



SECTION ELEVEN

**NATIONAL POLICY AND PLAN OF
ACTION ON THE ELIMINATION OF
FEMALE GENITAL MULTILATION**

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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.

ACRONYMS

FGM	-	Female Genital Mutilation
WHO	-	World Health Organisation
WHOR	-	World Health Organisation Representative
WIHD	-	Women in Health Development
FH	-	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 Immune-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 European Union
SMOH	-	State Ministry of Health
NPHCDA	-	National Primary Health Care Develop 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 Universities 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 One

NATIONAL POLICY ON THE ELIMINATION OF FEMALE GENITAL MUTILATION

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 form 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 Two

FEMALE GENITAL MUTILATION

2.0 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-Africa Committee on Harmful Traditional Practices and
- (iv) The National Baseline Survey on Harmful and positive Traditional Practices affecting women and girl 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 (WF), recto-vaginal fistulae (RVF), scarring/keloid formation with psychological consequences.

Chapter Three

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 Four

STRATEGIES OF 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 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 person in the practice and
 - (d) the management of its complications, including counselling and rehabilitation;
- 4.14 Strengthen the role of guidance counsellors in school 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; evaluation;
- 4.17 Sensitise the mass media to the dangers and consequences of Female Genital Mutilation and the role in the accelerated elimination of the practice.

Chapter Five

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 sector 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 States 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 Six

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 processing 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-Governmental Organisations; (NGOs) 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, Nations 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;

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

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

3.4 The Federal Ministry of Health shall have the over- all 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.

OBJECTIVE	STRATEGIES	ACTIVITIES	IMPLEMENTER & LINKAGES	OUTPUTS	MONITORING INDICATORS	TIME FRAME	BUDGET
<p>1. To strengthen the WIHD Unit within the Ministries and Department of Health for effective co-ordination.</p>	<p>(a) Identify needs and Resources (b) Strengthen the linkages between Federal, State & LGA</p>	<p>a. Mobilisation of needed resources Funds Office equipment Procure 5 four-wheel drive vehicle (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 building</p>	<p>FMOH/ SMOW NPHCDA, FMWA & YD WHIO/UNDS</p>	<p>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</p>	<p>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.</p>	<p>June 2002 to Dec. 2003</p>	<p>a. 25 Million b. 2 Million c. 1 Million</p>