



2013 – 2017

**National Policy and Plan of Action for the
Elimination of Female Genital Mutilation in
Nigeria**

FEDERAL MINISTRY OF HEALTH ABUJA

August 2013



2013 – 2017

**National Policy and Plan of Action for the
Elimination of Female Genital Mutilation in
Nigeria**

Federal Ministry of Health Abuja

August 2013

Foreword

Female Genital Mutilation (FGM) otherwise known as Female Circumcision is a wide spread socio-cultural problem found across ethnic groups in Nigeria. Despite the attention focused on this Policy since the first FGM National Policy initiative in 2002, and the series of interventive programmes at the grassroot, FGM prevalence rate has remained unacceptably high [National Prevalence Rate of 30% and Disaggregated Data from some states as high as 84% (NDHS 2008)].

FGM is a violation of the rights of women and girls including their rights to health, security and physical integrity as well as a major cause of psychological and social problems. Many reasons have been adduced for the continued perpetuation of this harmful practice which include: reduction of sexual desires in females to curtail promiscuity and promote virginity before marriage; ensuring husband's sexual pleasure; promoting social integration and initiation of girls into womanhood; hygiene and aesthetic reasons; myths around the likely death of a baby whose head touches the clitoris during childbirth; as well as religious reasons among others.

The reasons listed above are both unscientific and parochial. The negative consequences of FGM have far reaching effects on the health of women, and their psycho-social being. These include: severe pain, excessive bleeding, shock, hepatitis, HIV/AIDS, Vesico Vaginal Fistulae (VVF), Retro Vaginal Fistulae (RVF), Pelvic Inflammatory Disease (PID), Urinary Tract Infection (UTI), painful menstruation, scarring and keloid formation, obstructed labour, sexual dysfunction, as well as psycho-social and emotional problems.

Elimination of Female Genital Mutilation is crucial to the attainment of both National and International Health. It will also contribute to the attainment of National Level Policies and promote gender equality, reduce infant mortality rate, improve maternal health and control HIV/AIDS in Nigeria.

This Revised National Policy and Plan of Action for the Elimination of FGM covering the period of 2013-2017 is the product of the efforts of the Federal Ministry of Health with inputs from a wide range of stakeholders. This document is well articulated and has been ratified by the 56th National Council on Health in August, 2013. It is expected that the implementation of this very commendable policy will significantly reduce the burden of FGM in Nigeria.

Prof. C. O. Onyebuchi Chukwu
Honourable Minister of Health

Acknowledgements

The Federal Ministry of Health acknowledges the invaluable contributions of numerous stakeholders in the review of the National Policy and Plan of Action for the Elimination of FGM for 2013-2017.

Contributions of some Line Federal Ministries, particularly Federal Ministries of Education, Women Affairs and Social Development, Youth Development, Finance and State Ministries of Health in the development of this policy are commendable.

I must also commend the efforts and contributions of relevant health related regulatory and professional bodies (NMA, NMCN, MDCN, NANNM), National Primary Health Care Development Agency, National Human Rights Commission, Nigeria Security and Civil Defence Corps, The Nigeria Police, NGOs with focus on FGM elimination, Faith-based Organizations such as Christian Association of Nigeria (CAN), Nigerian Supreme Council for Islamic Affairs (NSCIA), and Federation of Muslim Women Organizations in Nigeria (FOMWAN) various women associations including National Council of Women's Societies (NCWS), Women Leaders and individuals that contributed to the finalization of the review.

Likewise, the technical inputs of the following International Development Partners and Agencies such as PATHS II, DFID, FHI 360, SFH to the process of developing this policy is appreciated; and particularly the UNH4 National Programme Officers – WHO, UNICEF, UNFPA and World Bank with support from Canadian International Development Agency (CIDA) for collaborating with FMOH.

Finally, I wish to commend the sound guidance of FGM specialist Mrs. O. Orenuga and consultants Dr. O. Odujinrin and Prof Olabisi Aina; and Principal officers of the Gender, Adolescents, School Health and Elderly (GASHE) Division - the Head of Division Dr. C. Ugboko and the National Gender Focal Officer Mrs. Adenike Etta for facilitating the process and ensuring timely conclusion of the process.



Dr. Wapada I. Balami *mni*
Director, Department of Family Health

Content

Foreword.....	2
Acknowledgements	3
Acronyms	5
Introduction.....	8
National Response to FGM in Nigeria.....	12
Guiding Principles Policy Goal and Objectives.....	14
Strategies for the Implementation	17
Institutional Roles and Responsibilities	19
Research Monitoring and Evaluation.....	27
Resource Mobilisation	28
National Plan of Action (NPoA) for the Elimination of FGM in Nigeria (2013 - 2017)	31
References.....	55

Acronyms

AHI	Action Health Incorporated
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ANCOPPS	Association of Nigerian Conference of Principals of Secondary Schools
BCHEW	Basic Community Health Extension Worker
CBO	Community Based Organization
CDC	Community Development Committee
CHEW	Community Health Extension Worker.
CHPRN	Community Health Practitioners Registration Board of Nigeria
CIDA	Canadian International Development Agency
COMOs	Community Mobilization Officers
CORPs	Community Resource Persons
CSO	Civil Society Organizations
CTC on MNCH	Core Technical Committee on Maternal Newborn and Child Health
DFID	Department for International Development
DPRS	Department of Planning, Research and Statistics
EU	European Union
FIDA	International Federation of Women Lawyers
FGM	Female Genital Mutilation
FGMAC	Female Genital Mutilation Advisory Committee
FGMTC	Female Genital Mutilation Technical Committee
FME	Federal Ministry of Education
FMI	Federal Ministry of Information & Communication
FMJ	Federal Ministry of Justice
FMOH	Federal Ministry of Health
FMWA & SD	Federal Ministry of Women Affairs & Social Development
IAC	Inter-Africa Committee
IEC	Information Education Communication
ILO	International Labour Organisation
JAR	Joint Annual Review
JICA	Japan International Cooperation Agency

KAP	Knowledge Attitude and Practice
LGA	Local Government Area
MCH	Maternal and Child Health
MDA	Ministries, Departments and Agencies
MDCN	Medical and Dental Council of Nigeria
MNCHW	Maternal, Newborn and Child Health
M & E	Monitoring and Evaluation
MWAN	Medical Women Association of Nigeria
NANNM	National Association of Nigerian Nurses and Midwives
NAWOJ	National Association of Women Journalists
NAPEP	National Poverty Evaluation Programmes
NBA	Nigerian Bar Association
NBS	National Bureau of Statistics
NCCE	National Commission for Colleges of Education
NCH	National Council on Health
NDHS	National Demographic & Health Survey
NERDC	Nigerian Educational & Research Development Centre
NGO	Non-Governmental Association
NHMIS	National Health Management & Information System
NHRC	National Human Rights Commission
NMCN	Nursing and Midwifery Council of Nigeria
NMA	Nigerian Medical Association
NOA	National Orientation Agency
NPF	Nigeria Police Force
NPHCDA	National Primary Health Care Development Agency
NSCDC	National Security and Civil Defence Corps
NSHDP	National Strategic Health Development Plan
NURTW	National Union of Road Transport Workers
NUT	National Union of Teachers
NUC	National Universities Commission
NUJ	Nigerian Union of Journalists
PoA	Plan of Action
PTA	Parent Teachers' Associations
PHC	Primary Health Care
PPFN	Planned Parenthood Federation of Nigeria ✓

RH	Reproductive Health
RVF	Recto Vaginal Fistula
SMEDAN	Small and Medium Enterprises Development Agency of Nigeria
SMJ	State Ministry of Justice
SMOH	State Ministry of Health ✓
SMOI	State Ministry of Information
SMWASD	State Ministry of Women Affairs and Social Development ✓
SPHCDA	State Primary Health Care Development Agency
TAC	Technical Advisory Committee
TBA	Traditional Birth Attendant
TMC	Top Management Committee
TOR	Terms of Reference
UNDP	United Nations Development Programme
UNDS	United Nations Development System
UDHR	Universal Declaration of Human Rights
UNESCO	United Nations Education Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNIDO	United Nations Industrial Development Organization
UN WOMEN	United Nations Development Fund for Women
VHW	Volunteer Health Worker
VVF	Vesico Vaginal Fistula
WHA	World Health Assembly
WHO	World Health Organisation ✓
WIHD	Women in Health Development
WDC	Ward Development Committee

Introduction

1.0. Contextual Background

Many countries including Nigeria have ratified International Conventions and Declarations that make provisions for the promotion and protection of the rights of women and girls. These Conventions and Declarations include the Universal Declaration of Human Rights of 1948, the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) of 1979, and the Convention on the Rights of the Child (CRC) of 1989, the Beijing Declaration of 1995 and MDGs of 2000. At the Regional Level the country is signatory to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa of 2006. Based on these international and regional conventions and declarations, the country developed the National Gender Policy and its Implementation Framework in 2006 to ensure the promotion of gender equality. Despite the country's ratification of all these conventions and declarations with the existing policy, gender inequality persists with much discrimination against girls and women especially manifesting through many harmful traditional practices and violence against them including Female Genital Mutilation (FGM) across the country.

FGM impacts on the health of girls and women as it relates to their state of complete physical, mental and social well-being even with the agitation for the medicalization of the procedure which further compounds the advocacy for its elimination. Policies considering health from different dimensions exist in the country. These include the National Health Policy, Reproductive Health Policy, National Policy on the Health and Development of Adolescents and Young People. However, they do not specifically address the issue of Female Genital Mutilation (FGM).

FGM is a serious human rights violation of women and girls that has grave health consequences. It directly violates both Article 3, "Everyone has the right to life, liberty, and security of person," and Article 5, "No one shall be subjected to torture or to cruel, inhuman, or degrading treatment or punishment," of the Universal Declaration of Human Rights (UDHR). As it is indicative of women's subordination, it further violates the Universal Declaration's Article 7, "All are equal before the law and are entitled without any discrimination to equal protection of the law. All are entitled to equal protection against any discrimination in violation of this Declaration and against any incitement to such discrimination."

The existing policy (2002) for the elimination of FGM expired in 2008 and was not fully implemented hence the need for a revision in line with global thrusts and development. The need for a strategic change and overhaul of the approach for addressing the elimination of

FGM in order to keep pace with world progress has led to the review and revision of the policy. This revised policy on FGM is designed to focus on the elimination of the practice in Nigeria and also support the other existing Policies, Strategic Plans and Programmes, in the context of International Conventions and Declarations.

1.1. Situational Analysis of Female Genital Mutilation in Nigeria

Nigeria with a population of 168 million (2012 NPC projected population), has about 350 ethno-linguistic and cultural groups. These groups carry out various practices, such as Female Genital Mutilation, which are harmful to health and well-being. FGM is in fact rooted in patriarchal ideology often expressed in such cultural values as - gender inequality; femininity (expressed from a male point of view of purity, modesty, chastity, fidelity and social honour of the female person); male control of the woman's body /sexuality; and less expression of female sexual desire compared to their male counterparts among others.

FGM has been identified as having serious health implications on the girl child/woman, while also serving as a major obstacle to the attainment of the Global Declaration of 'Health for All' and importantly, inhibiting the attainment of the Millennium Development Goals (especially Goals 3, 4, & 5) which focuses on the health and well-being of the girl child and women. Female Genital Mutilation (FGM) is a longstanding cultural practice in the African region, in particular, Nigeria. Individual and group efforts to eliminate this practice have resulted in minimal success, indicating the need for dedicated national focus by governments and relevant stakeholders to bring this to the front burner at the levels of policy and practice.

The contextual analysis of FGM discussed in this section is based on major findings from the under listed surveys:

1. A national survey on female circumcision by the National Association of Nigeria Nurses and Midwives (1985 and 1996).
2. Community Based Knowledge, Attitude, and Practice studies from 22 States (1996) by the Inter-African Committee on Harmful Traditional Practices and
3. The National Baseline Survey on Harmful and positive Traditional Practices affecting women and girls in Nigeria conducted in all thirty States and the Federal Capital Territory, from 1996 to 1997.
4. The National Population Commission Report 2005 reported a slight decline in the incidence of FGM from 9% to 17.5%.
5. The NDHS 2008 which estimated the FGM rate at approximately 30% among the country's female population

FGM prevalence rates in the 2008 NDHS ranges from 0.1% - 83.9% - with zonal aggregates as follows:

North-East Zone	-	5.5%
South-South Zone	-	19.1%
North Central Zone	-	20.5%
South-East Zone	-	30.5%
South-West Zone	-	37.9%
North-West Zone	-	44.7%

FGM as a cultural practice cuts 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.

Notably, the four types of Female Genital Mutilation often identified in the literature are all practiced across various ethnic groups and age brackets in Nigeria. The commonest type of Female Genital Mutilation practiced in Nigeria is Type I. Types II and III are found in different geographical zones, while Type IV is common in the North (known as Gisihiri cuts), and in the South as the introduction of herbs into the vagina. (*Descriptions of the various FGM Types are provided below*).

1.2. Definitions

Female Genital Mutilation (FGM), also known as **Female Genital Cutting (FGC)**, or **Female Circumcision**, refers to "all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural, religious or other non-therapeutic reasons." (WHO, 1995). FGM or FGC comprises all surgical procedures involving partial or total removal of the external genitalia or other injuries to the female genital organs for cultural or other non therapeutic reasons (UNICEF, 2003).

Classification

According to WHO (2007), the types of Female Genital Mutilation currently practiced 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: Unclassified: All other harmful procedures to the female genitalia for non medical purposes, for example, pricking, piercing, incising, scraping and cauterization.

1.3. Health Implications and Consequences

The consequences depend on the type and severity of the genital mutilation. Immediate health complications include pain, shock, and bleeding, acute urine retention, risk of blood borne diseases such as septicaemia, Hepatitis B, HIV/ AIDS and other infections. The long-term health complications include recurrent urinary tract infection, dysmenorrhoea, sexual dysfunction, chronic pelvic infection, infertility, prolonged and obstructed labour; others include Vesico-vaginal Fistulae (VVF), Recto-vaginal fistulae (RVF) and scarring/keloid formation with psychosocial and emotional consequences. A few results provide evidence that women who have been mutilated are more likely to experience pain during intercourse, have reduced sexual satisfaction and desire than those without.

¹ Psychological, Social and Sexual Consequences of Female Genital Mutilation/Cutting (FGM/C), a systemic review of quantitative studies: report from Norwegian Knowledge Centre for the Health Services 2010

National Response to FGM in Nigeria

Overtime, there has been some level of response from Government and Civil Society Organizations in tackling FGM in Nigeria at all levels. These include:

- National Baseline Survey on Beneficial and Harmful Traditional Practices (Federal Government, 1998)
- National Policy and Plan of Action on Elimination of Female Genital Mutilation in Nigeria (Federal Government, 2002)
- Best Practices on the Elimination of Female Genital Mutilation (FGM): The Nigerian Experience (2004)
- Anti FGM legislation at State levels
- Community level education on the need to eliminate FGM (Ministries of Health, Women Affairs and Social Development, Development Partners, and local NGOs)
- Mainstreaming anti-FGM programmes in various relevant sectors
- Collaboration with National and international agencies
- Capacity building of stakeholders to sensitize on negative impacts of the practice
- Advocacy for legislation and treatment of FGM complications
- Provision of alternative means of income generation for excisors
- Various declarations and policies on health such as, the National Health Policy (2004) currently under review.

These efforts have resulted in some modest advancement in the early fight against FGM in Nigeria. Many of the activities gave rise to the awareness and recognition of Female Genital Mutilation as a harmful practice that should be discontinued; documentation on the estimation of the problem and prevalence of the various types; and State legislations against FGM.

² As many as 12 States legislated against FGM practice as of 2006

However, the gains of the 2002 FGM policy and interventions have been overshadowed by the enormity and deep rooted nature of the promoting factors rendering them almost insignificant and leaving the prevalence still high in the country. The need for a strategic change as well as overhauling current strategies for addressing the elimination of FGM in order to keep pace with world progress has led to the review and revision of the 2002 FGM Policy in line with global development. This revised policy document on the Elimination of Female Genital Mutilation is within the framework of the National Gender Policy, National Health Policy, National Health Strategic Development Plan (NHSDP) as well as other existing Policies and strategies relating to health in the Country. It is also 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. In addition, it 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-medicalization of female genital mutilation.

Guiding Principles Policy Goal and Objectives

3.1 Guiding Principles

The revised FGM policy is guided by the principles of human dignity, gender equality, trust, participation, inclusion and cultural respect. By this policy, the human rights of women and girls are to be respected, consequently, harmful traditional practices, including FGM are eliminated.

3.2 Policy Goal

The goal of this Policy 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. This is in line with the goal of the National Health Policy which provides for a level of health that will enable all Nigerians to achieve socially and economically productive lives. The health policy declares 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."

3.3 Policy Objective and Targets

The 2013 FGM policy has 4 main objectives:

Objective 1: To reduce the prevalence of female genital mutilation in Nigeria.

Targets:

1. Strengthen existing relevant systems.
2. Strengthen inter-sectoral collaboration.

3. Reduce proportion of women and girls undergoing FGM from 30% as reported in 2008 NDHS to less than 5% by 2017.
4. Increase the number of primary, secondary and tertiary health care facilities that provide care, counselling and support to affected female persons to about 80% by 2017.
5. Eradicate medicalization of FGM by 2015.

Objective 2: To promote community behavioural change initiatives towards elimination of FGM in Nigeria.

Targets:

1. Increase the proportion of women and men with knowledge about the harmful consequences of FGM from 50% to more than 80% by 2017.
2. Reduce the proportion of women who support continuation of FGM from 22% to less than 2% by 2017.

Objective 3: To establish a legal framework for the elimination of FGM at National and State levels.

Targets:

1. Support the advocacy for the passage of the Violence Against Persons Prohibition (VAPP) Bill, which encompasses FGM, by 2015.
2. Increase the number of states with legislation against FGM from 11 in 2013 to 36 states and the Federal Capital Territory by 2017.
3. Achieve Nationwide sensitization on the laws supporting FGM elimination by 2017
4. Federal and State governments have functioning FGM elimination programs by 2017.

Objective 4: To strengthen system for research, monitoring and evaluation towards the elimination of FGM.

Targets:

1. Identification of appropriate indicators and development of relevant data collection tools on FGM elimination for integration into the NHMIS.
2. Institutionalization of FGM issues into the national agenda through incorporation into the NSHDP and JAR.

3. Capacity building for M&E to adequately address gaps in knowledge and skills for accurate data collection and reporting.
4. Establishment of quality assurance mechanism for elimination of FGM by 2017.
5. Supporting research on identified gaps for the elimination of FGM by 2017.

Establishment of a system for regular documentation, dissemination and easy access to information on FGM by 2017

Strategies for the Implementation

Intensive programs and interventions that will result in deliverable outcomes and that allow for the monitoring and evaluation of such programs are contingent on the evolution of effective strategies. Such strategies will encompass short and long term programmes of activities that will result in the actualization of the overall aim of eliminating FGM. They will also ensure that such interventions are integrated and mainstreamed into the PoA and in the routine works of partner organizations and stakeholders for effective and concerted progress.

The government of Nigeria at all levels in implementing these strategies will partner with development agencies, civil society organizations, traditional and religious leaders, organized private sector, non-governmental organizations, community-based organizations, artists, mass media amongst others.

The strategies shall include:

- 1. Inter-sectoral Collaboration:** The FMOH will actively seek and engage in collaborative efforts with other sectors, MDAs and all stakeholders to implement programmes with the aim of eliminating the practice of FGM in Nigeria.
- 2. Advocacy:** Sustained advocacy and commitment of government at all levels to the successful implementation of the policy, including its legislation and enforcement will be encouraged. All relevant stakeholders will be required to collaborate, synergize and work towards achieving optimal contributions for the total elimination of the practice in Nigeria.
- 3. Awareness creation and Sensitization:** This will increase awareness of hazards of female genital mutilation through the use of IEC materials amongst all different sectors of the society. IEC materials will be developed with the active involvement of the various categories of stakeholders. This component will be integrated into other existing activities.
- 4. Educational Empowerment:** This will be achieved through the comprehensive integration of learning modules on the elimination of Female Genital Mutilation into the school curricula of all formal and non-formal educational institutions.
- 5. Capacity Building:** Programmes such as Training of Trainers (ToT), peer education, training of health workers, Law enforcement agencies, Traditional Birth Attendants (TBAs) and Village Health Workers (VHWs) as change agents will be undertaken.

This will be enhanced by ensuring the availability of suitable training materials that will address the dangers and consequences of FGM. This process will cut across all stakeholders to enhance their ability to effectively implement the policy.

6. **Behavioural Change Communication:** The FMOH in conjunction with Federal and State Ministries of Information, the National Orientation Agency (NOA), the media, and other relevant CSOs will carry out sustained sensitization, awareness creation and values re-orientation to achieve behavioural change from the grassroots to the national level on FGM elimination. Activities on FGM elimination to be incorporated into existing activities like Maternal, Newborn and Child Health (MNCHW), Antenatal care (ANC) among others.
7. **Skills Acquisition:** Promotion of income generation mechanisms through the provision of alternative skill acquisition for traditional circumcisers, and opening up opportunities for them to access credit and/or soft loans from microfinance institutions and other relevant bodies.
8. **Male Involvement:** Advocacy efforts will be targeted at men to enhance their appreciation of the process and the adverse consequences of FGM on the quality of life and health of their wives, sisters and daughters; they will ultimately be integrated into the efforts to eliminate the practice of FGM in the country.
9. **Research:** Promotion of research to establish baseline data, assess elimination progress and to understand the diverse cultural nuances and implications of FGM in various regions and communities.
10. **Monitoring and Evaluation:** An integrated monitoring and evaluation process will be instituted to keep track of the implementation process through periodic reviews including mid-term and end line assessments.
11. **Documentation and Dissemination:** Periodic reports resulting from the implementation of this policy will be generated and widely disseminated via publications, press releases and the relevant government agencies such as National Orientation Agency (NOA), Nigerian Bureau of Statistics (NBS) etc. In addition, best practices will be identified, documented and publicized for adoption by others.

Institutional Roles and Responsibilities

5.1 Institutional Structure for the Implementation of FGM Policy

The implementation of the National Policy for the Elimination of Female Genital Mutilation requires the active involvement of all tiers and agencies of governments, the communities, the private sector and non-governmental organizations including religious and traditional bodies. Implementation of the policy shall be driven by 2 major committees, which are:

1. **The FGM Advisory Committee:** This is to be established at the three tiers of Government. This body will also be a prominent member of the Partnership for Maternal, Newborn and Child Health (PMNCH). It is therefore important to ensure that the spirit of participation and involvement which are clear guiding principles of the policy are well entrenched.
2. **FGM Technical Committee:** This will also be established at all the three levels of government as a technical arm of the FGM Advisory Committee and functions in the MNCH Core Technical Committees (CTC) at all levels.

5.2 Institutional Structure and Membership of FGM Advisory Committee

5.2.1 Federal Level

The Federal Ministry of Health shall set up a National Advisory Committee on the elimination of Female Genital Mutilation in Nigeria which will be a prominent member of the Partnership for Maternal, Newborn and Child Health (PMNCH). Its membership shall comprise of representatives from each of the following:

1. Federal Ministry of Health (Convener)
2. Federal Ministry of Health – Gender Branch, Family Health Department (Secretary)
3. Federal Ministry of Women Affairs and Social Development (Co-convener)
4. Federal Ministry of Education
5. Federal Ministry of Information and Communication
6. Federal Ministry of Youth Development
7. Federal Ministry of Justice
8. Federal Ministry of Finance
9. Federal Ministry of Culture Tourism and National Orientation
10. National Primary Health Care Development Agency
11. National Orientation Agency

12. National Human Rights Commission
13. National Planning Commission
14. National Bureau of Statistics
15. National Union of Teachers
16. National Poverty Alleviation Agencies (NAPEP & SMEDAN)
17. National Association of Nigeria Nurses and Midwives (NANNM)
18. National Council of Women Societies (NCWS)
19. The Nigeria Police
20. Nigeria Security and Civil Defence Corps
21. The Nigerian Union of Journalists
22. Nigeria Medical Association
23. Medical Women Association
24. Nursing and Midwifery Council of Nigeria
25. Inter-African Committee on Traditional Practices (IAC Nigeria)
26. International Federation of Women Lawyers (FIDA)
27. UN System and bilateral Partners
28. Research Institutions – Specific Research – 3 Representatives
29. Media
30. Faith based Organizations
31. Civil Society Organizations that are focused on FGM
32. Other co-opted members [relevant NGOs & stakeholders]
33. Researchers (individuals)
34. M&E specialists

5.2.2 State Level

The FGM State Advisory Committee shall comprise representatives of each of the following:

1. State Ministry of Health (Convener)
2. Ministry of Women Affairs (Co-convener)
3. State Primary Health Care Development Agency
4. State Ministry of Education
5. Inter-African Committee on Harmful Traditional Practices
6. Media
7. State Chapter of Federation of Women Lawyers
8. National Association of Nigeria Nurses
9. Nigerian Medical Association
10. National Union of Teachers
11. Development partners
12. The Nigeria Police

13. The Council of Traditional Rulers
14. Youth Organisations
15. NPHCDA Zonal Technical Officer
16. Ministry of Information
17. Faith Based Organisations
18. State Chapters of NAWOJ, MWAN, NMA, NOA, NSCDC, NHRC
19. Civil Society Organizations that are focused on FGM
20. Other co-opted members [Relevant NGOs & Individuals e.g. Ex-circumcisers]
21. Researchers
22. M&E specialists

5.2.3 LGA/Community Level

The FGM LGA/Community level Advisory Committee shall comprise of all members of the technical committee with the Head of Department of Health as Convener, Women Development Officer as co-convener and Reproductive Health Supervisor as secretary in addition to the following:

1. Traditional rulers/Religious Leaders
2. Community Leaders
3. Women Leaders
4. Market leaders (male and female dominated groups)
5. Relevant Community Based Organisations (CBOs) in the LGA
6. State Chapters of NAPEP and SMEDAN
7. Health department of Notable companies within the LGA Market Groups (male & female dominated)
8. Community mobilization officers (COMOs)

5.3 Institutional Structure and Membership of FGM Technical Committee

5.3.1 Federal Level

At the Federal level, the FGM National Technical Committee will function within the National Core Technical Committee (CTC) on MNCH. Its membership shall comprise representatives from the following:

1. FMOH - Family Health Department (Convener)
2. Gender Branch FMOH (Secretary & Secretariat)
3. FMWA&SD
4. NPHCDA
5. FME
6. FMol

7. FMJ
8. NHRC
9. NOA
10. Relevant Professional Associations and Regulatory bodies.
11. NGOs
12. CSOs
13. UN agencies
14. Bilateral and multilateral agencies
15. DPRS, FMOH (Research, Documentation)

5.3.2 State Level

At the State level, the policy is driven by the FGM State Technical Committee, which will function within the State Core Technical Committee on MNCH and shall comprise representatives of the following:

1. Commissioner of Health SMOH (Convener)
2. Exec Secretary, SPHCDA or DPHC
3. Gender desk SMOH (Secretariat)
4. RH Coordinator
5. DPRS, SMOH (for Research, Documentation)
6. State Health Educator/State HMB/Hospital Services dept.
7. SMWA & SD
8. SPHCDA
9. SMOE
10. SMol
11. SMJ
12. Zonal and State offices of National Human Right Commission
13. The Nigeria Police
14. Civil Defence Corps
15. Zonal and State offices, NOA
16. Inter-African Committee (IAC-Nigeria) on Traditional Practices
17. UN agencies
18. Bilateral and multilateral agencies
19. Relevant Professional bodies
20. CSOs/NGOs

5.3.3 LGA Level/Communities

The Local Government Council shall expand the PHC Development Committee to accommodate the other members of the FGM Technical Committee. The expanded committee will include representatives of the following:

1. Head of Department of Health (Convener)
2. Women in Health or Reproductive Health focal person/MCH focal person (Secretary)
3. Women Development Officer (co-converner)
4. LGA health educator
5. Department of Education
6. NURTW
7. The Nigeria Police
8. Women Leaders
9. Representative of Traditional Birth Attendants (TBAs)
10. Representative of Village Health Workers (VHWs)
11. Representative of Youth Organisations
12. NGOs in fields relevant for FGM elimination
13. representatives of Ward Development/Community Development Committees
14. Media
15. Other co-opted members (relevant NGOs & Individuals e.g. ex-circumcisers)

5.4 Roles and Responsibilities

5.4.1 FGM Advisory Committee

The roles and responsibilities of FGM Advisory Committees at the 3 tiers of government are listed below.

5.4.1.1 Federal Level

The FGM National Advisory Committee shall perform the following roles and responsibilities:

1. Be the coordinating body for FGM elimination at the federal level. It shall provide general oversight and guidance for FGM elimination activities in the country.
2. Sustain the dissemination of information on Female Genital Mutilation within the framework of women and girls health and development.
3. Advocate for capacity building on behaviour change communication in all relevant institutions for the Elimination of Female Genital Mutilation.
4. Advocate adequate provision in the national budget for the implementation of the Plan of Action.
5. Mobilise financial resources and technical support for the implementation of the Plan of Action to compliment Government's effort.
6. Ensure Annual commemoration of the Day of Zero Tolerance to Female Genital Mutilation.

7. Encourage the Federal Ministry of Education to sufficiently incorporate elimination of Female Genital Mutilation in school curricula.

5.4.1.2 State Level

The State FGM Advisory Committee shall be the coordinating body for FGM elimination in the State. It shall make overarching decisions and provide general oversight and guidance for FGM elimination activities in the state. This committee shall:

1. Sustain the dissemination of information on Female Genital Mutilation within the framework of women and girls health and development.
2. Advocate for capacity building on behaviour change communication in all relevant institutions for the Elimination of Female Genital Mutilation
3. Advocate for provision of funds in State annual budget for elimination of Female Genital Mutilation.
4. Encourage the State Ministry of Education to sufficiently incorporate elimination of Female Genital Mutilation in school curricula
5. Advocate for enactment of anti-FGM laws (where not passed) and enforcement of the laws in states where it has been passed.

5.4.1.3 LGA/Community Level

The roles and responsibilities of the FGM LGA/Community level Advisory Committee shall be to:

1. Ensure the dissemination of information on Female Genital Mutilation within the framework of women and girls health and development to all facets of the community.
2. Advocate for capacity building on behaviour change communication in all relevant institutions for the Elimination of Female Genital Mutilation
3. Solicit for funds to support activities for elimination of Female Genital Mutilation from within the LGA sources e.g. successful indigenes and friends of the community as well as companies operating within the LGA as part of their social corporate responsibility;
4. Facilitate provision of funds in LGA annual budget for programmes towards elimination of FGM
5. Undertake/Support celebration of landmark events for FGM elimination within the LGA especially annual commemoration of the Day of Zero Tolerance to Female Genital Mutilation.
6. Support/ participate in monitoring and evaluation activities for FGM elimination by engaging in needed community awareness creation and participation.

7. Encourage the State Ministry of Education to sufficiently incorporate elimination of Female Genital Mutilation in school curricula

5.4.2 FGM Technical Committee

This section presents the roles and responsibilities of FGM Technical Committees at the three levels of governance – federal, state, and LGA.

5.4.2.1. Federal Level

The FGM National Technical Committee, among others, shall:

1. Sustain the dissemination of information on Female Genital Mutilation within the framework of women and girls' health.
2. Support programmes on the prevention, elimination and management of complications of Female Genital Mutilation.
3. Monitor, evaluate, and periodically review activities and strategies to ensure programme implementation.
4. Ensure that data on Female Genital Mutilation is integrated into the National Health Management Information System.
5. Periodically report on FGM activities to the FGM advisory committee (biannually) and the National MNCHCTC (quarterly).
6. Ensure that the Federal Ministry of Health establishes and maintains a Data Bank on Female Genital Mutilation.
7. Co-ordinate the biannual meeting of the FGM Advisory Committee.
8. Coordinate FGM elimination activities by liaising with the Federal Ministry of Health and relevant agencies at Federal and State level, private sectors and NGOs
9. Provide feedback on FGM elimination reports received to the state FGMTC.
10. Ensure integration of Female Genital Mutilation elimination issues into development policies.

5.4.2.2. State Level

The roles and responsibilities of the FGM State Technical Committee shall be to:

1. Adopt policies and legislation formulated by the Federal Government and implement the strategies therein.
2. Sustain the flow of information on Female Genital Mutilation within the framework of women and girls health and development in the State.
3. Support intervention programmes on elimination of Female Genital Mutilation and management of its complications.
4. Monitor, evaluate and review activities on elimination of Female Genital Mutilation.

5. Periodically report to the State Advisory Committee on FGM (biannually), State CTC on MNCH (quarterly) and the National FGMTTC (biannually).
6. Collaborate with individuals, groups and NGOs in programme implementation.
7. Co-ordinate all activities related to the Plan of Action.
8. Ensure Annual commemoration of the day of zero tolerance to Female Genital Mutilation.

5.4.2.3 LGA Level

The roles and responsibilities of the expanded PHC Committee shall be to:

1. Adapt policy and legislation formulated by the Federal/State level and implement the strategies therein.
2. Develop an implementation plan in consultation with the community.
3. Review and monitor on a continuous basis in consultation with the stakeholders.
4. Report to the Local Advisory Committee (biannually) and state FGMTTC also biannually.
5. Ensure collection and management of data on incidence and management of Female Genital Mutilation.
6. Organise community outreach and education programmes on Female Genital Mutilation and its elimination.
7. Collaborate with Ward and Community Development Committees, National Orientation Agency and all other relevant stakeholders in disseminating information on the elimination of Female Genital Mutilation.
8. Ensure education and training of all professionals working with the community on Female Genital Mutilation.
9. Establish community support systems for potential victims of Female Genital Mutilation.
10. Collaborate with individuals, groups and NGOs in resource mobilisation and programme implementation.
11. Advocate for the provision of funds in the LGA annual budget, for the elimination of Female Genital Mutilation.
12. Assist in devising appropriate and efficient means for the education and enforcement of legislation and laws on Female Genital Mutilation.

Research Monitoring and Evaluation

6.1 Research

The Department of Health Planning Research and Statistics of the Federal Ministry of Health and National Primary Health Care Development Agency shall collaborate with the National FGM Technical Advisory Committee to process research proposals on Female Genital Mutilation. Priority shall be given to:

1. Studies to determine appropriate behaviour change communication initiatives for the elimination of Female Genital Mutilation for different target groups.
2. Studies on the psychological, socio-cultural and economic determinants of Female Genital Mutilation.
3. Relevant studies on the implications and consequences of Female Genital Mutilation
4. Periodic collection, collation, dissemination and use of data on Female Genital Mutilation in each state of the country.
5. Identification and collation of current Best Practices on eliminating Female Genital Mutilation nationwide.

6.2 Monitoring and Evaluation

1. Periodic monitoring of sectoral activities shall be carried out to ensure that each sector meets targets. The National FGM Technical Advisory Committee in collaboration with National Primary Health Care Development Agency, Health Planning and Research Department of the Federal Ministry of Health, National Bureau of Statistics and NDHS 2013 Coordinator (domiciled in NPopC) will develop indicators which will be incorporated in an integrated National Health Management Information System (NHMIS).
2. The Monitoring and evaluation activities shall be carried out at Community, LGA, State and National levels.
3. The Federal Ministries of Health, Women Affairs, Youth Development, Education, National Bureau of Statistics, National Primary Health Development Agency, National Population Commission, Research Institutions and Universities shall generate specific data to periodically assess achievements in the elimination of Female Genital Mutilation.
4. The Federal Ministry of Health shall have the overall responsibility of compiling the reports of the activities of different sectors.

Resource Mobilisation

Elimination of Female Genital Mutilation should be explicitly catered for in the National Strategic Health Development Plan as a medico-social issue. In addition, because of the enormity of the problem, it also shall attract funding from special programmes such as the Millennium Development Goals (MDGs) and Subsidy Re-investment Programme (SURE-P).

The community shall be the focus of Female Genital Mutilation programmes. The government, non-governmental organizations, 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:

1. Federal Government: Federal Ministries of Health, Education, Finance, Information and Culture, Women Affairs and Social Development, Youth Development, National Poverty Eradication Programme, National Centre for Women Development, and other relevant Federal Institutions.
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.
3. Local Government: Local Government Councils, and Community Based Organizations.
4. The Private Sector/Non-Governmental Organisations such as: Oil Companies, Manufacturers, Banks, Clubs, Societies, Women Organisations, Faith Based Organisation, telecommunication companies and individuals.

The UN System and bilateral partners and International Agencies such as: ILO, FORD FOUNDATION, DFID, WORLD BANK, EU, JICA, CIDA as well as the Embassies and other interested international donor agencies.

**NATIONAL PLAN OF ACTION (NPoA)
FOR THE ELIMINATION OF FGM
IN NIGERIA
(2013 - 2017)**

National Plan of Action (NPoA) for the Elimination of FGM in Nigeria (2013 - 2017)

This NPoA for the elimination of FGM in Nigeria targets a 5-year period (2013 -2017), and has four (4) distinct sections in line with the National FGM Policy Framework. The sections are:

- Section 1: Plan of Action for the reduction of incidence and prevalence of FGM in Nigeria by 2017
- Section 2: Plan of Action for the promotion of behaviour change initiatives towards the elimination of FGM in Nigeria
- Section 3: Plan of Action for strengthening the legal framework for the elimination of FGM at National and State levels
- Section 4: Plan of Action for the strengthening of systems for research, monitoring and evaluation towards the elimination of FGM in Nigeria.

Section 1 Plan of Action for the Reduction of the Incidence and the Prevalence of Female Genital Mutilation in Nigeria

Reducing the prevalence of FGM in Nigeria will involve combination of efforts from different sectors using multiple strategies. Strengthening existing inter-sectoral coordination mechanisms, targeted advocacy to key stakeholders and capacity building of different sectoral players including health care providers on prevention and management of FGM are all important towards the achievement of this objective. Specific efforts will be made to discourage medicalization by collaborating with regulatory authorities for health care providers and the law enforcement agencies.

Specific Objective 1.1: To Strengthen Existing Systems for Elimination of Female Genital Mutilation

Strategies	Activities	Target Groups	Results (Output)	Indicators	Means of Verification	Period of Implementation	Responsible	Cost (N)	Source of Funding
Intersectoral Collaboration and Networking	Inauguration of FGM Advisory and technical committee at all levels	Federal State LGA	1624 FGM committees inaugurated (2 Federal: 37X2 states: 774 X 2 LGAs)	Number of FGM committees inaugurated	Activity report	2013-2014	FMOH FMWASD FMYD NOA SMOH & LGAs Dept of Health	N4,2,700,000 (Federal = N150,000, State= N100,000 x 37, LGA N50,000 x 774)	FMOH, SMOH LGA Health Dept, UNFPA, WHO Private sector Other Development Partners
Capacity Building	Sensitization and orientation of FGM Advisory and Technical committees on FGM elimination at all levels Conduct Planning and coordination	Federal State LGA	1624 FGM committees strengthened (2 Federal: 37X2 states: 774 X 2 LGAs)	Number of FGM committees sensitized	Activity reports	2014	FMOH, SMOH and LGAs Dept of Health	N112,400,000 (Federal- N8,000,000 - both, State - N1,000,000 x 37, LGA - N100,000 x 774)	FMOH SMOH LGA Health Dept, UNFPA WHO Private sector Other Development Partners
		FMOH SMOH Department	2 Advisory committee meetings at	Number of planning meetings	1) Minutes of meetings	2013-2017	Desk officers FMOH, SMOH and LGAs Dept	N4,07,600,000 (Fed Adv - N3,000,000 x	FMWA/FMOHS MOH and LGAs Dept of Health

Strategies	Activities	Target Groups	Results (Output)	Indicators	Means of Verification	Period of Implementation	Responsible	Cost (₦)	Source of Funding
	meeting by FGM committees	of Health in LGAs CSOs	Federal and state levels annually; LGA - quarterly 12 FGM technical committees meetings at Federal and State levels annually; LGA - quarterly	conducted	2) List of attendance		of Health	2; State Adv – ₦1,000,000 x 2 x 37; LGA Adv - ₦200,000 x 4 x 774) (Fed TC – ₦1,000,000 x 12; State TC - ₦500,000 x 12 x 37, LGA TC - ₦200,000 x 4 x 774)	Partners
	Conduct joint programmes on FGM elimination annually by CSOs, NGOs & Governments	NGO, FBOs and CSOs and Govt.	At least 2 joint programme conducted annually at all levels	Number of joint programmes conducted annually at all levels	Activity reports	2013 - 2017	FMOH/FMWA Development Partners, Government Private Sector and CSOs	₦699,600,000 (Federal- ₦20,000,000 States- ₦370,000,000 LGA- ₦400,000 x 774 = ₦309,600,000)	Governments Development Partners Private Sector
Advocacy	Conduct evidence based advocacy to TMC & legislators at all levels of government to allocate resources for FGM elimination programmes in Nigeria	TMC National and State House of Assembly members and LGA legislative members	1) 12 Creation of budget line by TMC at all levels 2) 75 Advocacy visits (1 Federal, 2/state: legislators and LGA)	1) % of states with budget lines for FGM 2) % state with funds allocated to FGM by govt at all levels in Nigeria 3) Number of Advocacy visits conducted	2) Report of visits 3) Proceedings in House of Assemblies on increase budgetary allocation for FGM funding. 1) Annual Budget document at all levels of government	2013 - 2017	FMWASD FMOH FMYD NOA SMOH LGAs Health Department NGOs FBOs CBOs	₦750,000	FMWA/ FMOH SMH LGAs Health Department Development Partners

Strategies	Activities	Target Groups	Results (Output)	Indicators	Means of Verification	Period of Implementation	Responsible	Cost (N)	Source of Funding
	Investiture of First Lady and wives of Governors and LGA chairmen as FGM elimination Champions	First Lady, Wives of Governors and LGA chairmen	812 FGM elimination champions instituted	Number of FGM champions instituted	Report of investiture	2013 - 2014	FMWASD FMOH SMOH LGAs Health Department NGOs FBOs CBOs	N68,240,000 (Federal- 5,000,000 States – 1,500,000 x 37- N55,500,000, LGAs - N7,740,000)	FMWA/FMOH SMH LGAs Health Department partners
	Advocacy/ Sensitization meeting/visit with media institutions and entertainment industry	Media owners workers PMAN Nollywood	3 advocacy meetings	Number of advocacy meetings	Report of meeting with attendance	2013 - 2014	FMWA, FMOI FMOH, SMH, LGAs Health Dept, NGOs, FBOs, CBOs	N10,425,000	FMWA/FMOH, NOA SMH LGAs Health Depts. Partners
	Conduct Annual Roundtable advocacy meeting for Private sector organizations for funding of FGM elimination programmes	Multinationals Banks Telecom SMEs Wealthy Individuals Private sector	1 roundtable meetings at each level annually	Number of round table meetings conducted.	1) List of participants 2) Minutes of meetings	20013 - 2017	FMWASD FMOH SMOH Dept of Health of LGAs	N13,900,000	FMWA FMOH SMOH LGAs Development Partners Private sector organisations

Specific Objective 1.2: To Reduce P roportion of Women and Girls undergoing FGM from 30% (National Average) to less than 5% by 2017

Strategies	Activities	Target Groups	Results (Output)	Indicators	Means of Verification	Period of Implementation	Responsible	Cost (N)	Source of Funding
Capacity Building for Prevention and Management of FGM Complications	Develop training modules on prevention and management of FGM	Health care providers	Availability of training module on FGM	Training module on FGM prevention and Management	Print ready draft Training module	2013	FMOH NMWC MDCN BCHEW	N9,800,000	FMOH and Partners
	TOT on FGM Training Module	Masters trainers on MNCH	6 zones TOTs on FGM (5 Trainers trained/state)	1) No of zonal TOTs conducted 2) No of trainers trained /state	Report of TOTs	2013 - 2014	FMOH SMOH	N27,000,000 (4,500,000 per zone x6)	FMOH SMOH Partners
	Production and distribution of FGM training modules	Health care providers	2000 copies of FGM training modules	No of FGM modules distributed	Distribution list	2014	FMOH SMOH	N2,000,000	FMOH and partners
Service Delivery	Sensitization workshop on dangers of FGM	Teachers Police NSCDC Circumcisers VHW TBAs, CORPs Religious bodies	At least 1 workshop/LGA (at least 10 participants)	No of LGAs conducting sensitization workshop	Report of sensitization workshop	2014 - 2017	FMOH FMWASD SMOH LGAs NGOs NHRC	Budgeted under joint activity (see section 1.1)	FMOH SMOH LGAs and Partners
	Integrate FGM into SRH/HIV services	Hospitals and clinics	At least 1000 hospitals and clinics providing integrated FGM/SRH/HIV services	No. of hospitals and clinics that provide SRH/HIV and FGM integration	1) Clinic report 2) Activity report	2014 - 2017	FMOH NACA Development partners	N1,166,200	Development Partners Private sector organisations

Strategies	Activities	Target Groups	Results (Output)	Indicators	Means of Verification	Period of Implementation	Responsible	Cost (R)	Source of Funding
Advocacy	Advocacy to training institutions for health care providers to integrate FGM module into their training curricula	NMCN MDCN CHPRN (BCHWE) Training institutions	1) At least 4 advocacy visits 2) FGM integrated into training curricula of health workers	1) No of Advocacy visits 2) No of training curricula with FGM	1) Reports of advocacy visits 2) Training curricula of health workers	2013-2014	FMOH SMoH	R750,000	FMOH Partners
	Advocacy to Ministry of Education for integration of FGM into schools curricula	Ministry of Education	1) At least 2 advocacy visits 2) FGM integrated into schools curricula	No of advocacy visits	1) Reports of advocacy visits 2) Primary and Secondary Schools curricula	2013 - 2014	FMOH	-	FMOH Partners
	Sensitization of regulatory bodies and professional associations for health care providers on medicalization of FGM	MDCN NMWC CHPRN (BCHWE) NMA NANW NACHEW	Penalty for health workers conducting Medicalized FGM	1) No of regulatory authorities and health workers reached 2) Associations with specific penalty for medicalization of FGM	Circulars stipulating penalties	2013 - 2014	FMOH	R750,000	FMOH Partners

Specific Objective 1.3: To Eradicate Medicalization of FGM in Nigeria by 2015

Strategies	Activities	Target Groups	Results (Output)	Indicators	Means of Verification	Period of Implementation	Responsible	Cost (₦)	Source of Funding
Advocacy	Sensitization of regulatory bodies and professional associations for health care providers on medicalization of FGM	MDCN NMWC CHPRN (BCHWE) NMA NANW NACHEW	Penalty for health workers conducting Medicalized FGM	1) No of regulatory authorities and health workers reached 2) Associations with specific penalty for medicalization of FGM	Circulars stipulating penalties	2013 - 2014	FMOH	₦750,000	FMOH Partners
Monitoring and Evaluation	Support regulatory authorities to monitor FGM practices in the health sector	NMWC CHPRN (BCHWE) NMA NANW NACHEW	Mechanism for monitoring FGM in the health sector	No of regulatory bodies with mechanism for monitoring FGM	Monitoring reports	2013 - 2017	FMOH	₦4,800,000	FMOH Partners Regulatory authorities

Section 2: Plan of Action for the Promotion of Behaviour Change Initiatives towards the Elimination of FGM in Nigeria

Behavioural Change Communication Intervention / Information Education Communication (BCCI/IEC) is the cornerstone for FGM Elimination

IEC materials as supportive tools to Behavioural Change Communication Interventions (BCCI), will be targeted to specific audiences and communities instead of being mass produced as an intervention on its own. Under this approach, accurate coverage will be employed to desensitize the issues of FGM and promote dialogue. Working with the media will involve training of personnel on gender issues and ways to report on FGM. In addition, traditional media and communication such as storytelling, dramas, poetry and songs will be promoted for information and education of the community about FGM issues.

Beneficiary communities will be involved from the planning stage of the BCCI. They will be engaged in the process of identifying positive community values that support FGM elimination and these will be developed/refined to ensure sensitivity and specificity and used as part of the BCCI. The community decision-making or consensus-building approach will significantly allow collective decision-making and build on the BCCI approach. Alternative rites of passage not involving FGM will be explored together with members of the community.

This intervention, in addition to linking excisors who stop the practice to alternative sources of income, will also focus on converting them to become agents of change by spreading the anti-FGM message to other communities. Urban elites, Youths and health care providers will be targeted specifically to prevent medicalization which is becoming a growing trend in cosmopolitan areas.

Specific Objective 2.1: Reduce the Proportion of Women and Men who Support the Continuation of FGM from 22% to less than 2%.

Strategies	Activities	Target Groups	Results (Output)	Indicators	Means of Verification	Period of Implementation	Responsible	Cost (in Millions)	Source of Funding
BCC material development	Develop, pre-test, produce and disseminate FGM specific BCC materials: 1) Advocacy Kit: kit will include materials that will address Resource mobilization, Legal, Research and M&E needs for FGM elimination in sections 1, 3 & 4 respectively	Policy makers and key stakeholders: Legislators, HM/ED/CEO of relevant MDAs including NOA State commissioners of Education, Health, Info, WASD & Youth Chairmen of LGAs First Lady, Wives of Chairmen and Legislators & Councillors Media: Print and electronic media, entertainment industry, NAWOJ, NUJ Law Enforcement Agencies: Police, NSCDC Educational Institutions	Target specific advocacy tools: Policy briefs, press briefing kits, newspaper editorials, fact sheet and documentaries produced and disseminated	1) Number of target specific advocacy kits developed. 2) Contents of advocacy kits per group.	1) Copies of advocacy kits produced per group. 2) The forum of dissemination of advocacy kits. 3) Distribution list per forum	2013 – 2016	FMOH Development Partners	₦10m	FMOH FMWA Dev. Partners

Strategies	Activities	Target Groups	Results (Output)	Indicators	Means of Verification	Period of Implementation	Responsible	Cost (in Millions)	Source of Funding
		Professional associations: NMA, FIDA, NBA Training Institutions, ANCOPPS, heads PTA, NUT							
		Private Sector: Multi National Corporations, Tele-communication networks & Banks Community leaders, traditional leaders & religious leaders, NGO, CSOs, CBOs FBOs							
	2) BCC Training	Media of private schools, Law Enforcement Officers, NOA, COMOs Excisors/Ex-Excisors and TBAs CSOs, NGOs Peer educators (Students, out-of school youth,	BCC training containing sections for different target groups produced.	Contents of modules produced	1) Copies of the module 2) Content of the training module	2014 – 2015	FMoH Development Partners	N3m	FMoH Dev. Partners

Strategies	Activities	Target Groups	Results (Output)	Indicators	Means of Verification	Period of Implementation	Responsible	Cost (in Millions)	Source of Funding
	3) Job Aids	women groups, male groups Health workers	Job Aids for different cadres of health workers produced and disseminated	1) Number of Job aids produced per cadre. 2) Contents of each job aid produced	Copies of the job aids produced.				
	4) Posters, flyers, leaflets, Documentaries TV and Radio Jingles, Bill Boards, development of scripts for Community drama & road shows	Health workers Excisors, Ex-cisors and TBAs Peer educators (Students, out-of school youth, women groups, male groups) Private Sector: Multi National Corporations, Tele-communication networks, Banks CSOs, NGOs Community groups: Age grades, CDC, WDC Youth, market women leaders,	Target specific: Posters, Flyers Leaflets and documentaries TV and Radio Jingles, Bill Boards, Scripts for Community drama produced and disseminated	1) Number of target specific BCC materials developed. 2) Contents of each BCC materials per group.	1) Copies of BCC materials produced per group. 2) The forum of dissemination of BCC materials 3) Distribution list per target group	2014 - 2017	FmoH Development Partners	N5,00,000	FmoH FMWA Dev. Partners

Strategies	Activities	Target Groups	Results (Output)	Indicators	Means of Verification	Period of Implementation	Responsible	Cost (in Millions)	Source of Funding
Capacity Building		town announcers							
	Trainings for various groups to build skills on FGM issues in 36 states and FCT	General public FGM advisory and technical Committee members Health care providers, TBAs. Media. Excisors, Ex-excisors. Law enforcement officers, National Orientation agency, COMOs CSOs/NGOs Peer educators (Students, out-of-school youth, women groups, male groups)	Training sessions held for each group (25/session)	No of trainings held by group.	Number of persons trained per group per State/LGA.	2014 – 2016	FMOH SMoH SMoWA FMWA NSCDC Development Partners	₦4.0m	FMOH SMOH, SMOWA FMWA NOA NSCDC Dev Partners
Advocacy	Conduct National, zonal and state advocacy meetings with Policy makers and key stakeholders at all levels - ensuring that Resource	Policy makers, Legislators, HM/ED/CEO of relevant MDAs State commissioners of Education, Health, Information, Women Affairs, Youth	Advocacy meetings held for various groups per level.	No of advocacy meetings held per group at each level.	1) Functional FGM advisory and technical committee 2) Proportion of stakeholders supporting and implementing interventions that promotes	2013 – 2017	FMOH, SMOH SMOWA FMYD FMWA Development Partners	₦15m	FMOH SMOH SMOWA FMWA FMYD Dev Partners

Strategies	Activities	Target Groups	Results (Output)	Indicators	Means of Verification	Period of Implementation	Responsible	Cost (in Millions)	Source of Funding
	<p>mobilization, Legal, Research and M&E needs for FGM elimination are covered</p>	<p>Development, FMYD, NGOs</p> <p>Chairmen of LGAs, first lady, wives of chairperson and legislators.</p> <p>Media: Print and electronic media, entertainment industry, NAWOJ, NUJ</p> <p>Law Enforcement Agencies (Police, Civil defence)</p> <p>Educational Institutions</p> <p>Professional associations (NMA, FIDA, NBA)</p> <p>Training Institutions, ANCOPPS, heads of private schools, PTA, NUT</p> <p>Private Sector: Multi-national Corporations, Tele-communication networks, Banks</p> <p>Community</p>			FGM elimination at all levels.				

Strategies	Activities	Target Groups	Results (Output)	Indicators	Means of Verification	Period of Implementation	Responsible	Cost (in Millions)	Source of Funding
Awareness Creation and Sensitization	Sensitization meetings for stakeholders in 774 LGAs and 6 FCT area councils - ensuring that legal needs and laws for eliminating FGM as well as Resource mobilization, Research and M&E needs are covered	<p>leaders: Traditional leaders, religious leaders,</p> <p>NGO, CSOs, CBOs FBOs</p> <p>Community leaders & groups</p> <p>NGOs CSOs/FBOs Heads of Educational institutions, Teachers, PTA,</p> <p>Artisan associations.</p> <p>Law enforcement agencies.</p> <p>General Public</p>	<p>1) Sensitization meetings held for different target groups across the Federation.</p> <p>2) Alternative right of passage without FGM</p> <p>1) Periodic publication of editorials on FGM in major newspapers.</p> <p>2) TV & Radio jingles aired in local languages</p> <p>3) Town hall meeting,</p>	<p>1) No of sensitization meetings per group at all levels per LGA</p> <p>2) Number of people sensitized per group.</p> <p>3) No. of LGAs covered</p> <p>1) Frequency of airing of jingles and publication of editorials.</p> <p>2) No of town hall meetings and dialogue sessions held.</p>	<p>Reports of meetings and attendance list.</p> <p>1) Schedule for transmission on Radio and TV.</p> <p>2) Pictures of Town hall meetings</p>	2013 – 2017	<p>FMOH SMOH Development Partners SMOWA FMWA</p> <p>FMOH SMOH SMOWA NOA FMOI, FMWA COMOs Development Partners</p>	<p>₦100m</p> <p>₦100m</p>	<p>FMOH SMOH SMOWA FMWA Dev. Partners</p> <p>FMOH SMOH SMOWA FMWA Dev. Partners</p>

Strategies	Activities	Target Groups	Results (Output)	Indicators	Means of Verification	Period of Implementation	Responsible	Cost (in Millions)	Source of Funding
	town hall meetings = ensuring that resource mobilization, legal, research and M&E needs for FGM elimination are also covered		community dialogues 4) Hotline Established 5) Alternative right of passage without FGM						

Section 3: Plan of Action for Strengthening the Legal Framework for the Elimination FGM at National and State Levels

Availability and enforcement of laws against Female Genital Mutilation at national and state levels is crucial for elimination of the practice in Nigeria. Advocacy efforts will be intensified to ensure passage of the Violence Against Persons Prohibition Bill and other relevant anti-FGM laws at all levels by 2015. Nationwide awareness creation and sensitization on the laws will be conducted targeting community stakeholders, youths, traditional and religious leaders and the law enforcement agencies. In addition, collaboration between the community, policy makers, judiciary and the legislators will be promoted to ensure effective enforcement of promulgated laws.

Specific Objective 3.1: Support Advocacy for the Passage of the VAPP Bill

Strategies	Activities	Target Groups	Results (Output)	Indicators	Means of Verification	Period of Implementation	Responsible	Cost (N)	Source of Funding
Advocacy Intersectoral collaboration	Advocate for the passage of the VAPP Bill	Legislators Mass media	VAPP Bill is passed and signed into law	1) Number of Legislators identified and recruited as champions for the VAPP Bill 2) Number of advocacy engagements with legislators and the mass media	1) Reports of advocacy engagements 2) Media coverage of the VAPP Bill 3) Signing of the VAPP Bill into law	2013-2015	FMOH SMOH FMWA FMJ NHRC MDAs NGOs/CSOs Private Sector General Public	(covered in section 2 above)	FMWA Development Partners NGOs

Specific Objective 3.2: Increase the Number of States with Legislation against FGM from 13 to 36 States and the FCT

Strategies	Activities	Target Groups	Results (Output)	Indicators	Means of Verification	Period of Implementation	Responsible	Cost (N)	Source of Funding
Advocacy Intersectoral collaboration	Advocacy to States for the passage of legislation against FGM	Legislators Governors Commissioners Mass media	States pass legislation against FGM	Number of states that have legislation against FGM	1) Laws of the State Assembly 2) Reports of advocacy activities.	2013 - 2017	SMOH SMWA MDAs NGOs CSO	₦54m (₦2m x 27 states)	SMOH SMWA Development Partners, NGOs/CSO

Objective 3.3: Co-ordinate Nationwide Sensitization Campaign on the FGM Laws

Strategies	Activities	Target Groups	Results (Output)	Indicators	Means of Verification	Period of Implementation	Responsible	Cost (N)	Source of Funding
Awareness creation and sensitization	Nationwide sensitization campaigns on FGM Law	Mass media Artistes Nollywood NOA MOI, Policy makers, Law enforcement agents, Judiciary Traditional and religious leaders NGOs/CSOs General public	Increased awareness and public support for FGM elimination	1) Number of states covered by the campaigns 2) Number of sensitization meetings with key stakeholders.	1) Reports of meetings 2) Opinion polls through the social media	2013 - 2017	FMOH SMOH SMWA FMOI NHRC FMJ NOA NGOs/CSOs FBOs	(covered in section 2 above)	FMOH SMOH SMWA FMOI FMJ Development Partners NGOs/CSOs

Objective 3.4: Federal and State Governments to have Functioning FGM Elimination Programmes

Strategies	Activities	Target Groups	Results (Output)	Indicators	Means of Verification	Period of Implementation	Responsible	Cost (M)	Source of Funding
Advocacy & Intersectoral collaboration	<p>1) Advocate for Federal, States and Local Government Areas to develop programmes for the elimination of FGM.</p> <p>2) Intersectoral collaboration between the law enforcement agencies, the mobile phone companies and the community to establish reporting mechanisms for its enforcement.</p> <p>3) Periodic monitoring of the implementation of FGM elimination programmes</p>	<p>FMOH SMOH SMWA SMOI NOA Development Partners Law enforcement agencies telecommunication companies NGOs/CSOs.</p>	<p>1) FGM elimination programme exists and is functional at federal level and in all states of Nigeria including the FCT.</p> <p>2) Reporting mechanisms in place via dedicated hot lines to law enforcement agencies and relevant NGOs such as FIDA.</p>	<p>1) Number of states with functioning FGM elimination programmes.</p> <p>2) Number of reporting channels established.</p>	<p>1) Report of activities carried out at the Federal, State and LGA levels</p> <p>2) Reports of monitoring and evaluation activities.</p> <p>3) Budgetary allocations for FGM elimination</p> <p>4) Activity reports of the communication channels; Toll free lines, Bulk SMS.</p>	2013 - 2017	<p>FMOH SMOH FMWA NPHCDA Development Partners, NGOs/CSOs Law enforcement agencies Telecommunication companies.</p>	-	<p>FMOH SMOH FMWA NPHCDA Development Partners, NGOs/CSOs</p>

† Section 4: Plan of Action for the Strengthening of Systems for Research, Monitoring and evaluation towards the Elimination of FGM

Research, Monitoring and Evaluation are necessary for successful implementation of FGM elimination programmes in Nigeria. Research findings in the past indicated reasons why FGM is practiced as well as the health consequences. Research, especially Formative Research will further reveal basic factors promoting FGM and how these factors are to be addressed to ensure the elimination of FGM in Nigeria. Further to promoting research, the need for appropriate documentation, wide dissemination of research results and easy access are crucial for successful campaign against FGM. To achieve this, the need for strengthening the Monitoring and Evaluation Systems should be encouraged.

Specific Objective 4.1: To Strengthen Intersectoral Collaboration for Monitoring and Evaluation for FGM Elimination in Nigeria by 2017

Strategies	Activities	Target Groups	Results (Output)	Indicators	Means of Verification	Period of Implementation	Responsible	Cost (₦)	Source of Funding
Advocacy	Conduct advocacy visits to stakeholders on FGM to support M&E and research efforts	Relevant MDAs, NGOs, professional and regulatory bodies (NANNM, NUJ, NBA, IAC, NCWS, NPF, NSCDC, NMA, NAC)	Relevant Stakeholders supporting FGM issues in Nigeria	No. of advocacy visits conducted to FGM Stakeholders	1) Pictures 2) Reports	2013 - 2015	FGMAC FGMTC	(covered in section 2 above)	Government Development partners

Specific Objective 4.2: To define/Identify Indicators and Develop Appropriate Data Collection Tools for Monitoring FGM Elimination Efforts by 2015

Strategies	Activities	Target Groups	Results (Output)	Indicators	Means of Verification	Period of Implementation	Responsible	Cost (₦)	Source of Funding
Monitoring and Evaluation	Organize a workshop to define/identify indicators and develop appropriate data collection tools	M&E officers of relevant MDAs, NGOs/ CSOs and Development Partners	FGM national indicators and data collection tools available	1) Indicators identified 2) Appropriate tools developed	1) Attendance of Participants 2) Workshop Reports	2014	FMOH FME FMWA	₦10m	Govt Development partners
		FMOH NHMIS unit, FME FMWA NCWS	FGM data collection tools Integrated in NHMIS and other sectoral M&E information systems	FGM data elements reflected in NHMIS and other sectoral M&E information systems	Integrated NHMIS and other sectoral M&E information systems	2014 - 2015			
		M&E officers of relevant MDAs, NGOs/ CSOs and Development Partners	FGM data collection tools Integrated in NHMIS and other sectoral M&E information systems	FGM data elements reflected in NHMIS and other sectoral M&E information systems	Integrated NHMIS and other sectoral M&E information systems				
		FMOH NHMIS unit, FME FMWA NCWS							

Specific Objective 4-3: To Strengthen National Capacity for Monitoring and Evaluation of FG M Elimination in Nigeria by 2015

Strategies	Activities	Target Groups	Results (Output)	Indicators	Means of Verification	Period of Implementation	Responsible	Cost (₦)	Source of Funding
Capacity Building	Conduct training for M&E personnel from all FGM Stakeholders to address capacity gaps for utilizing data capturing tools	FMOH, FMWA FME, NBS NPopC, SMOH LGA Department of Health NGOs	Improved knowledge and skills of M&E personnel to capture data and report accurately	1) No of M&E personnel trained and report accurate data 2) No of trainings held	Training report	2014 - 2015	FMOH FMWA Development Partners	₦35m	Government Dev. partners

Specific Objective 4.4: To Establish Quality Assurance Mechanism for FGM Elimination by 2017

Strategies	Activities	Target Groups	Results (Output)	Indicators	Means of Verification	Period of Implementation	Responsible	Cost (A#)	Source of Funding
Monitoring and Evaluation	Conduct periodic monitoring visits to FGM intervention sites (for example VAPP and related laws implementation enforcement process of FGM legislation at state levels and the integration of FGM into relevant health training institutions curricula etc)	Relevant MDAs Health facilities NGOs CSOs CBOs	Best Practices identified in the implementation of FGM interventions	No. of monitoring visits conducted	Reports of monitoring trip visits	2014 - 2017	FGMTC	A#25m	Government Development partners
	Conduct Data Quality Assessment visit to data collection sites (for example at health facilities)		Data Quality enhanced at the various FGM data collection sites	No. of Data Quality Assessments conducted	Reports of Data Quality Assessments	2014-2017	FGMTC	A#20m	Government Development partners
	Conduct Annual Review Meetings and also incorporate review of FGM issues into JAR of NSHDP.	Relevant MDAs Health facilities NGOs CSOs CBOs	Status of implementation of FGM reviewed; Lessons learnt articulated and best practices documented	No. of Review meetings carried out	Reports of Review meetings	2015 - 2017	FGMTC	A#20m	Relevant MDAs Health facilities NGOs CSOs CBOs

Specific Objective 4.5: To Conduct and Support Research for the Elimination of FGM by 2017

Strategies	Activities	Target Groups	Results (Output)	Indicators	Means of Verification	Period of Implementation	Responsible	Cost (₦)	Source of Funding
Research	Conduct advocacy visit to stakeholders for research support on FGM	All FGM Stakeholders	Research on FGM supported by all Stakeholders	Number of advocacy to Stakeholders conducted	1) Pictures 2) Advocacy Report	2014	FGMTC and FGMAC		Government Development partners
	Conduct FGM situation analysis in Nigeria	Girls and women	Baseline information determined	FGM situation analysis conducted	Report of FGM situation analysis	2014	FGMTC	₦20m	Government Development partners
	Conduct relevant studies on: 1) the implications and consequences of FGM 2) psychosocial and socio-cultural determinants and communication strategies	General Population		Number of studies conducted	Report of Studies conducted	2014-2017	FMOH FMWA	₦10m	Government Development partners

Specific Objective 4.6: To Establish a Mechanism for Regular Documentation, Dissemination and Easy Access to Information on FGM by 2017

Strategies	Activities	Target Groups	Results (Output)	Indicators	Means of Verification	Period of Implementation	Responsible	Cost (₦)	Source of Funding
Documentation and Information Sharing	Create a web-based information system for FGM information in Nigeria	General Population	easy access to web-based information (e.g. publication, reports, research, intervention etc) on FGM	Hosted web site	Hosted web Site	2013-2015	FGMTC		Government Development partners
	Produce and Disseminate FGM publications, researches, intervention reports using developed web-site and into FGM day celebration	General Population	Publications, Progress & activity reports and research findings used to inform programming	No. of publications, research findings reports etc disseminated	Copies of publications, research findings, reports etc	2014 - 2017	All FGM Stakeholders	₦10m	Government Development partners CSOs/CBOs
	Set up documentation centres in strategic points nationally to provide easy access to resource	General Population	Documentation centres in strategic points nationwide	Number of documentation centres established	Annual Reports	2014 - 2017	FGMTC	₦5m	Government Development partners

References

1. Norwegian Knowledge Centre for Health Services (2010); *Psychological, Social and Sexual Consequences of Female Genital Mutilation/Cutting (FGM/C)*, a systematic review of quantitative studies
2. United Nations General Assembly Resolution (2000) 55/2 *The UN Millennium Declaration* retrieved August 2013 from <http://www.un.org/millennium/declaration/ares552e.htm>
3. United Nations Fourth World Conference on Women (1995) *The Beijing Declaration*
4. Organization for African Unity (1981) *African Charter on Human and People's Right*
5. United Nations General Assembly Adoption (1979) *Convention on the Elimination of all forms of Discrimination Against Women (CEDAW)*.
6. United Nations Assembly Resolution 217 (111) (1948) *The Universal Declaration of Human Rights*, International Bill of Human Rights



