

CHAPTER 4

4.0 STRATEGIES FOR THE IMPLEMENTATION

The collaboration between implementing partners at the individual, group, institutional, governmental and non-governmental levels shall include:

4.1 Advocacy for sustained commitment of government at all levels for the successful implementation of the policy;

4.2 Advocacy for policy/decision makers and opinion leaders on legislation against Female Genital Mutilation and its enforcement;

4.3 Take appropriate measures at schools, tertiary institutions, market places, churches, mosques, education centres to sensitise individuals and communities on the dangers and consequences of Female Genital Mutilation;

4.4 Promote special information and enlightenment programmes on active male involvement in the elimination of Female Genital Mutilation

4.5 Undertake continuous public enlightenment through an information, education and communication (IEC) network;

4.6 Declare a National Female Genital Mutilation Day for February 6th

4.7 Develop and include a manual on Female Genital Mutilation elimination in the curricula for primary, secondary, tertiary institutions, schools of nursing and midwifery, education centres and teachers training institutes;

4.8 Develop a training package for training of trainers including peer educators on the dangers and consequences of Female Genital Mutilation ;

4.9 Conduct research, monitor and evaluate intervention programmes to determine attitudinal changes;

4.10 Ensure that Government facilitates activities that promote skills acquisition, credit mobilisation and income generation amongst circumcisers;

4.11 Recognise and encourage communities working

towards the elimination of Female Genital Mutilation;

4.12 Educate community birth attendants including traditional birth attendants and village health workers on the need for prompt referral of cases of Female Genital Mutilation complication to the next level of health care;

4.13 Give adequate resources and appropriate training to health workers at the primary, secondary and tertiary levels on

(a) the problems of Female Genital Mutilation

(b) its prevention

(c) prohibition of the participation of medical personnel in the practice and

(d) the management of its complications, including counselling and rehabilitation;

4.14 Strengthen the role of guidance counsellors in schools in supporting this policy;

4.15 Establish Technical Advisory Committees at Federal, State and LGA levels on the elimination of Female Genital Mutilation;

4.16 Ensure that the Federal Ministry of Health co-ordinates and collaborates with the Advisory Committee to undertake resource mobilisation, programme planning, implementation, monitoring and evaluation;

4.17 Sensitise the mass media to the dangers and consequences of Female Genital Mutilation and their role in the accelerated elimination of the practice.

CHAPTER 5

5.0 ROLES AND RESPONSIBILITIES OF PUBLIC AND PRIVATE SECTORS ON POLICY IMPLEMENTATION:

The implementation of a National Policy for the elimination of Female Genital Mutilation requires the active involvement of all tiers and agencies of government, the communities, the private sector and non-governmental organisations. Technical Advisory Committees shall therefore be established at Federal, State and LGA levels:

5.1 FEDERAL LEVEL

The Federal Ministry of Health in collaboration with National Primary Health Care Development Agency shall set up a Technical Advisory Committee on the elimination of Female Genital Mutilation in Nigeria and formulate intervention strategies where necessary.
The Federal Technical Advisory Committee shall be composed of a representative of the following:-

1. Federal Ministry of Health (Chairman)
2. Federal Ministry of Health/Women-in-Health Development Unit (Secretary)
3. Legal Adviser - Federal Ministry of Health
4. Federal Ministry of Women Affairs and youth Development (Vice Chairman)
5. Federal Ministry of Justice
6. National Primary Health Care Development Agency
7. Federal Ministry of Education
8. Nursing and Midwifery Council of Nigeria

9. Federal Ministry of Finance
10. Federal Ministry of Information and National Orientation
11. Universities/Specific Research - 3
12. Inter-African Committee on Traditional Practices (Nigeria) (Vice Chairman)
13. Medical Women Association of Nigeria
14. International Federation of Women Lawyers
15. Society of Obstetrics and Gynaecology of Nigeria
16. National Orientation Agency
17. Federal Office of Statistics
18. National Association of Nigeria Nurses and Midwives
19. National Council of Women Societies
20. World Health Organisation, UNICEF, UNFPA, UNDP, other United Nations and interested development agencies
21. The Nigerian Union of Journalists
22. The Nigeria Police Force
23. Association of General and Private Medical Practitioners of Nigeria
24. Nigeria Medical Association
25. National Planning Commission
26. Federal Min. of Tourism & Culture
27. Other co-opted members.

The Technical Advisory Committee shall:

5.1.1 Ensure that members of the Technical Working Group

understand Female Genital Mutilation issues, and promote and integrate the implementation of the policy within the mandate of their organisation.

5.1.2 Sustain the dissemination of information on Female Genital Mutilation within the framework of women and girls health;

5.1.3 Support intervention programmes on the prevention, elimination and management of complications of Female Genital Mutilation;

5.1.4 Monitor, evaluate, and periodically review activities and strategies to ensure programme implementation;

5.1.5 Ensure that data on Female Genital Mutilation is integrated into the National Health Management Information System;

5.1.6 Submit progress report to meeting of the National Council on Health and National Council on Education;

5.1.7 Advocate for capacity building of the Health Education section of Federal Ministry of Health and other relevant institutions of the Federal Ministry of Education for the elimination of Female Genital Mutilation

5.1.8 Ensure that the Federal Ministry of Health maintains a Data Bank on Female Genital Mutilation

5.1.9 Ensure adequate provision in the national budget for the implementation of the plan of action;

5.1.10 Mobilise financial resources and technical support for the implementation of the plan of action to compliment Government effort;

5.1.11 Ensure liaison between the Federal Ministry of Health and relevant agencies of Federal, State, LGA, private sectors and NGOs, on adequate co-ordination of Female Genital Mutilation programmes and their integration into development policies.

5.2 STATE LEVEL

State Ministries of Health shall:

a. Set up Technical Advisory Sub-Committee on the elimination of Female Genital Mutilation with a representative each of the:

1. State Ministry of Health (Chairman)
2. Primary Health Care Department/Women in Health Development Section
3. State Ministry of Education
4. Inter-Africa Committee on Harmful Traditional Practices (Secretary)
5. Ministry of Women Affairs (Vice Chairman)
6. Government and Private Media
7. State Chapter of Federation of Women Lawyers
8. National Association of Nigeria Nurses
9. National Union of Teachers
10. The Nigeria Police Force
11. The Council of Traditional Rulers
12. Youth Organisations
13. Association of Nigeria Circumcisers.
14. NPHCDA Zonal Technical Officer

The roles and responsibilities of the Technical Advisory Sub-Committee shall be to:

5.2.1 Adopt policies and legislation formulated by the Federal Government and implement the strategies therein;

5.2.2 Sustain the flow of information on Female Genital Mutilation within the framework of women's health;

5.2.3 Support intervention programmes on Female Genital Mutilation prevention, elimination and management of its complications at State and LGA levels;

5.2.4 Monitor, evaluate and review activities on elimination of Female Genital Mutilation;

5.2.5 Collaborate with individuals, groups and NGOs in programme implementation;

5.2.6 Encourage State Ministries of Education to integrate a manual on elimination of Female Genital Mutilation in school curricula;

5.2.7 Advocate the provision of funds in State annual budget for Female Genital Mutilation implementation;

5.2.8 Encourage co-ordination of all activities related to the plan of action;

5.2.9 Observe the declared day for Female Genital Mutilation Elimination.

5.3 LGA LEVEL / COMMUNITIES

The Local Government Council shall set up a Technical Advisory Sub-Committee consisting of a representative of the

following

1. Department of Health (Chairman)
2. Department of Education
3. Women Development Office (Vice Chairman)
4. Inter-African Committee on Traditional Practices (Nigeria) (Secretary)
5. Traditional Rulers
6. Religious Leaders
7. Community Leaders
8. Women Leaders
9. Traditional Birth Attendant (TBAs) and Volunteer Health Workers (VHWs)
10. Youth Organisations
11. NGOs representing specific groups in the community
12. Community Development Committee
13. Other co-opted members.

The Technical Advisory Committee shall;

5.3.1 Adopt policy and legislation formulated by the Federal/State level and implement the strategies therein;

5.3.2 Develop an implementation plan in consultation with the community.

5.3.3 Review and monitor on a continuous basis in consultation with the stakeholder;

5.3.4 Ensure data collection on incidence and management of Female Genital Mutilation;

5.3.5 Organise community outreach and education programmes on Female Genital Mutilation and its elimination;

5.3.6 Collaborate with Community Development Committees, Village Development Committees, traditional and religious heads, Traditional Birth Attendants/Village Health Workers, Youth representatives, and women representatives in disseminating information on Female Genital Mutilation elimination;

5.3.7 Ensure education and training of all professionals working with the community on Female Genital Mutilation;

5.3.8 Promote initiatives on community support system for potential victims of Female Genital Mutilation

5.3.9 Collaborate with individuals, groups and NGOs in resource mobilisation and programme implementation;

5.3.10 Advocate the provision of funds in the LGA annual budget, for Female Genital Mutilation elimination;

5.3.11 Assist in devising appropriate and efficient means for the enforcement of legislation and laws on Female Genital Mutilation.

5.4 THE PRIVATE SECTOR AND NON GOVERNMENTAL ORGANISATIONS

The involvement and active participation of both public and private sectors are essential for the successful elimination of Female Genital Mutilation as outlined in this policy.

The Private Sector and Non-Governmental Organisations shall:

5.4.1 Participate actively in the campaign to eliminate Female Genital Mutilation;

5.4.2 Ensure that their activities align with the mandate of the Technical Advisory Committee;

5.4.3 Encourage community participation in the planning, implementation, monitoring and evaluation of Female Genital Mutilation elimination programmes.

CHAPTER 6

6.1 RESEARCH

The Health Systems Research Unit of the Federal Ministry of Health and National Primary Health Care Development Agency shall collaborate with the Technical Advisory Committee in processsing research proposals on Female Genital Mutilation. Priority shall be given to:

6.1.1 Collection, collation and dissemination of data on Female Genital Mutilation in each state;

6.1.2 Relevant studies on the implications and consequences of Female Genital Mutilation;

6.1.3 Studies on the psychological, socio-cultural and economic determinants of Female Genital Mutilation;

6.1.4 Studies on appropriate methods of eliminating Female Genital Mutilation;

6.1.5 Studies to determine appropriate methods of communicating messages on Female Genital Mutilation to different target groups

6.2 FUNDING MECHANISM

The community shall be the focus of Female Genital

Mutilation programmes. The government, non-government organisations; women organisations and private organisations shall collaborate and support the crusade to eliminate Female Genital Mutilation. Financial and other resources for the implementation and sustenance of the programme shall be provided by:

6.2.1 Federal Government: Federal Ministries of Health, Education, Finance, Information and Culture, Women Affairs and Youth Development, National Poverty Eradication Programme, National Centre for Women Development, and other relevant Federal Institutions;

6.2.2 State Government: State Ministries of Health, Education, Finance, Information and Culture; Women Affairs and Social Development, National Poverty Eradication Programme and other relevant State Institutions;

6.2.3 Local Government: Local Government Councils, and Community Based Organisations;

6.2.4 The Private Sector/Non-Governmental Organisations: Oil Companies, Manufacturers, Banks, Clubs, Societies, Women Organisations and individuals.

6.2.5 International Agencies: UNDP, UNICEF, WHO, UNFPA, ILO, UNESCO, FORD FOUNDATION, UNIDO, DEPARTMENT FOR INTERNATIONAL DEVELOPMENT (DFID), WORLD BANK, UNIFEM, EU, as well as the Embassies and other interested international donor agencies.

6.3. MONITORING AND EVALUATION

6.3.1 Periodic monitoring of sectoral activities shall be

carried out to ensure that each sector meets targets. The Technical Advisory Committee in collaboration with National Primary Health Care Development Agency, Health Planning and Research department of the Federation Ministry of Health and Federal Office of Statistics will develop indicators;

6.3.2 The Monitoring and evaluation activities shall be carried out at Community, LGA, State and National levels;

6.3.3 The Federal Ministries of Health, Women Affairs and Youth Development, Education, Federal Office of Statistics, National Primary Health Development Agency, National Planning Commission, Research Institutions, and Universities shall generate specific data to periodically assess achievements in the elimination of Female Genital Mutilation;

6.3.4 The Federal Ministry of Health shall have the overall responsibility of compiling the reports of the activities of different sectors.

6.4 LEADERSHIP

The success of the National Policy on the elimination of Female Genital Mutilation is strategic to the success of the goal of health development and human rights of girls and women in Nigeria.

6.4.1 It is therefore imperative that the Federal Ministry of Health with full Government support assume the leadership role in the elimination of Female Genital Mutilation.

CHAPTER 7

NATIONAL PLAN OF ACTION FOR THE ELIMINATION OF FGM IN NIGERIA (2002-2006)

A. PLANNING, CO-ORDINATION AND FUNDING OF FGM ACTIVITIES

OBJECTIVES	STRATEGIES	ACTIVITIES	IMPLEMENTER & LINKAGES	OUTPUT	MONITORING INDICATORS	TIME FRAME	BUDGET
1. To strenghten the WIHD Unit within the Ministries and Department of Health for effective co-ordination.	(a) Identify needs and Resources. (b) Strengthen the linkages between Federal, State & LGA	a. Mobilisation of needed resources * Funds Office equipment * Procure 5 four-wheel drive vehicles (Federal and 4 pilot states) and 16 motorcycles at LGA. b. Undertake needs assessment of WIHD Coordinators at Federal, State and LGA levels for capacity buidling	FMOH / SMOH/ NPHCDA. FMWA & YD WHO/UNDS	1. Co-ordinating unit strengthened and more functional. 2. Resources mobilized. 3. Resources centers established. 4. Linkages established. 5. Quarterly meeting initiated. 6. Needs assessment report furnished.	a. Number and type of equipment procured. Number of project proposals written for resource mobilization. b. Existence of a prioritized needs assessment report at all levels. c. Existence of resource centre, Regular reports on various activities.	June 2002 to Dec. 2003	a. 25million b. 2million c. 1million

		c. Set up resource and monitoring centre d. Quarterly meeting at all levels.			d. Number of meetings held with recorded minutes in year.		d. 1.5million
2. To establish a multisectoral/ multi disciplinary TAC at all levels	Identify potential TAC members.	(1) Develop TOR for TAC. (2) Inaugurate TAC members.	FMOH/SMOH. TAC WHO/UNDS	TAC Inaugurated TOR develop	- Number of TAC established at all levels and functional. - Number of TAC members aware of TOR.	Feb-Jun. 2002 Jul. 2002 - Dec. 2003	1.5 million
3. To carry out situation analysis	1. Assemble all existing data to identify gaps. 2. Carry out special studies to fill the gaps using partici-patory approach	1. Identify resources and gather data. 2. Conduct special studies ▪ Prepare proposal ▪ Develop instruments ▪ Train field workers ▪ Gather data ▪ Analyse/pre-pare reports ▪ Identify problems	TAC FMOH/SMOH NPHCDA WHO/UNDS	- Availability of data Bank - Availability of reports on special studies.	- Existence of situation analysis report on FGM. - Availability of functioning data base.	Jul. - Dec. 2003	3 million

4. To sensitise the public on the findings of various FGM surveys	1. Give a feedback to the community, public and policy makers; 2. Launch the report of the national survey.	1. Advocacy meet-ing, seminar/ workshop for community leaders policy makers, opinion leaders, religious leaders, NGO 2. Sensitise community members on FGM activities. 3. Print and distribute reports	TAC FMOH/SMOH NPHCDA WHO/UNDS	- Increased awareness	Number of outreach programmes held in the community Number of target groups reached in the community. Number of workshops/ participants	Jan. 2002 - Dec., 2003	3.5 million
5. To develop policy and plan of action.	(a) Ratification of policy by NCH. (b) Establish committee (c) Launch policy document. (d) Identify intervention - Training - IEC - Services - Prepare guide-line for resource members - Supervision - Monitoring - Evaluation/ Research	1. Production of policy and plan of action. 2. Presentation of Policy /plan of Action to NCH. 3. launch document 4. Dissemination of plan of action to policy makers at State/ LGA.	FMOH, TAC NPHCDA UNDS	(a) Policy & plan developed. (b) Policy document launched.	Policy & Document available Plan of Action disseminated to relevant partners.	Jan - Mar. 2002 Jun. 2002 Aug. 2002 Aug. - Oct. 2002	2 million

6. To mobilise resources	Identification of Resources. Advocacy for sustained commitment of Government. Identify International Agencies, NGO, Philanthropists Interested in funding FGM programme.	(a) Lobby Governments to funds for FGM (b) Request support from International agencies to support and fund FGM programmes. (c) Launch appeal funds	FMOH/SMOH TAC WHO/UNDS	Money, Material, Manpower resources in place.	Number of agencies identified. % of health budget allocated to FGM activities. % of budget released to FGM activities	Jan - Dec. 2002 Jan - Dec. 2002 Oct. 2002	N500.000
7. To promote Intersectoral collaboration and networking on elimination of FGM at National, Regional, and International levels.	Recognise and encourage efforts towards the elimination of Female Genital Mutilation. Institute a National FGM Day.	Identify, sensitise and provide IEC materials to collaborating agencies/ organisations and Ministries. Integrate FGM issue through TAC focal persons in sectoral activities. Plan for an FGM Day - Symposium - Exhibition - TV programme - Tonight at Nine. Newsline. - Public debate - Float - Promotional materials	FMOH/WHO/ NPHC/DA/ TAC	Relevant Agencies Supportive. FGM DAY LAUNCHED	Number of relevant Organisation / Agencies involvement in FGM eradication. Number of sectoral programme reflecting FGM issues.	Jan - Dec. 2002 Nov., 2002	N250.000 2 million

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B. IEC, ADVOCACY AND LEGISLATION ON FGM

OBJECTIVES	STRATEGIES	ACTIVITIES	IMPLEMENTER & LINKAGES	OUTPUT	MONITORING INDICATORS	TIME FRAME	BUDGET
To increase awareness of hazards of female genital mutilation through IEC amongst all different sectors of the society	- Develop plans and IEC materials with active involvement of the various categories targeted in this programme - Encourage integration of IEC component into existing relevant activities	a. Set up Ad-hoc working group b. Solicit for views and opinion of people and establish the traditional means of communication c. Organise competition for the design of FGM Logo - Produce FGM elimination kit d. Develop and produce appropriate IEC materials for the grassroots:	FMOH, FMWA & YD, FME, TAC, NGO NGOs -IAC and AHI, FMI & NO, NOA, FME + NGO	a. Ad-hoc working groups set - up and functional b. Production of the itemised IEC materials c. Seminars, rallies and talks organised	a. Number of community initiatives emerging as a result of intervention - Number of IEC materials produced within six months - Number of clubs/interest groups formed - Number of schools spending at least X time / money per week on FGM issue	Jan-Jun 2003 Bi-Annually Jul. - Oct, 2003 Jun. - Dec. 2003 Jan-Jun 2003 Jun,Dec. 2003 Jan.2003 - Dec. 2006	N200.000 N300.000 N200.000 N500.000 12.6million 19.2million 28.8million

		- Drama, songs, story telling, folk-lore - Audiovisuals - Posters, handbills e. Produce promotional items f. Organise IEC seminar, rally, talks targeted at: - Schools - Market places - Churches, mosque - Clinics	Performance Studio Workshop and NGO Performance Studio	Sensitisation of target groups	- % of religious leaders condemning FGM - % of clinics offering at least one interactive event per week with at least ten participants	Jan 2003 - Dec. 2006	
		- Women centres, - Urban communities - Rural communities - Male and Female - Clubs/ Organisation g. Organise debate/ quiz for shcools at State level h. Organise media campaign and sensitise the press i. Publish News-letter Bi-annually	FMOH, TAC, WHO FME, FMI & NO		- % of villages/ cities with interest groups formed - Number of seminars/ rallies held - Proportion of articles favorable to FGM elimination - Number of articles on FGM per month published	Bi-annual 2003-2006 Jul. Oct. 2003	3 million 1.5 million 2.1 million

To increase awareness of hazards of female genital mutilation through information, Education and communication	Advocacy for sustained commitment of Government at all levels for the successful implementation of the policy.	- Courtesy visit to key persons in Government/ opinion leaders/ traditional rulers - Distribution of IEC materials - Promotional items	TAC	Increased moral and financial commitment to the campaign.	- Number of visits made - Number of IEC materials distributed	Jul 2002 - Sept. 2003	N400,000
		- Incorporation of FGM talks into National/State/ Local functions/ Festival - Celebration of FGM Day			- Number of programmes into which FGM talks was incorporated - % of financial increase in 3 months period	Nov. 2003	N500,000
To increase the number of the States that have implemented intervention programmes formulated policies and implemented legislation against female genital Mutilation to 50% of all the States in the Federation by 80% by the year 2010.	Advocacy for policy/decision makers and opinion leaders on legislation against female genital mutilation and its enforcement.	1. Write briefs to State Government and commissioners of Health and justice, including fact sheets on the need to legislate against FGM. 2. Organise seminars/symposia for State Ministries of Health, Justice, Education, Information and Women Affairs to sensitise them on the	FMOH, SMOH, SMJ TAC, FMOH, FMWA & YD, FME, FMI & NO	Legislation against FGM Development and implementation of State plan of action.	% of States legislating against FGM % of States implementing FGM policy	Jan-Jun 2003 Jul.- Dec. 2003	N100,000 1 million

		the dangers of FGM and on the need to adopt National Policy and Formulate State plan of action using the National plan of action as a guideline					
		3. Hold awareness raising seminars for law enforcement agents on the existence of the legislation and to encourage diligence in the prosecution of offenders	FMOH NGOs NPF TAC	Reported and prosecuted offenders.	% of officers who attended the workshop offenders persecuted	Jul. Sept. 2003 On going annual	N700,000
		4. Produce and circulate pamphlets on the dangers of FGM to members of the Judiciary and State/Local chapters of the NBA to create a positive attitude towards FGM cases.	FMI &NO FMOH NBA/ Judiciary	Expressed opinion in judgement and law journals.	Number of target groups reached.	Jan.- Dec. 2003 - Bi-annual	N300,000

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C. TRAINING AND MANAGEMENT OF FGM CASES

OBJECTIVES	STRATEGIES	ACTIVITIES	IMPLEMENTER & LINKAGES	OUTPUT	MONITORING INDICATORS	TIME FRAME	BUDGET
1. To set up working group of health professionals in the States to identify, needs and develop programmes on elimination of FGM and management of health consequences.	Create a forum for health workers to meet	- hold quarterly meetings - Develop guidelines/ brochures for members	- FMOH, - Professional Associations - NGOs - FME - FMI & NO - WHO	- Report of meetings - Guidelines / brochures produced	- Regularity of report from meetings. - Availability of guidelines at all levels. - Quality of care.	Jan - Oct. 2003	N400,000
2. To raise awareness of health profes-sionals in order to enlist their support as advocates against FGM.	- Develop joint workshops with health professionals	- Organize joint workshop	- FMOH - Professional Association - NGOs - FME - FMI & NO - WHO	-Increased level of awareness amongst health professional -Agreed agenda for the workshop.	Number of participants attending the workshop.	Jan - Oct. 2003	1 million

3. To develop training modules and guidelines for the training of trainers in strategies for the prevention of FGM and in the management of its health consequences	Identify targets and types of modules from national and international agencies Review existing documents and develop training modules	- Review of existing materials - Filed testing of modules - Production of 1000 training manuals and prevention and its management	FMOH, TAC Profesional Associations NGOs FME FMI & NO WHO Social Scientist/ Anthropologist	- Training modules developed	- Reduction of morbidity and mortality rates due to FGM complications. - Number and types of modules developed.	Jan - Oct. 2003	1.5 Million
4. To plan, implement, monitor and supervise educational training programmes for health workers, women and men's groups, adolescent and youth, TBAs, traditional FGM practitioners, Traditional rulers, religious and other community leaders	Provide appropriate training to health workers at the Primary, Secondary and Tertiary levels in order to sensitize them to (a) The problems of FGM (b) the prevention and (c) the management of its complications - Educate TBAs and Village health Workers on the need for prompt referral of cases	- Seminars for all categories of Health Workers at the primary,secondary and tertiary levels of health care stressing non-participation of health workers in FGM. - Zonal trainers to train TBAs/ CHWs/VHWs on dangers and consequences of FGM and the need for prompt referral. - Develop communication and counseling skills among health	Zonal Trainers NPHCDA IAC FMOH	Train TBAs and others Training/ workshop and seminars organised	- Reduction in FGM cases and deaths due to its complications. - Reduction in number of health personnel participating in FGM. - Number of TBAs and others trained - Number of TBAs and others making referrals. - Number of health care providers and others trained on counseling	2003/ 2004 Jan-Dec. 2003 On-going Bi-annually	1.4 Million 2.2 Million N500,000 4 Million 2 Million

	of FGM Complications to the next level of care. - Promote the development of community based support system including, counseling and rehabilitation.	care providers, CBOs and community leaders. - Rehabilitation of VVF and RVF victims. - Income generation for circumcisors.			skills. - Interested individuals - Health workers. - NGOs		
5. To integrate modules on FGM in curricula of schools at the Primary, Secondary and Tertiary levels	Develop a manual of FGM prevention and elimination to be included in school curricula for Primary, Secondary, Tertiary, School of Nursing/ Midwives, Education Centres and teachers Training Institute.	1. Development of manual on FGM prevention and elimination based on perception and attitudes of the people 2. Organise curriculum orientation workshops.	FMOH FME Nursing Council IAC NERDC Colleges of Medicine NCCE NUC FMI & NO FMOH NGOs Nursing Council NERDC NUC	Components of FGM integrated into the curricula of schools at the 3 levels of education. Zonal curriculum orientation workshops for: (i)Nurse educators and Teachers of Schools of Health Technology. (ii) Teacher of (a) Integrated Science and	- Number of States that have integrated the elimination of FGM into their school curricula - Results of quiz competition. - Attitudes observed among young people towards elimination of FGM - Number and type of schools that have integrated FGM into school curricula	Jul. Oct. 2003 2003 / 2004	1.5 Million 1.5 million

				Social Studies - level. (b) Biology, PHE and G/ Counselors Secondary level. (c) Lectures of General Studies in Colleges of Education, Polytechnics and Universities.			

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D. STATISTICS / RESEARCH

OBJECTIVES	STRATEGIES	ACTIVITIES	IMPLEMENTER & LINKAGES	OUTPUT	INDICATORS	TIME FRAME	BUDGET
1. To reduce the proportion of female persons who are at risk of under-going any type of genital mutilation. 2. To undertake research, to gather data, develop appropriate intervention programme and monitor same.	* Research to gather data, monitor and evaluate intervention programmes and determine attitudinal changes. * Provision of resources * Incorporate FGM modules into NHMIS and NDHS survey instruments.	* Undertake periodic survey using the NHMIS modules * Undertake periodic KAP studies.	* FOS * Research Institutions * Universities * FMOH * SMOH * Health workers * Trained Traditional Birth Attendants, Village Health Workers, Community Health Workers.	* Any change in knowledge. Attitude and Practices of the Com-munity with regards to female genital mutilation. * Modified NHMIS and NDHS instru-ment on FGM produced. * Reported prevalence of women with genital mutilation * Types of FGM identified in the State/Com -munities and research reports.	* Baseline data on female genital muti-lation in each State (MAP and Types). * Proportion of women (15-49) who have undergone FGM. * Proportion of girls (0-14) who have undergone FGM. * Number of research studies under-taking over a specific period of time.	Jan-Dec. Monthly. On-going State monhtly, Federal Quarterly.	N600,000 1.2 million

E. MONITORING, SUPERVISION AND EVALUATION

OBJECTIVES	STRATEGIES	ACTIVITIES	IMPLEMENTER & LINKAGES	OUTPUT	MONITORING INDICATORS	TIME FRAME	BUDGET
To monitor, supervise and evaluate all programme activities.	• Monitor and evaluate activities to ensure programme implementation. • Monitor and evaluate data collection on female genital mutilation as per intervention strategies. • Evaluate all existing IEC and training materials for relevance and availability	* Record keeping on circumcised females attending institutions at all levels. *Quarterly records of number of circumcised females with ages. *Pre & Post intervention measurement of activities. * Include a section on FGM in MCH form and growth monitoring chart * Regular progress report. * Ascertain the viability and appropriateness of existing interventions aimed at eliminating FGM.	* LGA Health Department, * State Ministry of Health (M & E Unit). * Technical Advisory committee * Universities * Research Institutions	* Availability of data on female genital mutilation and complications. * Regular progress report presented. * Availability of data on behavioural changes.	* Number and age circumcised. * Morbidity and mortality cases with complications of female genital mutilation. * % of the circumcised with complications. * Regularity of progress report. * Quantitative and Qualitative Data.	Quarterly Bi-annual. Quarterly	N600,000 N800,000 1 million 1.3 million N400,000 N400,000

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