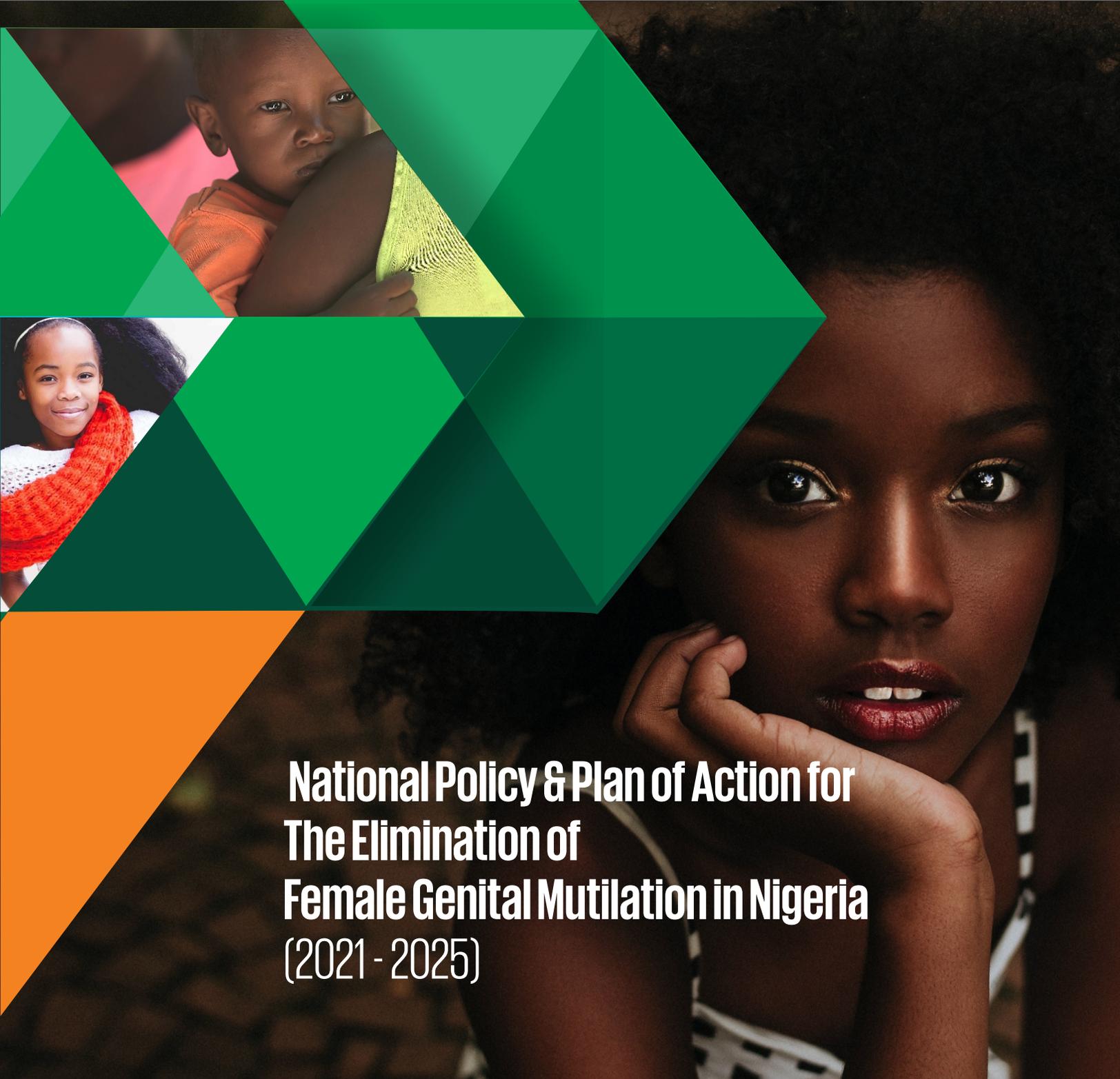




FEDERAL MINISTRY OF
HEALTH



**National Policy & Plan of Action for
The Elimination of
Female Genital Mutilation in Nigeria
(2021 - 2025)**

National Policy & Plan of Action for the Elimination of Female Genital Mutilation in Nigeria (2021 - 2025)





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Published by the

United Nations Population Fund
605 Third Avenue, New York, NY 10158
+1 212 297-5000

UN House Plot 617/618, Central Area District, Diplomatic Zone
PMB 2851, Garki. Abuja Federal Capital Territory

www.unfpa.org

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Foreword

Female Genital Mutilation (FGM) is a harmful practice against women and girls which is a gender-based violence and a human right violation. It is a public health problem that is often undertaken as a traditional rite to supposedly protect chastity by limiting sexual enjoyment.

The practice is proven to have no health benefits for women and girls but has several adverse health impact and complications.

The practice of Female Genital Mutilation (FGM) is deeply rooted in many traditions and cultures across the World. FGM could involve partial or total removal of the external female genitalia or other injury to the external female genital organs, without medical indications. Women and girls who are subjected to FGM are exposed to health Hazard, such as life-threatening bleeding, infections, childbirth complication as well as psychological trauma.

Data from 2018 Nigeria Demographic and Health Survey (NDHS) shows that 20% of women aged 15-49 have been "circumcised". In Nigeria, the most common type of FGM, the type II (partial or total removal of clitoral glans and labia minora with or without the removal of labia majora) was recorded in 41% of women who had FGM. However, it is gratifying to note a progressive decline of FGM in the younger age groups, as a result of increasing level of education and awareness among parents, family and leaders, on the harmful effects, not excluding the growing national and international campaigns against the practice. This Revised National Policy and Plan of Action for Elimination of Female Genital Mutilation is a response to the

constitutional protection of human right of women and girls and its obligation under international law. The Government of Nigeria has recognized FGM as a discriminatory practice requiring policy intervention since 2002, when the first national policy was developed. Although significant milestones have been recorded since its implementation, including the enactment of the legislation, Nigeria still faces some challenges in the elimination of this practice throughout the country. Hence, it became imperative that the policy be reviewed and developed to fill in the gaps and provide the basis for action which will further drive the implementation of interventions.

It is therefore my privilege to present this Revised National Policy and Plan of Action for Elimination of Female Genital Mutilation, a product of the combined effort of a wide range of stakeholders led by the Federal Ministry of Health. We believe that implementation of this commendable policy will significantly reduce the practice of FGM in Nigeria.



Dr. Osagie E. Ehanire MD, FWACS
Honourable Minister of Health

Acknowledgements

The Federal Ministry of Health acknowledges the invaluable contribution of the numerous stakeholders in the development of the National Policy for the Elimination of FGM mutilation [2021-2025].

The contribution of relevant Ministries, particularly Federal Ministries of Women Affairs, Education, Youth Development, State Ministries of Health and State Primary Health Care Boards and the National Orientation Agency in the development of this policy are highly commendable.

I sincerely appreciate the effort and contributions of the relevant health related regulatory and professional, bodies [Nigeria Medical Association of Nigerian Nurses and Midwives [NANNM], Society of Gynecology and Obstetrics of Nigeria [SOGON], Centre for population and Reproductive Health [CPRH], National Primary Health Care Development Agency [NSCDC], The Nigeria Police, several NGOs focusing on FGM elimination, Faith-based Organizations.

Our special appreciation goes particularly to our development partners and agencies implementing the United Nations Population Fund (UNFPA) - United Nation Children's Fund (UNICEF) Joint Programme on Elimination of FGM and their teams led by the Gender Specialists Dr. Zubaida Abubakar and Dr. Olasunbo Odebode (deceased). We also recognize the support of the World Health Organization

[WHO], CHAI, and Save the Children for the technical and financial inputs made to the process of developing this policy.

Special commendation is reserved for the lead consultant, Associate Professor Cheluchi Onyemelukwe and her co-consultant Banke Akinrimisi for their profession and intellect exhibited in their guidance of the process who were both engaged by the UNFPA-UNICEF Joint Programme on the Elimination of FGM.

Finally, we applaud the hard work and diligence shown by the Head of Gender, Adolescents, School Health and Elderly [GASHE] Division- Dr. C. C Ugboko and his assistant Mrs. Judith Ononose in midwifing the entire process.



Dr. Salma Ibrahim Anas Kolo, MBBS, MWACP, FMCPH

Director/Head, Department of Family Health

Acronyms & Abbreviations

AMOHN	Association of Medical Officers of Health in Nigeria
APHPN	Association of Medical Officers of Health in Nigeria
CEDAW	Convention on the Elimination of Discrimination Against Women
CPN	Child Protection Network
CRC	Convention on the Rights of the Child
CSOs	Civil Society Organisations
DPRS	Department of Planning, Research and Statistics
FBOs	Faith Based Organisations
FCT	Federal Capital Territory
FGM	Female Genital Mutilation
FMOH	Federal Ministry of Health
FMOE	Federal Ministry of Education
FMOJ	Federal Ministry of Justice
FMWASD	Federal Ministry of Women Affairs and Social Development
FGMTC	Female Genital Mutilation Technical Committee
ICESCR	International Convention on Economic Social and Cultural Rights
IEC	Information, Education, Communication
KPI	Key Performance Indicators
LGA	Local Government Authority
MDAs	Ministries, Departments and Agencies
MDCN	Medical and Dental Council of Nigeria
M & E	Monitoring and Evaluation
MICS	Multiple Indicator Cluster Surveys
MNCH	Maternal, Newborn and Child Health
MOU	Memorandum of Understanding
MOV	Means of Verification
MWAN	Medical Women's Association of Nigeria
NACHPN	National Association of Community Health Practitioners of Nigeria
NANNM	National Association of Nurses and Midwives
NASOW	National Association of Social Workers
NBA	Nigerian Bar Association
AMOHN	Association of Medical Officers of Health in Nigeria
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KPI	Key Performance Indicators
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M & E	Monitoring and Evaluation
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MWAN	Medical Women's Association of Nigeria
NACHPN	National Association of Community Health Practitioners of Nigeria
NANNM	National Association of Nurses and Midwives
NASOW	National Association of Social Workers
NBA	Nigerian Bar Association
NBS	National Bureau of Statistics
NDHS	Nigeria Demographic Health Survey
NGOs	Non-Governmental Organisations
NHMIS	National Health Management Information System
NMA	Nigerian Medical Association
NOA	National Orientation Agency
NPopC	National Population Commission
NPHCDA	National Primary Health Care Development Agency
NURTW	National Union of Road Transport Workers
PMNCH	Partnership for Maternal, Newborn and Child Health
SDGs	Sustainable Development Goals
SMOH	State Ministry of Health
SMWASD	State Ministry of Women Affairs and Social Development
SOGON	Society of Gynaecology and Obstetrics of Nigeria
SPHCDA	State Primary Health Care Development Agency
SPHPN	Society for Public Health Practitioners of Nigeria
TBA_s	Traditional Birth Attendants
UDHR	Universal Declaration of Human Rights
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VAPP	Violence Against Persons (Prohibition) Act, 2015.
WHO	World Health Organisation

Executive Summary



Female Genital Mutilation (FGM) is a violation of the right to life, health and dignity of women and girls. Nigeria being a signatory to international human right treaties and conventions that prohibit such acts against women and girls has shown commitment to the elimination of FGM in Nigeria. An expression of this commitment is the signing into law of the Violence Against Persons (Prohibition) Act in the year 2015. Prior to this, national policies have been adopted towards the elimination of this practice in Nigeria. The most recent National Policy and Plan of Action for the Elimination of Female Genital Mutilation in Nigeria was in place from 2013 – 2017 with an extension to the end of 2019.

While acknowledging the milestones attained since the adoption of the Policy, including the passage of the Violence Against Persons (Prohibition) Act, 2015, operationalization of the Policy indicated that emerging issues regarding FGM were not considered in the Policy. These emergent issues as well as continuing challenges emphasise the necessity for renewing the policy framework for FGM in Nigeria.

This new Policy provides the current status of FGM in Nigeria, the prevailing context and the emerging issues

such as new hotspots in certain areas of the country articulated here, as well as programming in the times of the COVID-19 pandemic. Collaboration, partnership and cooperation between relevant stakeholders are essential to accomplish the goal of the Policy. Relevant stakeholders include governments, development partners, civil society organizations and all other relevant bodies. For effective relationship between the stakeholders, the Policy sets out the institutional framework for its implementation.

Introduction

CHAPTER ONE



Background

Female Genital Mutilation (FGM) is defined by the World Health Organization, (WHO) as “all procedures that involves partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons.”¹ The WHO classifies types of Female Genital Mutilation currently practiced into the following:



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 the 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 cauterisation.²

Regardless of the type, FGM is a form of gender-based violence being a harmful practice against women and girls, a public health challenge, and a human rights violation. Often undertaken as a traditional rite of passage aimed at limiting sexual enjoyment,

thus protecting chastity, it has no health benefit but several adverse health impacts. Apart from the health impacts, FGM deprives women and girls of an important part of their bodies in order to control their sexuality, among other reasons, and is therefore discriminatory. FGM is thus recognised in international human rights law as a severe violation of the right to health, security and physical integrity; the right to be free from torture, cruel, inhuman and degrading treatment; right to freedom from discrimination; and the right to life of women and girls.

Nigeria is a signatory to several international treaties and instruments and therefore has obligations to protect and promote the rights of women and girls. International instruments such as the Universal Declaration of Human Rights (UDHR), the Convention on the Rights of the Child (CRC), the International Convention on Economic, Social and Cultural Rights (ICESCR), the Beijing Declaration of 1995, provides a framework for the promotion and protection of the rights of women and girls, requiring countries

including Nigeria to provide an effective framework for the protection of the rights of women and girls. This is reiterated by regional instruments such as the African Charter on Human and Peoples' Rights, and the Protocol on the Rights of Women in Africa, 2006 (the Maputo Protocol).

The Constitution of the Federal Republic of Nigeria, 1999 further provides a foundation for the human rights protection of all Nigerians, including women and girls. The Constitution provides for the right to life, the right to freedom from discrimination on the basis of sex among others.

The Sustainable Development Goals (SDGs) also provide a framework for respecting the rights of women and girls. The goal specified as SDG 5 stipulates that countries should aim to achieve gender equality and empower all women and girls. The targets of this goal include to:

- End all forms of discrimination against all women and girls everywhere
- Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking, sexual and other types of exploitation
- Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation.³

Nigeria has adopted the SDGs' framework and is obliged to meet the targets of the goal, of which one of its indicators is the reduction of proportion of girls and women aged 15-49 years who have undergone female genital mutilation, by age.

By virtue of the Constitution, the ratification of international treaties and instruments, and the adoption of the SDGs framework; Nigeria is under obligation to respect, protect and fulfil the rights of women and girls under these instruments, however, the rights of women and girls remain adversely impacted by negative and harmful traditional practices, including FGM.

Acknowledging the constitutional protection of human rights of women and girls and its obligations under international law, the Government of Nigeria

has recognised FGM as a discriminatory practice requiring policy intervention since 2002 when the first national policy was developed. The most recent policy: The National Policy and Plan of Action for the Elimination of Female Genital Mutilation in Nigeria, 2013 – 2017; expired in 2017, but was extended till the end of 2018.

Although significant milestones have been recorded in the implementation of the Policy over the past six years, including the enactment of legislation, challenges remain in the elimination of this practice throughout the country. Thus, it is imperative that the policy be reviewed and a new one developed to provide the basis of actions/steps that will drive the implementation of interventions.

This new Policy builds on existing gains, addresses emerging gaps and challenges in the elimination of this harmful practice and human rights violation. It also provides a foundation for further actions to ensure the elimination of FGM in Nigeria.

Situation Analysis

Prevalence

Globally, it is estimated that over 200 million girls and women alive today have undergone FGM.⁴ Nigeria is the most populous country in Africa with a population of about 190 million people.⁵ Roughly half of them are women, a significant number of whom have experienced FGM. With an estimated 19.9 million survivors, Nigeria accounts for the third highest number of women and girls who have undergone FGM worldwide (accounting for 10 percent of the 200 million FGM survivors worldwide).⁶

The current prevalence rates of FGM in Nigeria can be obtained from two key sources: the Nigeria Demographic Health Survey (NDHS) 2018⁷ which provides information on knowledge, type of FGM, prevalence of FGM, and attitudes to FGM and the Multiple Indicator Cluster Surveys (MICS) 2016-2017.⁸ The NDHS 2018 notes that 20 per cent of all women, aged 15 to 49, have undergone FGM while the MICS reports 18.4 per cent of women in the same age bracket (15-49). The 2018 NDHS further showed that 19.2% of girls age 0-14 have undergone FGM, while

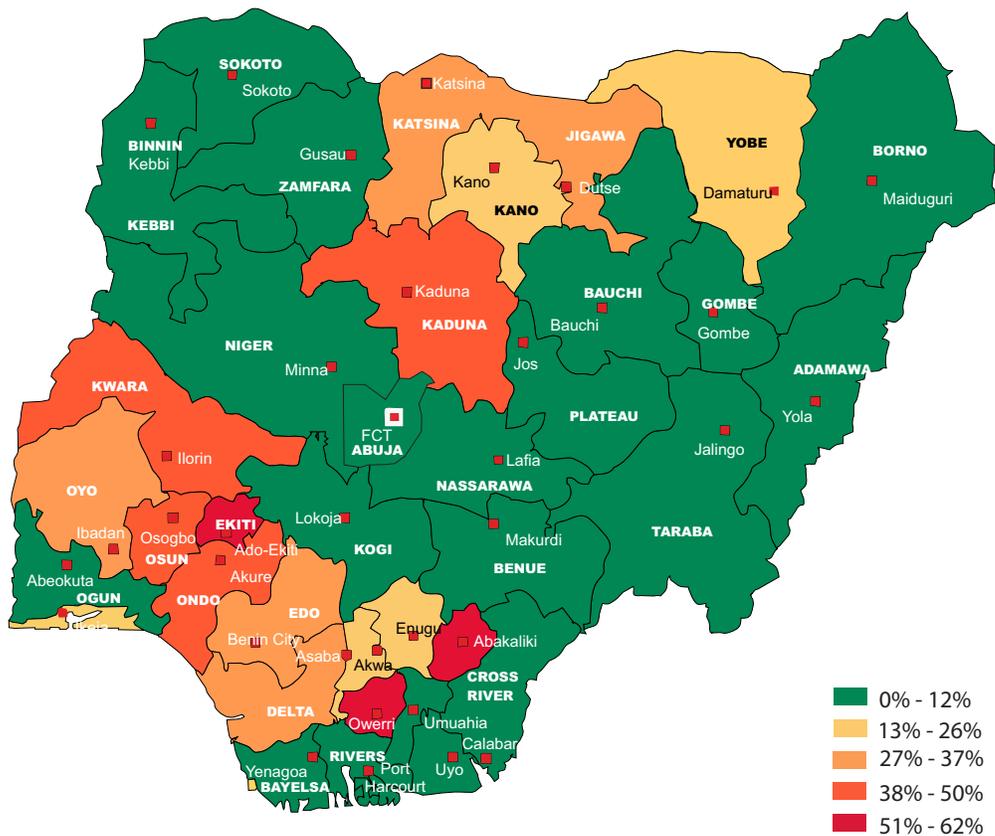
MICS reports 25.3% for girls in the same age bracket (0-14).⁹ The NDHS 2018 also revealed that, among women who have heard of FGM, 78% believe that FGM is not required by their religion and 67% believe that it should not be continued.

In Nigeria, female genital mutilation occurs mostly during infancy. An estimated 86 per cent of women who have undergone FGM went through the procedure before the age of 5.¹⁰ Evidence also indicates that all four types of FGM are practised in Nigeria. The most common type of FGM in Nigeria is Type II (some flesh removed), with 41% of women undergoing this procedure. Ten percent of women underwent a Type I procedure (clitoris nicked, no flesh removed), and 6% underwent a Type III procedure (also known as infibulation).¹¹

The country is made up of various ethnic groups, several of which practise FGM. The NDHS 2018 notes that FGM is more prevalent in the Southern parts of the country than the Northern parts of the country. The prevalence of FGM is highest in the South East (35%) and South West (30%) and lowest in the North East (6%).¹² These figures indicate significant differences between the zone, while differences are also observed amongst the States and ethnic groups. The survey indicates that 62 percent of women in Imo have experienced FGM, as compared with less than 1% of women in Adamawa and Gombe (Figure 1).

Furthermore, data from MICS 2016/2017 shows that outside the States with traditionally high prevalence rates, there are several emerging hotspots of the harmful procedure on girls between the ages of 0 and

Figure 1: FGM by state: Percentage of women age 15-49 who are circumcised



Source: NDHS 2018

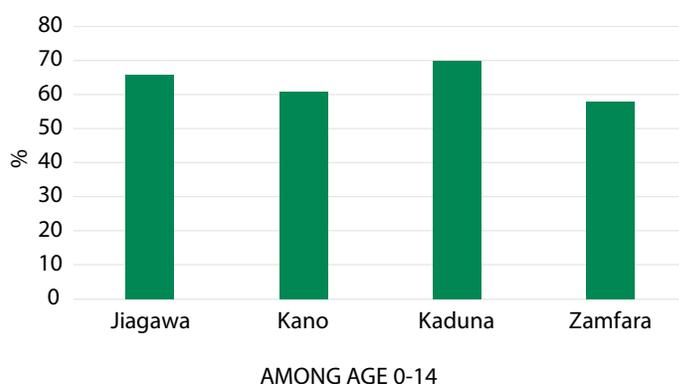
14: Jigawa (66.9 per cent), Kano (71 per cent), Kaduna (63.1 per cent), and Zamfara (58.2 per cent). At the

Zonal Level the highest prevalence is the North West (56%) and South West (21.6%). Although the NDHS 2018 shows a decline in FGM prevalence in Zamfara and Kano States, there is an urgent need for intervention in these areas, especially amongst at-risk-populations and that states which previously have not received much attention need to be focused on for the purpose of curtailing this emerging trend and eliminating the practice of FGM (See Figure 2)

Trends

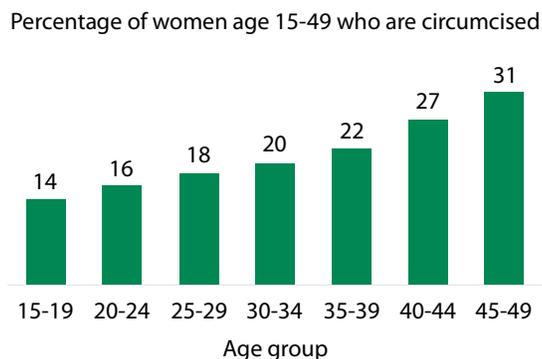
In general, the data indicates that FGM is on the decline in Nigeria, demonstrating progress following many interventions towards the reduction and elimination of the harmful practice. In this regard, as stated in the NDHS 2018, 14% of women age 15-19 have been circumcised, as compared with 31% of women age 45-49 (see Figure 3).¹³ In general, the proportion of women who are circumcised decreased from 25% in 2013 to 20% in 2018.¹⁴ This decline is visible in the five states with the highest FGM prevalence in 2013 NDHS, namely, Osun (78% to 45.9%); Ebonyi (74% to 53.2%); Ekiti (72% to 57.9%); Imo (68% to 61.7%); and

Figure 2: Emerging Hotspots for FGM



Source: MICS 2016-17

Figure 3: Figure 3 – FGM by Age: Percentage of women age 15-49 who are circumcised



Source: NDHS 2018



Oyo (66% to 31.1%). These are the states where the UNFPA/UNICEF Joint Programme on the Elimination of FGM: Accelerating Change is being implemented. The MICS also showed a decline in the practice from 27 per cent in 2011 to 18.4 per cent in 2016/2017.¹⁵

Several public declarations/pledges to end the practice have been recorded in several communities, including those in states with the highest prevalence rates in 2013 NDHS (Osun, Ebonyi, Ekiti, Imo and Oyo). However, it remains significantly present in some other communities. Furthermore, there are a few emerging hotspots, as described in the section on prevalence. These signify a need for sustained engagement, advocacy and policy implementation.

Although rooted in strong social norms, FGM can have various immediate and long-term health

consequences including severe pain and shock. It has adverse effects during childbirth as well as psychological effects on the survivors. These consequences, in addition to the fact that it is rooted in gender inequality and discrimination, necessitate the need for continued interventions to ensure its total elimination.

Health Context

The practice of FGM has significant adverse health consequences for women and girls both in the short and long term. The health consequences include immediate complications such as severe bleeding, pain, shock, tetanus and other infections and complications during childbirth (affecting both the mother and the child). In the long-term, sexual and reproductive health may be adversely affected including gynaecological problems such

as fistula, increased need for subsequent surgeries, emotional suffering, and lack of sexual enjoyment.¹⁶ Sexual and reproductive health challenges also include “complications during childbirth, anaemia, the formation of cysts and abscesses, keloid scar formation, damage to the urethra resulting in urinary incontinence, dyspareunia (painful sexual intercourse), sexual dysfunction, hypersensitivity of the genital area and increased risk of HIV transmission.”¹⁷ Furthermore, infibulation, a type of FGM can cause complete vaginal obstruction, leading to blood accumulating from retention of menstrual flow in the vagina and uterus, subsequent cutting to allow for intercourse to occur and to give birth, painful intercourse, menstrual and urination disorders, recurrent bladder and urinary tract infections, prolonged and obstructed labour, fistulae and infertility.¹⁸

In Nigeria, where maternal mortality rates are high with 512 maternal deaths in 100,000 births,¹⁹ any factors that may complicate childbirth must be taken seriously. Studies done in Nigeria and other African countries show that compared with women who have not been cut, the complications of FGM on obstetric outcomes were postpartum haemorrhage, extended maternal hospital stay, stillbirth or early neonatal death, and low birth weight.²⁰

Apart from sexual and reproductive health effects, psychological effects are also not uncommon. The psychological effects may be long term or short term and may include the behavioural disturbances in children which is often connected with loss of trust and confidence in caregivers. In the longer term, women may suffer feelings of distrust, anxiety and depression. Since FGM often leads to sexual disinterest, pain during sexual intercourse and sexual dysfunction generally, it may also cause psychological problems and contribute to marital conflicts, infidelity or divorce.²¹ Post-traumatic stress disorder (PTSD), anxiety, depression and memory loss may also result from the procedure.²² Studies have linked increase in affective (mood) or anxiety disorders in some African communities with the procedure.²³ However, other studies also note that where the procedure is accepted as normative, this may have some protective effect.²⁴

FGM is largely done by traditional cutters and traditional birth attendants (TBAs),²⁵ however,

medicalisation is an emergent issue in relation to FGM in Nigeria. WHO defines FGM medicalisation as “situations in which FGM is practiced by any category of health-care provider, whether in a public or a private clinic, at home or elsewhere; it also includes the procedure of re-infibulation at any point in time in a woman’s life.”²⁶ Health care providers include doctors, nurses, patent medicine dealers etc. Medicalisation is an issue of serious concern in several countries like Egypt, Indonesia, Kenya, Malaysia, Northern Sudan and Yemen²⁷ etc.

In Nigeria, seven (7) percent of girls and 9% of women were circumcised by medical professionals, with nurses and midwives playing an important role (7% for girls and 8% for women). The survey shows that medicalisation is on the decline as 12% of girls and 13% of women were circumcised by medical professionals according to the 2013 NDHS.²⁸ Some surveys showed that health professionals felt that the procedure should be undertaken in health care setting to help reduce risks, while others performed the procedure as a result of pressure from parents or guardians.²⁹ With the focus now on stopping medicalization, more recent studies show that social norms are a key driving force for health workers who, though they understand the health consequences, perform the procedure at parents’ and guardians’ requests and in line with communities’ social norms.³⁰

Although the codes of ethics and professional conduct of health professionals, including the Medical and Dental Council of Nigeria’s Code of Medical Ethics and the Nursing and Midwifery Council of Nigeria’s Code of Conduct for Nurses and Midwives do not expressly address FGM, health care professionals and associations have recently taken a pledge to address FGM.³¹

Gender and Socio-Cultural Context

The Nigerian context comprises strong cultures that pervade many ethnic groups across the country. While culture comprises a variety of social norms and can provide communities a positive sense of identity, it can drive the perpetuation of discriminatory practices. In Nigeria, gender norms and gender relations are rooted in a prevalently patriarchal culture. Men dominate most spheres of life, holding positions of

authority in politics, religious groups and leadership at all levels. To a significant degree, women are in a subordinate position, including in communities and within the household and are socialized to comply with the socio-cultural norms.

Within the patriarchal culture, gender inequality is entrenched, with women having little or no voice, and little or no control over important aspects of life, including but not limited to sexuality. Men and boys are understood to be more important than women and girls, and many cultural norms and practices including FGM are built upon these foundations. There is an understanding that men's sexuality is more important and takes precedence over that of women. FGM promotes and sustains the idea that women are incapable of controlling their sexuality and maintaining chastity on their own. Beyond this, it ensures the obligation that women and girls must be required to maintain chastity even though this is not required of men.

From a gender perspective, FGM in some cultures in Nigeria is a requirement for marriage and is believed to be an effective method of controlling the sexuality of women and girls. In many communities it serves as a rite of passage to womanhood and a precondition for marriage. Marriage being a prized event for women in particular, failure to pass through such a rite of passage is considered highly disadvantageous. The result is that this practice is internalised, perpetuated and enforced, in many cases by women themselves, and upheld by entire communities.

As a socio-cultural construct, FGM practice cuts across age, religion and socio-cultural groups. Justifications for the practice include concerns that the clitoris is unclean, that a baby's contact with the clitoris is harmful for the baby or even fatal, that the risk of promiscuity is increased if such mutilation does not occur. Other justifications include that the practice allegedly enhances fertility, and the need to preserve societal relationships. The persistence as a cultural practice is also rooted in the perception that cultural practices must be continued in resistance to 'foreign' influences. The health impacts of FGM, as described above, primarily affect women, exacerbating the inequality between males and females in Nigeria and constitute a form of discrimination on grounds of

gender.

In summary, it is a strong, long-standing social norm that is perpetuated by social expectations, beliefs and gendered discriminatory cultural values such as chastity for women and girls. It is founded on and maintained discriminatory, patriarchal origins which manifests in gender inequality and a repression of female sexuality.

Policy Context

Government has acknowledged the need to develop targeted approaches and interventions involving a broad range of stakeholders. The National Health Policy (2016), an umbrella policy, provides the general strategic direction of the country in regard to health. In furtherance of its objective to reduce maternal, neonatal, child and adolescent morbidity and mortality in Nigeria, and promote universal access to comprehensive sexual and reproductive health services for adolescents and adults throughout their life cycle, it addresses FGM elimination. A key policy orientation/ initiative in the Policy is to promote the enactment and implementation of legislation for mitigation of harmful cultural practices including female genital mutilation, signifying the Government's continuing interest in the elimination of the practice. Prior to the National Health Policy (2016), there have been several efforts over the years to reduce and eliminate FGM through:

- Policy and legislative frameworks and research
- Endorsement of 47th World Health Assembly Resolution to eliminate FGM
- 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)
- National Gender Policy, 2006

The most recent policy is the National Policy and Plan of Action for the Elimination of Female Genital Mutilation in Nigeria 2013-2017 (2013 Policy). It

was developed in 2013 and valid until 2017 with an extension for 2018. It is a public document developed to guide multi-faceted and multi-stakeholder intervention programmes on eliminating FGM in Nigeria. Interventions on ending FGM including the UNFPA-UNICEF Joint Programme on Elimination of FGM: Accelerating Change, aligns with the 2013 National FGM Policy. The Federal Ministry of Health is the custodian of this policy and is responsible for the development of the policy in partnership with the Federal Ministry of Women Affairs and Social Development (FMWASD) and other key Government sectors and a cross section of multi-disciplinary stakeholders including Civil Society Organisations (CSOs) and development partners.

The 2013 National FGM Policy also set out an institutional framework for addressing the elimination of FGM in the country. This structure includes the FGM Advisory Committee and the FGM Technical Committee, both established at the three levels of Government (Federal, State and Local).

In 2014, Nigeria became part of the “UNFPA/UNICEF Joint Programme on the Elimination of Female Genital Mutilation: Accelerating Change” which has a global target and contributes to the attainment of Sustainable Development Goal 5.3, which seeks to eliminate all harmful practices, such as child, early and forced marriage and FGM. The Joint Programme supports various aspects of work to eliminate FGM including the work of the FGM Advisory and Technical Committees, in the five states with the highest FGM prevalence in the NDHS 2013, namely: Ebonyi, Ekiti, Imo, Osun and Oyo State. Furthermore, various interventions and strategies are being implemented by a wide range of stakeholders and organisations for the purpose of ending FGM in Nigeria. These include but are not limited to: community awareness programmes, Capacity Building, Community and interpersonal engagements, media (Mass and Social), campaigns and provision of FGM-related health, social and legal services to survivors of FGM, and girls and women at risk of FGM. Other interventions are advocacy for the implementation of the Violence Against Persons Prohibition (VAPP) Act, 2015 and the Child Rights Act 2003; as well as other state-level Child Rights Laws (CRL) and state-level legislations against FGM.

There is political will to eliminate FGM in Nigeria, as indicated by the establishment of FGM policies by the federal government, support for policy implementation at all levels of government, as well as the championing of anti-FGM campaigns by First Ladies at the federal and state levels. Nigeria also marks the International Day of Zero Tolerance for Female Genital Mutilation, celebrated since 2003 and now adopted by the UN General Assembly through Resolution A/RES/67/146, which calls upon States, Civil Society Organisations (CSOs), and other stakeholders to observe the 6th of February each year as the International Day of Zero Tolerance for Female Genital Mutilation. These actions have helped the decrease in rates of prevalence of FGM across the country, particularly, in communities with the highest prevalence rates.

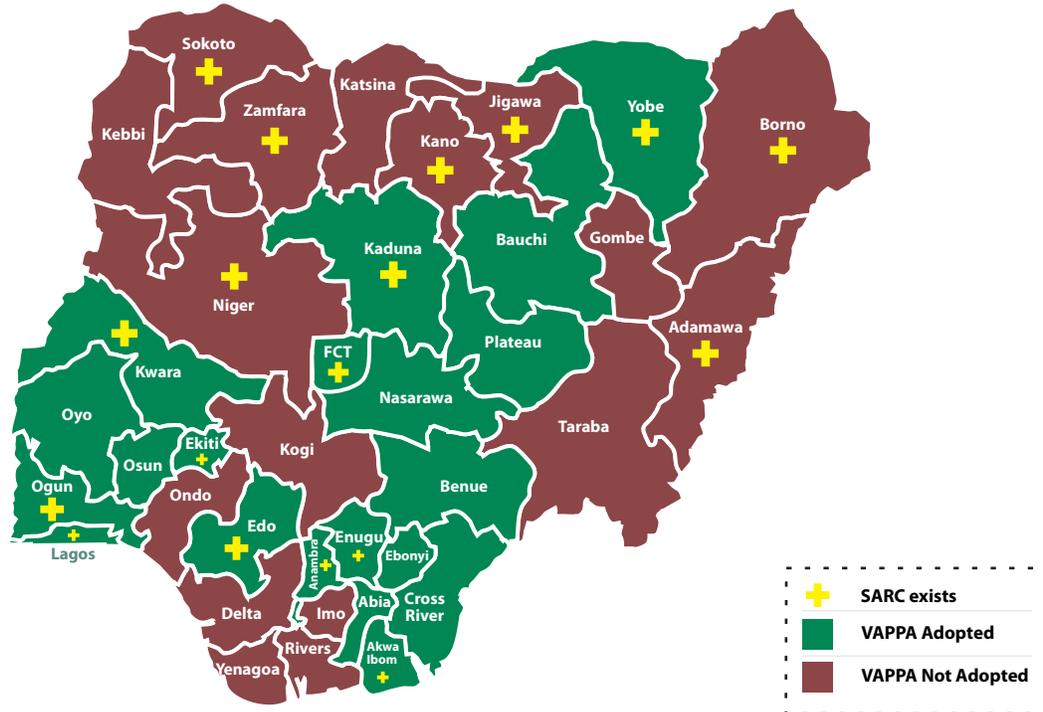
Despite the efforts detailed here, and progress made so far, FGM remains a widespread, accepted and ongoing practice and millions of girls remain at potential risk of being harmed by FGM. There is need therefore, for concerted efforts to address the practice of FGM including through policy making and implementation.

Legal Context

Apart from policy initiatives, the Government has also taken action through the enactment of laws at state and federal levels. The Constitution of the Federal Republic of Nigeria provides for protection of fundamental rights of all Nigerians, including women and girls. It does not specifically make reference to gender-based violence or to FGM. However, it sets out the rights to freedom from discrimination on the basis of sex (Section 42) and the right of every individual to respect for the dignity of their person and to freedom from torture and inhuman or degrading treatment (Section 34). Nigeria is also signatory to several international treaties which emphasis on gender equality (see Section 1.1).

The Government has taken steps, in line with its obligations under international treaties to strengthen the legal protections against FGM through the implementation of the 2013 National FGM Policy. In this respect, one of the objectives of the 2013 Policy was “to establish a legal framework for the

Figure 5: 19 States (plus FCT) have passed the violence Against Persons Prohibition Act (VAPP Act) 2015



In establishing a Sexual Assault Referral Centre (SARC), 17 states have automatically fulfilled a key provision of the Violence Against Persons Prohibition Act (VAPP) 2015

elimination of FGM at National and State levels” with targets of supporting the advocacy for the passage of the Violence Against Persons Prohibition (VAPP) Bill by 2015 and increasing the number of states with legislation against FGM from 11 in 2013 to 36 states, and the Federal Capital Territory (FCT) by 2017 (Objective 3). Although work remains to be done in ensuring all 36 States adopt law prohibiting FGM, significant progress has been made towards the achievement of this objective and the targets, with some passing legislation against FGM.³² (see page 71 – 73: Some Legal Provisions on the Prohibition of FGM in Nigeria). The Violence Against Persons (Prohibition) Act, 2015 (the VAPP Act) was signed into law in 2015.

The VAPP Act 2015 was an epochal event, marking a national commitment to eradicating FGM through legislation by the National Assembly. The significance of the VAPP Act 2015 is that it provides a legislative platform on which FGM can be prohibited nationally. It provides for the prohibition of FGM with a penalty

not exceeding 4 years imprisonment or a fine not exceeding N200,000 or both for anyone found guilty of performing FGM or engaging another person to perform it. The law also prescribes a punishment of 2 years imprisonment or a fine not exceeding N100,000 or both for anyone who attempt, aid, abet, counsel or incites anyone to perform FGM. Furthermore, while it only applies in the Federal Capital Territory (FCT) of Abuja, it can be adopted by all States in the country. The VAPP Act 2015 has been adopted thus far in 20 States plus the FCT, namely, Lagos, Ekiti, Oyo, Osun, Ogun, Edo, Ebonyi, Enugu, Akwa Ibom, Cross River, Abia, Anambra, Kaduna, FCT, Nasarawa, Benue, Bauchi, Plateau, Yobe, and Jigawa.³³ Seventeen (17) of these states have also established Sexual Assault Resource Centers (SARC), which is a key provision of the VAPP Act 2015.

Thus, FGM is currently a criminal offence prohibited by law in several states of the country and the FCT.³⁴ However, FGM continues to be practiced in several

states and communities. This calls into question the level of implementation of the laws and the root drivers of FGM, in particular, the underlying social norms entrenched in communities and the potentially effective approaches to address and transform the social norms.

Justification/Rationale for the Policy

Continuing Incidence

Existing data from 2013 NDHS and 2018 NDHS indicate that FGM is on the decline amongst women aged 15-49 (from 25% in 2013 to 20% in 2018) but it remains widespread in several communities in the country. In a worrisome trend, it is also increasing in some communities/states (hotspots) which were previously not major areas for concern.³⁵

Renewed Framework for Interventions

The expired 2013 National FGM Policy, which provided a basis for elimination of the practice, has been due for review since 2017 to ensure continuous validation of FGM interventions in Nigeria. This new Policy thus aims to provide a renewed framework for targeted interventions towards the elimination of FGM in the country. In providing such a framework, this policy provides a continued basis for a comprehensive and effective approach to the elimination of FGM.

Although significant milestones have been recorded in the implementation of the policy since 2013, challenges and bottlenecks remain in the elimination of this practice throughout the country. Operationalization of the 2013 National FGM Policy has demonstrated emerging issues that were not addressed in that policy. A review of the 2013 Policy therefore became necessary to reflect and capture the current status of FGM, social-norms drivers of the practice and stakeholder analysis, multi-sectoral needs for prevention and management, health care support for survivors; as well as the continuing issue of medicalization of FGM.

Adoption and Implementation of Law against FGM

As noted in the previous section, several States are yet to adopt the VAPP Act 2015. Furthermore, while

laws have been passed in line with the objectives of the 2013 Policy, awareness of existing legal frameworks prohibiting FGM remains limited. In some communities about 95 percent of the population have no knowledge about FGM laws.³⁶ Such lack of awareness also affects law enforcement officials who are key stakeholders for curbing the practice. Currently, no person has been convicted for the offence of aiding/engaging/ inciting or performing FGM, putting in question the enforcement of the VAPP Act 2015 and other laws criminalising FGM. Furthermore, there are gaps in the current legislation which need to be addressed through policy interventions such as requirements which will mandate reporting of FGM-related offences. Interventions to support more effective implementation of law, alongside the advocacy for a wider uptake of adoption of the VAPP Act 2015 are important and clearly articulated in this new Policy.

Social Norms Transformation

Beyond enactment and awareness of legislation, social norms play an important role in the continued entrenchment of the practice. FGM is a social norm that involves social pressure to conform to what others do or have been doing, the need to be accepted socially and the fear of rejection by the community; these are strong motivations for perpetuating the practice. Beliefs, attitudes, and social norms that drive the practice include the requirement for chastity of females, perception of uncircumcised genitalia as being unclean, the acceptance of the practice as a rite of passage, the acceptance in some communities of the myth that it prevents the death of newborn infants, raising a girl properly and according to cultural dictates, adverse effects on marriage prospects where a young woman is uncircumcised, proper sexual behaviour including modesty, chastity and marital fidelity, culture of silence amongst others.³⁷ Though no religious books prescribe the practice, practitioners often believe the practice has religious acceptance and support.

In most societies, FGM is considered as a cultural practice, which is often used as an argument for its continuation. Enforcers are typically women themselves, including traditional birth attendants,



but also male and female traditional excisers and family members. Attention must therefore be paid to the drivers of these norms and the development of effective interventions to probe and address the roots and drivers of the norms. It also calls for strengthening of mechanisms and other broader interventions such as promotion of education on the rights of women and girls, building the capacity of women and girls to be able to say 'No' to the practice, the creation of opportunities for skills development to enable women and girls who dare to challenge the conduct of the practice to be self-reliant, and the engagement of ex-circumcisers as change agents to advocate with perpetrators in their communities. Particular attention also has to be given to girl-child education (enrollment, retention and completion). Some of the emerging research data indicate, for example, that limited education is a risk factor for FGM, thus the higher a mother's level of education, the less likely her daughter is to be circumcised.³⁸ In some communities, FGM is almost universally performed and unquestioned. As a result, interventions to shift social norms should target social groups rather than focus on individual behaviour change.

Therefore, interventions should be designed with the understanding that the abandonment of FGM on a significant scale must be systemic and that social norms change is slow and incremental.

Communication Strategy Gap

Although the Plan of Action under the 2013 National FGM Policy provided some actions on messaging, there is need for a clear communication strategy that will provide directions on messaging for all aspects of elimination of FGM in Nigeria. The proposed communication strategy will cover the three basic components of communication: advocacy, social mobilization and behaviour change (or behaviour development) communication. Although listed separately, "effective communication relies on the synergistic use of three strategic components". (UNICEF, 1999). For example, Advocacy will inform and motivate leadership to create a supportive environment to achieve the goal of the policy; Social mobilization will engage and support participation of institutions, community networks, social/civic and religious groups to raise demand for or sustain progress toward FGM abandonment; and, Behaviour

change communication will involve face-to-face dialogue with individuals or groups to inform, motivate, problem-solve or plan, with the objective to promote and sustain the practice of leaving girls and women intact. In addition, the communication strategy will address areas of challenge including awareness and enforcement of law, medicalization, social norms change and all the agents that should be part of this delivering the messaging and the targets of the messaging.

Funding

Consultations with stakeholders who are engaged in FGM-related activities also highlighted huge funding gaps. Majority of the support for FGM programming are donor funds.³⁹ Government contribution in terms of financial resources to support FGM related activities is minimal. Funding is therefore another gap that is emphasized in this Policy. Although the Plan of Action for the 2013 Policy included indicators for budgeting for FGM, implementation remains outstanding. FGM elimination efforts must be funded at local, State and Federal Government levels. In addition, efforts should be made to mainstream FGM activities into existing structures and programmes to ensure sustainability and ownership. Interventions must not only depend on development partner efforts, although these efforts remain crucial, but must also be able to depend on clear budgetary allocations. This Policy emphasizes this approach.

Research Gaps

Although research was addressed in the 2013 Policy (Chapter Six), there is need for an increased focus on this, given gaps in implementation in this area, including gaps in the data on law enforcement.⁴⁰ More research and data are also needed to understand the prevalence in the hardest hit regions, the emerging hotspots and the reasons for the persistence of the practice, the drivers of these norms and how best to achieve eradication through focused monitoring of the interventions in those areas. Intervention studies and baseline surveys on FGM have been noted to be limited, with adverse impact on the knowledge and evidence base on progress and for determining what works and what does not, including on the legal interventions, economic empowerment and

alternative sources of income for circumcisers.⁴¹

Monitoring and Evaluation Gaps

While monitoring and evaluation was addressed in the 2013 Policy (Chapter Six), there has been insufficient attention to monitoring and evaluation of that policy. There is therefore inadequate knowledge and understanding of how effective the policy was and no reference documents detailing the results of M & E to inform further action. This new Policy aims to address this gap.

COVID-19 and the Impact of Emergencies

Emergencies disproportionately affect women and girls in negative ways.⁴² The COVID-19 pandemic emphasises this. It has altered the landscape of FGM in Nigeria in appreciable ways. To manage the public health emergency, in March 2020 the Federal Government restricted movement in some States, while some State governments also did the same. The uptick of all types of gender-based violence during these restrictions has been since community surveillance became difficult and documented. School closures provided an enabling environment for increases in FGM.⁴³ With the challenge of COVID-19, which presented a significant challenge to many countries including Nigeria, there has been an uptick in cases.⁴⁴

In addition, public health measures such as lockdowns and school closures have exacerbated the risks for the FGM for young girls while access to helpful services have been hampered by social distancing measures and travel restrictions, the latter having been implemented earlier in the life of the pandemic in 2020.

There was delay in recognizing services established to support survivors as essential services and survivors had many difficulties in accessing the necessary supports. It has also been reported that stay at home orders which affected livelihoods may have prompted some ex-circumcisers to go back to FGM and these stay at home orders appear to have provided room for re-emergence of social norms supporting the practice. The restrictions also had an adverse impact on data collection, since community surveillance became difficult.⁴⁵ Studies have also shown that services to



support sexual and reproductive health services (and other health services) have suffered setbacks, especially with the economic downturn.⁴⁶ These challenges also risk setting back some of the gains already made in the fight for the elimination of FGM. Indeed, modelling studies by UNFPA and partners showed that due to COVID-19 disruptions, there is an anticipated 1/3 reduction in the progress towards ending FGM by 2030 and that due to pandemic-related disruptions in prevention programmes, 2

million FGM cases could occur over the next decade that would otherwise have been averted.⁴⁷

Although the restrictions were eased, the effects of COVID-19 are likely to remain for longer. Measures put in place to manage the impact of the pandemic such as physical distancing and limitations on mass gatherings are likely to affect interventions for eliminating FGM in Nigeria going forward. The pandemic has also shown the need for greater



coordination of all the services that protect women and girls, and the need to provide interventions that can withstand the impacts of emergencies, including but not limited to public health emergencies. It has also highlighted the need for gender-responsive budgeting to ensure that FGM and other gender related matters are provided for, in and out of emergencies. Virtual ways of engagement and interventions, including use of digital technologies wherever possible are also crucial for the period of the pandemic. These matters must be taken into account in developing and implementing interventions.

Institutional Arrangements

Finally, the institutional arrangements for the implementation of the 2013 Policy were not fully functional. There are many stakeholders working towards the elimination of FGM in Nigeria and this increases the need for effective coordination in order

to avoid duplication of efforts. It also necessitates a review of existing arrangements in order to reinforce what is working while eschewing what has not worked for the purpose of eliminating FGM in the country. This Policy and Plan of Action is designed to address all identified gaps.

The updated document will assist governments, CSOs and development actors in Nigeria to improve and expand their programmatic efforts to prevent and respond to FGM in a coordinated and synergistic manner for maximum impact. The revised Policy and Plan of Action will also provide a guide for advocacy for policy implementation, social norms change, capacity building for service providers and data generation for informed programming. The Policy will also serve as a tool to advocate for more broad-based initiatives and resources for FGM programming within and beyond the development settings.

Vision, Mission, Goal, and Guiding Principles

CHAPTER TWO



Vision

A country where no girl or woman undergoes FGM.



Mission

To provide a comprehensive framework on the basis of which all efforts to eliminate FGM in Nigeria shall be undertaken in line with constitutional rights, legislative provisions and the Sustainable Development Goals.

Goal

To eliminate the practice of Female Genital Mutilation in Nigeria in order to improve the health and quality of life of girls and women.

Guiding Principles

This Policy is anchored on the following guiding principles which are to govern its implementation:

Human Dignity

This Policy recognises the inherent dignity of every girl and woman and its strategies shall aim to preserve such dignity.

Best Interests of the Child

This Policy recognises the best interests of the child, also enshrined in the law. It places the wellbeing of children as a paramount consideration in the implementation of the Policy and the Plan of Action.

Gender Equality

This Policy is founded on the principle of gender equality which recognises the equality of the genders, as encapsulated in SDG 5 and Constitution of the Federal Republic of Nigeria, that no one should be discriminated against on the basis of sex or gender, including through health procedures that adversely affect their health, wellbeing and sexuality.

Empowerment

This Policy is underpinned by the principle of empowerment, as encapsulated in SDG 5, which requires that women and girls be provided with information, resources and capacity to take the right decisions to protect their bodily integrity.



Participation

The objectives and strategies of the Policy are based on the principle of meaningful participation of women and girls and other stakeholders in the protection of their human rights.

Inclusion

Engagement of stakeholders, as laid out in this Policy shall be an inclusive process, with a view to ensuring that the Plan of Action and all means for achieving the goals of this Policy will engage all relevant stakeholders and at different levels.

Collaboration, Partnership and Cooperation

The implementation of this Policy shall be driven by the principles of collaboration, partnership and cooperation. Cooperative interaction of all relevant stakeholders including government, development partners, private sector, civil society organisations,

traditional and religious leaders, community-based organisations and development partners at all levels shall drive implementation of the Policy. This principle involves using participatory approaches in working with communities in which FGM is practised, not only through traditional power structures but also through members of the communities.

Respect for Culture within the framework of Human Rights

This Policy promotes respect for the traditions and culture of all people in Nigeria within a framework of protection of the human rights of all persons, (including the right to health, the right to freedom from discrimination, right to freedom from torture or cruel, inhuman or degrading treatment and the rights of the child,) and compliance with the law. It seeks to promote a robust process of positive cultural re-orientation and social norms change that is gender sensitive and responsive.

Policy Objectives and Strategies for Implementation

CHAPTER THREE



Pursuant to the aforementioned overall goal (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 Policy seeks to realise the following outcomes and objectives by adopting the under listed strategies:



Expected Outcome 1: The general population will have increased knowledge and awareness of the ills of FGM and acquire the skills to promote its abandonment

Specific Objective 1: To increase the number of women, men, boys and girls with knowledge about the harmful consequences of FGM to 100% by 2025

Specific Objective 2: To reduce the number of women, men, girls and boys who support continuation of FGM by 50 per cent by 2025

Specific Objective 3: To promote meaningful male involvement and leadership in efforts at eliminating FGM

Specific Objective 4: To Enhance FGM/GBV related behaviour change communication using targeted, digital, innovative and effective communication strategies to reach different sub-groups of the general

population

Strategy 1.1 – Support public enlightenment and education

Strategy 1.2 – Support advocacy and capacity building of stakeholders

Strategy 1.3 – Motivate individuals and communities to champion social norms change

Expected Outcome 2: Women and girls are empowered to end the practice of FGM

Specific Objective 1: To equip women and girls with necessary information and skills for enhanced self-autonomy and abandonment of FGM

Specific Objective 2: To enhance women and girls' role in policy formulation and decision making processes,

especially in relation to issues that affect their lives

Specific Objective 3: To promote women and girls' access to opportunities for self-development and economic empowerment

Strategy 2.1 – Improve knowledge of women and girls about their rights

Strategy 2.2 – Support advocacy towards strengthening policy environment for FGM elimination

Strategy 2.3 – Support Capacity Building of Women and Girls for Economic Empowerment

Strategy 2.4 – Support life skills building for women and girls

Expected Outcome 3: Survivors have access to timely and professional services to mitigate the impact of FGM

Specific Objective 1: To facilitate access to quality, affordable, age-friendly curative and rehabilitative health services for survivors of FGM, including during emergencies

Specific Objective 2: To promote availability and accessibility of psychosocial and other related support services that caters to the need of survivors of FGM, including during emergencies

Strategy 3.1: Increase awareness of available FGM related services among the general populace

Strategy 3.2: Support advocacy towards strengthening policy environment for FGM elimination

Strategy 3.3: Human capacity building for quality and efficient service delivery

Strategy 3.4: Strengthen service delivery for survivors of FGM including through strengthening of primary health care

Expected Outcome 4: Enhanced policy and legal environment at national, state and local government

levels for the elimination of FGM

Specific Objective 1: To promote legal literacy among the general populace

Specific Objective 2: To promote the implementation/enforcement of existing laws and the adoption of legal frameworks in states where such do not currently exist, towards the elimination of FGM

Specific Objective 3: To promote access to legal services for survivors of FGM in different parts of the country

Specific Objective 4: To eradicate medicalisation of FGM in Nigeria by 2025

Strategy 4.1: Increase awareness of existing FGM related laws and policies among the general populace

Strategy 4.2: Advocacy for improved legal and policy environment for FGM Elimination

Strategy 4.3: Human capacity building for improved access to legal services

Strategy 4.4: Enhance professional codes of ethics and adherence to professional code of ethics by healthcare workers

Expected Outcome 5: Strengthened capacity of public, private and community organization/institutions to foster partnerships, collaborations and improved community involvement in eliminating the practice of FGM

Specific Objective 1: Strengthen existing relevant systems and institutional arrangements to contribute to the reduction of FGM prevalence rate

Specific Objective 2: To promote increased coherence and coordination amongst institutions and with States.

Specific Objective 3: To foster partnerships, collaboration and active involvement of all stakeholders in efforts at eliminating FGM



Strategy 5.1: Enhance linkages among stakeholders towards FGM elimination

Strategy 5.2: Foster media collaboration with other stakeholders for FGM elimination

Expected Outcome 6: Resources mobilised and appropriately deployed to support the elimination of FGM

Specific Objective 1: To promote increase in allocation of financial resource to interventions targeted at gender based violence and FGM elimination in particular

Specific Objective 2: To promote effective coordination of FGM interventions implemented in the course of implementing this policy

Strategy 6.1: Track financial resource utilisation

Strategy 6.2: Advocacy for improved resource allocation

Strategy 6.3: Strengthen resource mobilisation drive

Expected Outcome 7: Quality data available and utilized to improve program planning, implementation, monitoring and evaluation of FGM interventions
Specific Objective 1: To integrate FGM issues into national, state and local government agenda

Specific Objective 2: To establish a system for regular documentation, dissemination and easy access to information on FGM by 2025

Specific Objective 3: To increase the quality and quantity of baseline and intervention research on FGM

Strategy 7.1: Advocacy for improved data collection and management

Strategy 7.2: Human capacity building for effective tracking of results of policy implementation

Strategy 7.3: Availability and accessibility of up to date data on FGM in Nigeria

Strategy 7.4: Strengthen evidence base for effective programming & policy implementation

Institutional Framework for Policy Implementation

CHAPTER FOUR



Institutional Structure for the Implementation of FGM Policy

The implementation of the Policy requires the active involvement of all tiers and agencies of governments, the communities, the private sector and civil society organisations including religious and traditional bodies.

The institutional framework provided under the 2013 Policy shall continue to be employed in the implementation of this Policy. Implementation of the Policy shall thus continue to be driven by the FGM Advisory Committee and the FGM Technical Committee, described below.

FGM Advisory Committee (FAC): 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).

FGM Technical Committee (FTC): 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 Core Technical Committee on Maternal Newborn and Child Health (CTC on MNCH) at all levels.

Institutional Structure and Membership of FGM Advisory Committees

Federal Level

The National Advisory Committee on the elimination of Female Genital Mutilation in Nigeria, established by the Federal Ministry of Health, will comprise:

- Federal Ministry of Health (Convener)
 - Federal Ministry of Health – Gender Branch, Family Health Department (Secretary)
 - Federal Ministry of Women Affairs (Co-convener)
 - Federal Ministry of Education
 - Federal Ministry of Information and Communication
6. Federal Ministry of Youth and Sports



- Federal Ministry of Justice
- Federal Ministry of Finance
- Federal Ministry of Information and Culture
- National Primary Health Care Development Agency
- National Orientation Agency
- National Human Rights Commission
- National Planning Commission
- National Association of Community Health Practitioners of Nigeria
- National Association of Social Workers
- National Bureau of Statistics
- National Union of Teachers
- National Association of Nigeria Nurses and Midwives
- National Council of Women’s Societies
- The Nigeria Police
- Nigeria Security and Civil Defence Corps
- Nigerian Union of Journalists
- Nigeria Medical Associations
- Medical Women Association
- Nursing and Midwifery Council of Nigeria
- Inter-African Committee on Harmful Traditional Practices
- Child Protection Network
- Development Partners
- Selected Research Institutions
- Faith-Based Organisations

- Civil Society Organisations focused on FGM
- Individual Researchers

Other members may be co-opted by the Committee as required. The National FGM Advisory Committee shall meet at least twice each year.

State Level

The State Advisory Committee on the elimination of FGM in Nigeria, established by the State Ministry of Health, will comprise:

- State Ministry of Health (Convener)
- Ministry of Women Affairs and Social Development (Co-convener)
- State Primary Health Care Development Agency (Secretary)
- State Ministry of Education
- State Ministry of Information
- State Ministry of Justice
- State Ministry of Youth and Sports
- State Ministry of Finance
- State Primary Health Care Development Agency
- National Orientation Agency
- National Human Rights Commission (Zonal Office)
- Inter-African Committee on Harmful Traditional Practices

- Child Protection Network
- Media
- State Chapter of International Federation of Women Lawyers
- State Chapter of Medical Women Association
- National Association of Nigeria Nurses
- Nigerian Medical Association
- National Union of Teachers
- Development Partners
- The Nigeria Police
- Nigeria Security and Civil Defence Corps
- The Council of Traditional Rulers
- Faith-Based Organisations
- Civil Society Organisations focused on FGM
- Selected Research Institutions
- Researchers

The State Advisory Committee can co-opt other relevant persons as needed. The State FGM Advisory Committee shall meet at least twice each year.

Local Government Area Level

The LGA Advisory Committee on elimination of FGM shall comprise the following members:

- Head, Department of Health (Convener)
- Women Development Officer (Co-convener)
- Reproductive Health Supervisor (Secretary)
- Traditional Rulers
- Religious Leaders
- Community Leaders
- Child Protection Network
- Women Leaders
- Market Leaders
- Relevant Community Based Organisations in the LGA working on FGM
- Community mobilisation officers
- Media

The Committee may co-opt other relevant persons as needed. The LGA Advisory Committee shall meet at least twice each year.

Roles and Responsibilities

National Advisory Committee on the Elimination FGM

- Advocate adequate provision in the national budget for the implementation of the Plan of Action
- Advocate for the provision and timely release of funds in the annual budget, for the elimination of Female Genital Mutilation.
- Advocate for the strengthening of institutional framework.

State Advisory Committee on the Elimination FGM

Advocate for the provision of funds in the State annual budget, for the elimination of Female Genital Mutilation.

Advocate for the provision and timely release of funds in the State annual budget, for the elimination of Female Genital Mutilation.

- Advocate for the strengthening of institutional framework.

LGA Advisory Committee on the Elimination FGM

- Advocate for the provision of funds in the LGA annual budget, for the elimination of Female Genital Mutilation.
- Advocate for the provision and timely release of funds in the LGA annual budget, for the elimination of Female Genital Mutilation.
- Advocate for the strengthening of institutional framework.

Institutional Structure and Membership of FGM Technical Committees

Federal Level

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

- Federal Ministry of Health – Family Health Department (Lead Ministry and Convener)
- Gender Branch FMOH (Secretary and Secretariat)
- Federal Ministry of Women Affairs (Co-convener)
- National Primary Health Care Development Agency
- Federal Ministry of Information and Culture
- Federal Ministry of Justice
- Federal Ministry of Youth and Sports
- National Human Rights Commission
- National Orientation Agency
- Relevant Professional Associations and Regulatory Bodies
- Non-Governmental Organisations/ Civil Society Organisations
- National Orientation Agency
- Federal Ministry of Education
- UN Agencies
- Bilateral and multilateral agencies
- Department of Planning, Research and Statistics (DPRS), FMOH (for Research and Documentation)
- National Bureau of Statistics

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:

- Commissioner of Health, State Ministry of Health (SMOH) (Convener)
- Commissioner of Women Affairs and Social Development (Co-convener)
- Commissioner of Finance
- Commissioner of Budget and Planning
- Commissioner of Youth and Sports
- Executive Secretary, SPHCDA
- Gender Desk, SMOH (Secretary and Secretariat)
- Reproductive Health Coordinator
- DPRS, SMOH (for Research and Documentation)
- State Health Educator/State Health Management Board/Hospital Services
- State Ministry of Women Affairs and Social Development
- SPHCDA
- State Ministry of Education
- State Ministry of Information

- State Ministry of Justice
- Nigeria Security and Civil Defence Corps
- National Human Rights Commission (Zonal and State Offices)
- Nigeria Police
- National Orientation Agency (Zonal and State Offices)
- Inter-African Committee (IAC-Nigeria) on Traditional Practices
- UN Agencies
- Bilateral and Multilateral Agencies
- Relevant Professional Bodies
- Non-Governmental Organisations/ Civil Society Organisations

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:

- Head of Department of Health (Convener)
- Women in Health or Reproductive Health focal person/MNCH focal person (Secretary)
- Women Development Officer (Co-convener)
- LGA Health Educator
- Department of Education
- National Union of Road Transport Workers (NURTW)
- Nigeria Police
- Women Leaders
- Representatives of Council of Traditional Rulers
- Faith Based Organisations (FBOs)
- National Council of Women Societies
- Market Women Association
- Representatives of Traditional Birth Attendants (TBAs)
- Representative of Village Health Workers (VHWs)
- Representative of Youth Organisations
- NGOs in the fields relevant for FGM elimination
- Representatives of Ward Development / Community Development Committees
- Media
- Other co-opted members (relevant NGOs and Individuals e.g. ex-circumcisers), members of surveillance teams



Roles and Responsibilities

Federal Technical Committee

The FGM National Technical Committee (NTC), among others, shall:

- Coordinate FGM elimination at the Federal level and provide general oversight and guidance for FGM elimination activities in the country.
- Sustain the dissemination of information on FGM within the framework of women and girls' health and development
- Advocate for capacity building on behaviour change communication in all relevant institutions for the elimination of FGM.
- Mobilise financial resources and technical support for the implementation of the Plan of Action to complement Government's efforts.
- Ensure Annual commemoration of the International Day of Zero Tolerance for Female Genital Mutilation (6th February).
- Encourage the incorporation/retention of FGM-related topics in the curricula of relevant institutions (formal and non-formal Schools, schools of Health, nursing, etc) in key sector (Education, Health, etc)
- Support programmes on the prevention, elimination, and management of complications of Female Genital Mutilation.
- Monitor, evaluate and periodically review activities and strategies to ensure programme implementation.
- Ensure that data on Female Genital Mutilation is integrated/retained into the National Health Management Information System.
- Periodically report FGM activities to the FGM advisory committee (biannually) and the National MNCHCTC (quarterly).
- Ensure that the Federal Ministry of Health establishes and maintains a Data Bank on Female Genital Mutilation (data, publications, service providers, etc).
- Co-ordinate the biannual meeting of the FGM Advisory Committee.
- Coordinate FGM elimination activities by

liaising with the Federal Ministry of Health and relevant agencies at Federal and state level, involve LGAs, private sectors and NGOs.

- Provide feedback on FGM elimination reports received to the state FGMTC.
- Ensure integration of Female Genital Mutilation elimination issues into development policies.
- Provide oversight for the dissemination and implementation of National FGM policies and laws
- Strengthen National coordination of FGM activities from the LGA level upwards

FGM National Technical Committee shall meet at least four times annually.

State Level Technical Committee

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

- Adopt policies and legislations formulated by the Federal Government and advocate for the domestication, and implementation of the policies and strategies therein.
- Sustain the flow of information on Female Genital Mutilation within the framework of women and girls' health and development in the State.
- Support intervention programmes on elimination of Female Genital Mutilation and management of its complications.
- Monitor, evaluate and review activities on elimination of Female Genital Mutilation.
- Report to the State Advisory Committee to the National FGMTC on a biannual basis.
- Provide quarterly reports of State FGM activities to FMoH
- Collaborate with individuals, groups and NGOs in programme implementation.
- Co-ordinate all activities related to the Plan of Action.
- Ensure Annual commemoration of the international day of zero tolerance for Female Genital Mutilation (6th February).

FGM State Technical Committee shall meet at least four times annually.

LGA Level Technical Committee

The roles and responsibilities of the LGA Technical Committee (LTC) shall be to:

- Adopt policy and legislation formulated by the Federal/State level and implement the policies and strategies therein.
- Develop an implementation plan in consultation with the community.
- Review and monitor activities on the elimination of FGM on a continuous basis in consultation with the stakeholders.
- Report to the Local Advisory committee (biannually) and state FGMTC also biannually.
- Ensure collection and management of data on incidence and management of FGM (community and health facility levels).
- Provide quarterly reports of State FGM activities to FMoH
- Organise community outreach and education programmes on Female Genital Mutilation and its elimination.
- Collaborate with Ward and Community Development Committees, National Orientation Agency and all relevant stakeholders in disseminating information on the elimination of Female Genital Mutilation.
- Ensure education and training of all professionals working within the community on FGM.
- Establish community support systems for potential survivors of Female Genital Mutilation and those at risk.
- Collaborate with individuals, groups and NGOs in resource mobilisation and programme implementation.
- Assist in devising appropriate and efficient means for the education and enforcement of legislation and policies of Female Genital Mutilation.

LGA Committee shall meet at least four times annually.

Research, Monitoring, Evaluation and Review

CHAPTER FIVE



Research

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

- Studies to determine appropriate behavioural change communication initiatives for the elimination of Female Genital Mutilation for different target groups.
- Studies on the social norms that promote resistance to change and elimination of FGM.
- Studies on the psychological, social, cultural, and economic determinants of FGM
- Studies on the medicalization of FGM
- Studies on the effectiveness of different programs and interventions for eliminating FGM, including use of digital technologies etc
- Studies on success stories and best practices.
- Studies on the implications and consequences of FGM.
- Periodic collection, collation, dissemination and

use of data on FGM in each State of the country.

- Identification and collation of current best practices on eliminating FGM throughout the country.
- Studies on emerging trends and issues from national studies e.g. MICS and NDHS, cross-border FGM practices

Monitoring and Evaluation

Monitoring and Evaluation (M&E) is a key instrument for tracking progress in achieving the overall objective of this Policy. It supports performance assessment and identification of challenges and thus, effective implementation of Policy. In this Policy:

- Periodic monitoring of strategies and activities



set out in the Plan of Action shall be carried out to ensure that each actor who has a role in implementation meets the set targets. The National FGM Technical Committee in collaboration with the NPHCDA and the DPRS of the Federal Ministry of Health, the National Bureau of Statistics and NPopC will review and develop indicators where necessary for integration in the National Health Management Information System (NHMIS) and appropriateness of questions for National surveys.

- M&E plan in the plan of Action that clearly shows how the implementation can be monitored and evaluated at all levels
- Establish mechanism for collection data from service providers e.g. health, legal, and social sectors.

- Baseline, mid-term and terminal reviews of the Policy and Plan of Action shall be carried out.
- Each sector shall meet targets as set out for it in this Policy and the Plan of Action. The Federal Ministry of Health, Women Affairs, Youths and Sports Development, Education, National Bureau of Statistics, NPHCDA, NPopC, Research institutions including universities shall generate specific data to periodically assess achievements in the elimination of FGM.
- The Federal Ministry of Health shall have the overall responsibility of compiling the reports of the activities of the different sectors.

Periodic Review of Policy

This Policy shall be subject to review after five years.

Annexes

Annex 1

FGM focal persons include the 5 States and agencies

Annex 2

Information Sharing Protocol

- UNFPA/UNICEF joint programme on accelerating the abandonment of female genital mutilation (FGM) in Nigeria, in collaboration with Federal Ministries of Health and Women Affairs
- Information Sharing Protocol (ISP)
- Federal Ministry of Women Affairs
- Federal Ministry of Health
- Osun State Ministry of Health
- Osun State Ministry of Women, Children and Social Affairs
- Ekiti State Ministry of Health
- Oyo State Ministry of Health
- Ekiti State Ministry of Women Affairs, Gender Empowerment and Social Development
- Ebonyi State Ministry of Health
- Imo State Primary Health Care Development Agency
- Oyo State Ministry of Women Affairs, Community Development, Social Welfare and Poverty Alleviation
- Ebonyi State Ministry of Women Affairs and Social Development
- Imo State Ministry of Health, Women Affairs and Social Development.
- UNICEF
- UNFPA

Background

The UNFPA/UNICEF Joint Programme on Accelerating Abandonment of Female Genital Mutilation (FGM) in Nigeria, commenced implementation in 2014. The programme is being co-led at the national level by the Federal Ministry of Health (FMOH) and Federal Ministry of Women Affairs (FMWA), implemented by their state counterparts in the five focus states on the joint programme with the highest prevalence of FGM: Osun, Ekiti, Ebonyi, Imo and Oyo states. The programme involves various strategies which includes: legislative and policy advocacy, Social norm change, health systems capacity enhancement; coordination, data and research as well as documentation to mobilize accelerated actions towards abandonment of the harmful practices nationally and in the 5 high burdened states.

Purpose

This Information Sharing Protocol sets out guiding principles and describes procedures for sharing quarterly activity reports among above-listed actors of the UNFPA/UNICEF joint programme on accelerating the abandonment of Female Genital Mutilation (FGM) in Nigeria. The protocol will facilitate information sharing among implementing partners in line with the National Policy and plan of action for FGM and the Development-information Monitoring (Di monitoring) framework for the joint programme in Nigeria. The joint programme is implemented in Osun, Imo, Ebonyi, Oyo and Ekiti states.

Implementing partners recognize that sharing information and data on FGM activities on a sustained basis will contribute to improved inter-organizational coordination, identifying gaps, prioritization of actions, re-definition and refining of strategies,

monitoring, sharing and replication of best practices to accelerate FGM abandonment. In addition, it will also result in improved advocacy for the mobilization of resources. All organizations will share narrative reports with the FMOH and FMWASD on activities undertaken and results. They are also obligated to report data results on the Di monitoring result based management system of the UNFPA/UNICEF joint programme on FGM

Ground Rules⁴⁷

- State MDAs and CSOs are to share information (narrative and quantitative) on a quarterly basis with the FMOH and FMWA.
- Information shared by respective state Ministries and CSOs will be collated by the STC secretariat and transmitted to FMOH and FMWASD using the quarterly di-monitoring framework and other applicable tools. This collated report will be analyzed and shared by FMOH to individual members of the FGM National Technical Committee and the State Technical Committees. After validation by the NTC and STC, FMOH will share the final version with UNFPA/UNICEF.
- Information and data are reported according to the indicators for the FGM programme as in the Di monitoring platform. All agencies will adopt and implement information protection protocols to ensure that no harm comes to FGM survivors, service providers or the community from information sharing efforts.
- It is the responsibility of each MDA to communicate in writing to the FGM focal persons at the FMOH and FMWA if he/she is unable to share quarterly information. If an MDA does not share data, it is the responsibility of the FGM Focal Person at the national level to engage with the State counterpart to understand the reasons why such MDA has been unable to share data. The national level counterpart will undertake concerted efforts to address the challenges and support the MDA and CSO as required.
- Other States MDAs will be added when there is provision to expand the scope of the joint FGM programme to include other States.
- Following signature of the Protocol, all Directors/ FGM/C focal persons have a responsibility

to conduct orientation for their staff on the standards and procedures outlined in this ISP. They should also explain to their staff that any question or request for FGM information should be directed to their respective MDA focal persons.

Data Security

MDAs at national and state levels and funding UN Agencies (UNFPA and UNICEF) will ensure that data is safe and secure and will implement appropriate procedures to maintain data confidentiality. MDAs at state levels will submit quarterly report to national counterparts.

The Focal persons at the FMOH and FMWA at the national level will share the quarterly reports in aggregate form to UNFPA and UNICEF.

Internal Information Sharing Procedures

Quarterly Reporting

- MDAs at the state level will submit quarterly reports for FGM implemented activities during previous months to the national counterpart not later than the 5th day of first month in the new quarter. FMOH and FMWA will share consolidated aggregate data to UNFPA/UNICEF not later than 19th day of the first month in the new quarter. In the event of any unforeseen circumstances that prevent state ministries from sharing the report, it should be communicated ahead of time to the FGM focal persons at the national level.

The data shared will be disaggregated in line with the Di-monitoring framework and using other relevant data tools (sex, age, community, and state).

- The FGM Focal Persons at the UNFPA/UNICEF will consolidate all submitted data and create an aggregate national quarterly report that will include a brief summary or analysis of key findings where necessary.
- Data will be discussed at the NTC meetings.
- ISP signatories Focal Persons: The individuals responsible for the submission of data and

for sending compiled quarterly reports are listed in the FGM Focal Person document (in Annex 1). In the case of staff movement, each MDA is responsible for designating a new focal person, and doing a complete handover of FGM reporting responsibilities. Any change must be communicated to FGM Focal Persons at the national level and the funding UN Agencies, who will be responsible for updating the overall list. The FGM Focal Persons at FMOH and FMWA will circulate the contact list every quarter among members for updates. In case no update is provided about the new FGM Focal Person, the UNFPA/UNICEF Focal Person will contact the relevant Departmental Director of the MDA to obtain the new details of the focal person.

When Others Request FGM Information

Internal & External Reporting & Data Sharing

All ISP signatories are authorized to use the consolidated di-monitoring for their internal and external reporting requirements. When sharing data for their internal reporting requirements, Ministries and agencies should maintain data protection standards of confidentiality and security. In that purpose, they should send the following caveat along:

The data shared is in no way representative of the total incidence or prevalence of FGM cases in Nigeria. These reports are generated exclusively by implementing partners of the UNFPA/UNICEF Joint Programme on accelerating the abandonment of FGM in the implementation of FGM activities in States of focus across Nigeria. This data should not be used for direct follow-up with survivors or the aforementioned organizations for additional case follow-up. The following information should not be shared outside your organization/agency/ministry. Failure to comply with the above would result in revoking pre-approved data sharing/or refusal of future requests for data.

Signatories to this ISP, national and focus states can share information bilaterally with each other without seeking approval from all the signatories.

However, a 4-person committee comprising UNFPA,

UNICEF, FMOH and FMWA at the national level and UNFPA, UNICEF, SMOH and SMWA at the state level, will be constituted to review requests from external actors to determine either to authorize or reject the request.

Media Institutions

Due to the potentially negative impact of inappropriate data sharing, all information requests from the media and external advocacy institutions will be carefully scrutinized. Any request for FGM consolidated information must be sent in writing to the NTC and STC respectively, including information on how the data will be used. If the focal person determines that the data will be used to positively and responsibly advance advocacy for the FGM project, he or she can be authorized to share. This will be determined on a case by case basis.

Time Limit

Once agreed, this information sharing protocol will take effect on 1st January 2021 for a one year period until 31st December 2021, upon which the signatories will review the effectiveness of, use of, and adherence to the protocol. After one year, the signatories will get together to determine other pre-approved actors and if necessary, add new implementing state MDAs to the protocol before signing it for a period of one year. Thereafter, in the absence of a new agreement, the protocol will automatically be renewed for a further one year, until a revised version can be agreed upon.

Breaches

In cases of breach by any of those participating in this information sharing protocol, the following process should be undertaken:

- On behalf of the FGM National Technical Committee, the FGM ISP Focal person will convene a meeting within one month with all signatories to discuss the alleged breach and determine appropriate action to be taken.
- If unresolved, the matter should be referred to the relevant Directors of all signatories within two months of the breach or suspected breach.

The resolution of a breach or suspected breach must be agreed to by all actors who are signatories to this

protocol. In the event that the resolution cannot be agreed upon, signatories have the option to terminate, in writing, their inclusion in the protocol and the protocol will be revised accordingly.

Annex 3: Roles and Responsibilities

Roles of Federal Ministries of Health and Women Affairs:

- Collate and sustain dissemination of information on FGM intervention programmes at the Federal and state levels.
- Ensure FMOH establish and maintains a data bank on FGM
- Provide feedback on FGM activity reports received by the state ministries
- Advocate for increased resource allocation and release of funds in the national annual budget

for elimination of FGM

Roles of State Ministries of Health and Women Affairs:

- Provide quarterly reporting of activities implemented at state levels on FGM to the Federal Ministries of Health and Women Affairs.
- Advocate for increased resource allocation in the state annual budget for elimination of FGM

Role of UNFPA and UNICEF

- Provide technical support to the implementation of the information sharing protocol of the UNFPA/ UNICEF joint programme on abandonment of FGM in Nigeria

Plan of Action for the Implementation of the National Policy for the Elimination of Female Genital Mutilation (2021-2025)						
Expected Outcome at Impact Level: To Eliminate the Practice of Female Genital Mutilation						
Expected Outcome 1: The general population will have increased knowledge and awareness of the ills of FGM and acquire the skills to promote its abandonment						
OBJECTIVES	ACTIVITIES (Indicative)	TIME LINE	COSTN	RESPONSIBLE	INDICATORS	MOV
<p>Specific Objective 1: To increase the number of women, men, boys and girls with knowledge about the harmful consequences of FGM to 100% by 2025</p> <p>Specific Objective 2: To reduce the number of women, men, girls and boys who support continuation of FGM by 50 per cent by 2025</p> <p>Specific Objective 3: To promote meaningful male involvement and leadership in efforts at eliminating FGM</p> <p>Specific Objective 4: To Enhance FGM/GBV-related behaviour change communication using targeted, innovative and effective communication strategies to reach different sub-groups of the general population</p>	Strategy 1.1 – Support Public Enlightenment and Education	<p>1st Q 2021</p> <p>Other activities to be held continuously all through the life of the policy 2021 – 2025</p>		<p>FMOH, SMOH, FMWA, SMOWA, UNFPA, UNICEF, WHO, NOA, Private Sector, MEDIA, NGOS, CSOs and others</p>	<p>Number of policy documents produced and distributed</p> <p>Number of IEC materials produced</p> <p>Proportion of girls age 0-14 years and women aged 15-49 years who have undergone female genital mutilation, by age as reported by MICS, NDHS</p> <p>Proportion of girls age 0-14 years and women aged 45-49 years who have undergone female genital mutilation, by age as reported by MICS, NDHS</p> <p>Number of communities that publicly declare to abandon the practice of FGM</p> <p>No. of communities that formally declare abandoning a practice that discriminates against or harms girls and women of all ages.</p> <p>Number of MOUs signed with community leaders</p> <p>Number of religious /traditional rulers, opinion leaders who openly support campaign or actually campaign against the practice of FGM</p> <p>Number of CSOs, media organisations, women's groups, youth, and social influencers that contribute to/participate in raising public awareness on ills of FGM</p>	<p>Reports of community engagement activities</p> <p>Videos and pictures of community FGM abandonment ceremonies</p> <p>IEC materials produced and disseminated</p> <p>MOUs signed with communities on sustenance of public declaration of abandonment of practice of FGM</p>

OBJECTIVES	ACTIVITIES (Indicative)	TIME LINE	COSTN	RESPONSIBLE	INDICATORS	MOV
	Strategy 1.3 – Motivate individuals and communities to champion social norms change					
	<p>Identify allies among ex- circumcisers and build their capacity as effective change agents</p> <p>Identify and recognise champions among gate keepers, community/ religious/opinion leaders/ex-circumcisers</p> <p>Develop Memorandum of Understanding (MOU) to guide understanding of expectations from communities who publicly declare to abandon FGM</p> <p>Sign MOU with communities who agree to change social norms around the practice of FGM</p>		N1,500,000		<p>Number of ex-circumcisers who emerge as change agents</p> <p>Website developed</p> <p>Social media presence dedicated to engagement on FGM</p> <p>Number of people who participate actively in education/ sensitization/social mobilization sessions promoting the elimination of FGM</p>	
	Expected Outcome 2: Women and girls are empowered to end the practice of FGM					
	Advocate for the inclusion of FGM in broader policy and framework (in the areas of gender equality, justice and children's rights through webinars with relevant stakeholders.		N1,000,000			
	Strategy 2.3 – Support Capacity Building of Women and Girls for Basic Life Skills and Economic Empowerment					

OBJECTIVES	ACTIVITIES (Indicative)	TIME LINE	COST N	RESPONSIBLE	INDICATORS	MOV
	<p>Conduct virtual trainings on the intersections of FGM and gender based violence for women, men, boys and girls and advocate for the inclusion of FGM related information in the curriculum.</p> <p>Organise capacity building workshops for women and girls on skills acquisition and income-generating opportunities, basic life skills, increased agency and participation in decision making processes including at the home and community levels.</p>		<p>N1,000,000</p> <p>N16,800,000</p>		<p>Proportion of girls 0-14 years and women aged 15-49 years who have undergone female genital mutilation, by age as reported by MICS, NDHS</p> <p>Proportion of girls 0-14 years and women aged 45-49 years who have undergone female genital mutilation, by age as reported by MICS, NDHS</p> <p>Number of women and girls who participate in long term economic empowerment/skills acquisition programmes</p> <p>Number of women and girls who received start up grants/kits for economic empowerment and reliance</p>	
	Expected Outcome 3: Survivors have access to timely and professional services to mitigate the impact of FGM					
	Organize a virtual annual training/ seminar advocating for the integration of FGM issues into training curriculum of doctors, nurses, social workers and other relevant care providers.		N1,000,000			
	Strategy 3.3: Human Capacity Building for quality and efficient service delivery					
	Build the capacity of health care providers, social workers and counsellors on Gender based violence and its linkages with FGM towards effective provision of services and appropriate referral of survivors through webinars.		N1,000,000			
	Strategy 3.4: Strengthen Service Delivery for Survivors of FGM					

■ National Policy and Plan of Action for the Elimination of Female Genital Mutilation in Nigeria (2021 – 2025)

OBJECTIVES	ACTIVITIES (Indicative)	TIME LINE	COST N	RESPONSIBLE	INDICATORS	MOV
	<p>Develop and disseminate hard-copies and digital versions standard operating procedure manuals for use by different health care, legal and psychosocial service providers.</p> <p>Advocate for the adoption of a policy on mandatory reporting of knowledge of conduct or plan to conduct FGM by every individual citizen of Nigeria and provide mainstream support for FGM survivors into existing safe/one-stop centre services and the work of Sexual and Gender-Based Violence Teams across the country through webinars and social media campaigns.</p> <p>Build capacity of health professionals on the Clinical Management Protocol for FGM case management through virtual annual training seminars and workshops.</p>		<p>N2,400,000</p> <p>N6,000,000</p> <p>N5,000,000</p>			
	<p>Expected Outcome 4: Enhanced Policy and legal environment at national, state and local government levels for the elimination of FGM</p>					

OBJECTIVES	ACTIVITIES (INDICATIVE)	TIME LINE	COST N	RESPONSIBLE	INDICATORS	MOV
<p>Specific Objective 1: To Promote Legal Literacy among the general populace</p> <p>Specific Objective 2: To promote the implementation/enforcement of existing laws and the adoption of legal frameworks in states where such do not currently exist, towards the elimination of FGM</p> <p>Specific Objective 3: To promote access to legal services for survivors of FGM in different parts of the country</p> <p>Specific Objective 4: To eradicate medicalisation of FGM in Nigeria by 2025</p>	<p>Strategy 4.1: Increase Awareness of existing FGM related laws and policies among the general populace</p>	<p>Continuous activities all through 2021 – 2025</p>		<p>FMOH, SMOH, FMOJ, SMOJ, MOI, CSOs, NOA, MEDIA, NHRC, Federal and State Legislatures, Law Enforcement Agencies, Dev. Partners, MDCN, NMCN, NMA, SOGON, NPMCN, PAN, NACHPN, APHPN, SPHPN AMOHN, Community Health Practitioners Regulatory Board of Nigeria. other regulatory bodies and professional associations,</p>	<p>Number of awareness creation sessions organised and reported</p> <p>Number of Women aged 15 – 49 who have heard about FGM</p> <p>Number of simplified versions of laws on FGM/GBV simplified and/or translated into local languages</p> <p>Number of Law enforcement officers/judicial officers/legal officers trained on implementation of FGM laws by state and by agency</p> <p>Number of survivors who access pro bono legal services</p> <p>Number of additional states with legislation declaring the practice of FGM a crime</p> <p>Number of people arrested for FGM-related offences</p> <p>Number of FGM cases prosecuted in court</p> <p>Number of convictions and sanctions secured on FGM cases</p> <p>Number of health & non-health care professionals who are trained and sign up to become advocates to end medicalisation of FGM</p> <p>Number of health professionals' associations and regulatory bodies declaring FGM performed by health professional an unethical practice and sanctioning erring members</p> <p>Number of callers to the helpline and number served referred for services</p>	<p>Reports of awareness programmes organised</p> <p>MICS findings</p> <p>Publications of simplified and translated laws</p> <p>Report of training activities</p> <p>Annual reports of Legal Aid Council and other organisations (CSOs who offer Pro bono cases)</p> <p>Laws passed by State Assemblies</p> <p>Court summons</p> <p>Court Judgements</p>
	<p>Simplify and translate existing laws on FGM in local languages and disseminate hardcopies and digital versions widely.</p> <p>Raise awareness of the provisions of existing laws that prohibit the practice of FGM in the different states and LGAs of the country through radio jingles and social media campaigns.</p>		<p>N6,000,000</p> <p>N5,200,000</p>			
	<p>Strategy 4.2 – Advocacy for improved legal and policy environment for FGM Elimination</p>					

OBJECTIVES	ACTIVITIES (Indicative)	TIME LINE	COST N	RESPONSIBLE	INDICATORS	MOV
	<p>Conduct advocacy for the adoption of a policy on mandatory reporting of knowledge of plan to conduct or actual conduct of FGM on a girl child or a woman, using radio jingles and social media advocacy to reach persons at the grassroots.</p> <p>Advocate for the enactment of laws on the prohibition of FGM in states that do not have laws and the harmonisation of FGM laws in states where related laws have conflicting provisions.</p>		<p>N20,500,000</p> <p>N20,000,000</p>			
	Strategy 4.3: Human Capacity Building for Improved Access to Legal Services					
	<p>Organise virtual annual training sessions and workshops to build the capacity of law enforcement officials and judicial officers for effective enforcement of all laws that punish the crime of FGM including the VAPP Act 2015.</p> <p>Organise virtual annual training sessions and workshops to build the capacity of legal officers and legal Aid council officials to provide Pro bono legal services to survivors of FGM.</p>		<p>N1,000,000</p> <p>N1,000,000</p>			
	Strategy 4.4: Enhance adherence to professional code of ethics by health-care workers					

OBJECTIVES	ACTIVITIES (Indicative)	TIME LINE	COST N	RESPONSIBLE	INDICATORS	MOV
	<p>Train and engage health & non-health care professionals to participate in and contribute to advocacy for the eradication of medicalisation of FGM through social media campaigns.</p> <p>Engage the support of health professional and non-health regulatory bodies such as the MDCN, the NMCN and the National Association of Social Workers (NASOW), NUT in imposing and enforcing sanctions on erring health professionals</p> <p>Run and anonymous help-line and maintain a Register of Violators of FGM laws.</p>		<p>N1,000,000</p> <p>N5,000,000</p> <p>N25,000,000</p>			
	Expected Outcome 5: Strengthened capacity of public, private and community organisation/institutions to foster partnerships, collaborations and improved community involvement in eliminating the practice of FGM					
<p>Specific Objective 1: Strengthen existing relevant systems and institutional arrangements to contribute to the reduction of FGM prevalence rate</p> <p>Specific Objective 2: To promote increased coherence and co-ordination amongst institutions and with Member States.</p> <p>Specific Objective 3: To foster partnerships, collaboration and active involvement of all stakeholders in efforts at eliminating FGM</p>	Strategy 5.1: Enhance linkages among stakeholders	<p>2021</p> <p>Other activities to be held on a continuous basis all through 2021 – 2025</p>		<p>FMOH, SMOH, FMWASD, SMWASD, UNFPA, UNICEF, WHO, MEDIA, Private Sector, NGOS, CSOs and others</p>	<p>Number of joint actions taking by strategic actors/Technical Committees at different levels towards eliminating FGM</p> <p>Number of meetings of TC held</p> <p>Number of engagements with media networks</p> <p>Number of Media institutions reporting FGM related activities</p> <p>Number of engagements where the plan of action was disseminated.</p>	<p>FGM Service Directory produced</p> <p>Reports/Minutes of meetings of TC</p> <p>Programme reports</p> <p>No of websites where the FGM service directory is published</p> <p>Media reports</p>

OBJECTIVES	ACTIVITIES (Indicative)	TIME LINE	COST N	RESPONSIBLE	INDICATORS	MOV
	<p>Develop and disseminate FGM service directory for improved access to services for women and girls through the website, social media and fliers.</p> <p>Organise virtual Meetings of Technical Committees (TC) at national, state and LGA levels.</p> <p>Organise webinars and other virtual joint activities to strengthen partnership and multi-sectoral collaboration for effective interventions on the elimination of FGM.</p>		<p>N5,000,000</p> <p>N60,600,000</p> <p>N1,000,000</p>			
	Strategy 5.2: Foster Media Collaboration with other Stakeholders for FGM Elimination					
	<p>Strengthen media partnership networks on advancing response on issues of GBV/FGM in Nigeria</p> <p>Conduct orientation and sensitisation of the media on the FGM Policy and Implementation Plan on reporting for increased community participation</p> <p>Popularise the plan of action using modern media like Facebook, blogs, twitter and traditional information systems such as town criers, pictures, posters and handbills at community levels</p>		<p>N1,000,000</p> <p>N1,000,000</p> <p>-</p>			
	Expected Outcome 6: Resources mobilised and appropriately deployed to support the elimination of FGM					

OBJECTIVES	ACTIVITIES (Indicative)	TIME LINE	COST N	RESPONSIBLE	INDICATORS	MOV
<p>Specific Objective 1: To promote increase in allocation of financial resource to interventions targeted at gender-based violence and FGM elimination in particular</p> <p>Specific Objective 2: To promote effective coordination of FGM interventions implemented in the course of implementing this policy</p>	Strategy 6.1: Track Financial Resource Utilisation	<p>2021</p> <p>All other activities to be held on a continuous basis all through 2021 – 2025</p>		FMOH, SMOH, FMOF, SMOF, CSOs, Dev. Partners, M&E officers of relevant MDAs. NGOs, CSOs	<p>Number of federal MDAs (FMOH, FMWASD, FMOE, FMOJ, etc) with a budget line for FGM</p> <p>Number of federal MDAs (FMOH, FMWASD, FMOE, FMOJ, etc) with at least 50 per cent of the budget line for FGM is utilized</p> <p>Number of states that made allocations in their budgets and release allocated funds for FGM activities</p> <p>Number of LGAs that made allocations in their budgets and release allocated funds for FGM activities</p> <p>Number of relevant MDAs that conduct activities on FGM elimination</p> <p>Proportion of resource mobilised expended</p> <p>Total annual financial commitment to programming for FGM elimination by: Development Partners State Governments Local government authorities Private Sector organisations</p>	<p>Costed Plan</p> <p>Budgets of MDAs at different levels</p> <p>Reports of activities</p>
	<p>Undertake costing of the Plan of Action of this policy</p> <p>Conduct tracking of financial resource utilisation and identify funding gaps for implementation of this policy</p>		<p>N1,500,000</p> <p>N2,500,000</p>			
	Strategy 6.2: Advocacy for Improved Resource Allocation					
	Advocate for allocation of adequate financial and other resources for interventions aimed at eliminating FGM by government, private sector organisations and development partners at national, state and local level governments levels on the different social media platforms created.		-			
	Strategy 6.3: Strengthen Resource Mobilisation Drive					
	Develop a resource mobilisation strategy and an effective coordination mechanism for resource mobilisation, deployment and management by all stakeholders		N1,500,000			

OBJECTIVES	ACTIVITIES (Indicative)	TIME LINE	COST N	RESPONSIBLE	INDICATORS	MOV
	Expected Outcome 7: Quality data available and utilised to improve program planning, implementation, monitoring and evaluation of FGM interventions					
<p>Specific Objective 1: To integrate FGM issues into national, state and local government agenda</p> <p>Specific Objective 2: To strengthen the system for regular documentation, dissemination and easy access to information on FGM by 2025</p> <p>Specific Objective 3: To increase the quality and quantity of baseline and intervention research on FGM</p>	Strategy 7.1: Advocacy for Improved Data Collection and management	Activities to be held on a continuous basis all through 2021 – 2025 in accordance with need and demand		FMOH, SMOH, CSOs, Dev. Partners, M&E officers of relevant MDAs, NPopC, NBS, NGOs, CSOs,	<p>Number of FGM indicators incorporated into the National Health Management Information System</p> <p>FGM situation analysis conducted, published and disseminated</p> <p>Online Resource/Data base on FGM accessible</p> <p>Number of Research reports published</p>	<p>Needs Assessment Reports</p> <p>Reports of training</p> <p>Training evaluation reports</p> <p>Analysis of training pre and post test</p> <p>Reports of data quality assessments</p>
	<p>Advocate for and support data collection on FGM (quantitative and qualitative);</p> <p>Incorporate further FGM indicator in addition to already existing indicators in the National Strategic Health Development Plan and the National Health Management Information System</p>		<p>N1,500,000</p> <p>N1,500,000</p>			
	Strategy 7.2: Human Capacity Building for Effective Tracking of Results of Policy Implementation					
	Build capacity of M & E personnel at national, state and local government levels for effective monitoring and evaluation of FGM interventions		N1,500,000			
	Strategy 7.3: Availability and Accessibility of up to date data on FGM in Nigeria					

OBJECTIVES	ACTIVITIES (Indicative)	TIME LINE	COST N	RESPONSIBLE	INDICATORS	MOV
	<p>Conduct research and gather evidence on current trends of FGM disseminate information to increase understanding of the dynamics of FGM in Nigeria, support decision making, planning and programming towards elimination.</p> <p>Organize virtual meeting of stakeholders to evaluate the effectiveness of interventions in FGM elimination, discuss current research gaps and define key research agenda for advancing FGM Policy implementation</p>		<p>N2,000,000</p> <p>N2,500,000</p>			
	Strategy 7.4: Strengthen Evidence Base for Effective Programming & Policy Implementation					
	<p>Develop and update compendium of existing studies on FGM including research findings on best practices</p> <p>Identify current research gaps, define key research agenda for advancing FGM Policy implementation and undertake secondary analysis of existing data to address these research gaps and document trends.</p> <p>Disseminate research information on FGM widely to stakeholders through multiple channels (fact sheets, policy briefs and other materials), including through uploading digital versions of these materials on FGM on the website</p> <p>Conduct operation research on critical programme and service delivery issues and establish standard quality assurance mechanism in support of interventions designed towards implementing this policy.</p> <p>Develop/review standard tools for collection and dissemination of FGM related information</p>		<p>N1,500,000</p> <p>N1,500,000</p> <p>N1,500,000</p> <p>N1,500,000</p>			

Selected Anti-FGM Legislation in Nigeria

State	Law	Punishment For FGM	Jurisdiction	Who Can Arrest?	Remarks
Ekiti	Section 2, the Law to Prohibit Female Circumcision or Genital Mutilation in Ekiti State No.6 2002 Section 4, Ekiti State GBV (Prohibition Law) No 21, 2011 –	First offender – N10,000 or 2-year imprisonment & Subsequent offence – 2-years without option of fine Offender is liable on summary conviction to a fine of not less than N50,000 or a term of not less than two years	Magistrate Court Section 5 of the law states that the Chief shall designate a court to hear cases under the law	-Police can arrest without warrant -Health Officers of the Ministry of Health -Health Officers in the Local Government Areas and -Any other authorized person	There is a need to harmonise as well as raise awareness of the provisions of the laws in order for all stakeholders to know and play their roles effectively
Lagos	Section 10, Child's Rights Law, 2007 (Not directly on FGM.) Section 171 of the Criminal Law of Lagos State, 20111	FGM can be tried as an issue of abuse of fundamental human right e.g., right to dignity and freedom from being subjected to physical, mental or emotional injury as well as freedom from torture. inhuman or degrading treatment or punishment. This can be used either to prevent, stop ongoing and future practice of FGM. The aggrieved party can seek damages for harm or wrongful act done to her. This section speaks to the offence of Assault occasioning harm. It attracts a punishment of 3 years imprisonment	High Court/ Family Court High court Magistrate Court	Police can arrest Individuals can approach the court to seek damages	For the avoidance of ambiguity, it is important to advocate for a direct legislation on the prohibition of FGM in the State
Ondo	Section 3, Child's Right Law, 2007 (Not directly on FGM)	Can be tried as an issue of abuse of fundamental human right e.g., right to dignity and freedom from being subjected to physical, mental or emotional injury as well as freedom from torture. Inhuman or degrading treatment or punishment. This can be used either to prevent, stop ongoing and future practice of FGM. The aggrieved party can seek damages for harm or wrongful act done to her.	High Court/ Family Court	Police can arrest Individuals can approach the court to seek damages	For the avoidance of ambiguity, it is important to advocate for a direct legislation on the prohibition of FGM in the State

State	Law	Punishment For FGM	Jurisdiction	Who Can Arrest?	Remarks
Ogun	Section 25, Child Rights Law, 2003	Punishment for the offence of Female Genital Mutilation is Imprisonment not exceeding 7 years OR Fine not exceeding N100,000 OR both	Magistrate Court or any other Court	Police can arrest without warrant	There is a need to harmonize the provisions of the two laws to address the differences in punishment for the same offence
	Section 8, Violence Against Persons (Prohibition) Law of Ogun States 2017	For the offence of performing FGM/Female circumcision, aiding, abetting or counselling to commit the offence, punishment is Imprisonment not exceeding 4 years OR Fine not exceeding N200,000 OR both Attempt to commit the offence of FGM or Female circumcision - Imprisonment not exceeding 2 years Imprisonment OR Fine not exceeding N100,000 OR both	High Court/ Family Court Magistrate Court		
OSUN	Sections 3 & 5, Osun State Female Circumcision and Genital Mutilation (Prohibition) Law 2004	First conviction – N50,000 or 1-year imprisonment or both Second conviction – N100,000 or 2-year imprisonment or both & Subsequent offence – 3-year jail term without an option of fine	Magistrate Court	-Police can arrest without warrant -Health Officers of the Ministry of Health -Health Officers in the Local Government Areas and -Any other authorized person	There is a need to raise awareness of the provisions of this law in order for all stakeholders to know and play their roles effectively
OYO	Section 9, Oyo State Violence Against Women (VAW) Prohibition Law, 2016	4 years or a fine of N100,000 or both An attempt to commit the crime as well as inciting, abetting or counselling another to commit the crime attract 2-year jail term or a fine of N80,000 or both	Magistrate Court and High Court	Police can arrest without warrant	There is a need to harmonize the provisions of the two laws to address the differences in punishment for the same offence

State	Law	Punishment For FGM	Jurisdiction	Who Can Arrest?	Remarks
EBONYI	Section 26: Ebonyi State Violence Against Persons (Prohibition) Law, 2018	<p>1) A person who carries out harmful traditional practices on another commits an offence and is liable on conviction to a term of imprisonment not less than 3 years and not more than 5 years or to a fine of no less than #300,000 and not more than #500,000.</p> <p>3) A person who incites, aides, abets or counsels another to commit the act of violence as provided for in the subsection (1) of this section commits an offence and is liable on conviction to a term of imprisonment not less than 1 year and not more than 2 years or to a fine not less than #200,000 and not more than #300,000 or both.</p>	Family Magistrate and Family High Court	Power to arrest is vested on the police or other security agencies who subsequently hand over to the police for prosecution	There is a need to raise awareness of the provisions of this law in order for all stakeholders to know and play their roles effectively
KADUNA	Part II: Section 5 and 25 - Kaduna State Violence Against Persons (Prohibition) Law, 2018	<p>(1) The circumcision or genital mutilation of the girl child or woman is hereby prohibited. Any person who performs female circumcision or genital mutilation or engages another to carry out such circumcision or mutilation commits an offence.</p> <p>(3) Any person who incites, aids, abets, or counsels another person to commit the offence provided for in subsection (2) of this section is guilty of the offence and is liable on conviction to imprisonment for a term of not less than two (2) years or a fine of not less than One Hundred Naira Only (N100,000.00) or both.</p>	High Court of the state or any other court of competent jurisdiction	Any police officer may, without an order from the Court or a warrant of arrest an offender	There is a need to raise awareness of the provisions of this law in order for all stakeholders to know and play their roles effectively
IMO	Section 4 & 7: Imo State Female Genital Mutilation (Prohibition) Law 2017	<p>(4) Any person who violates the provisions of subsections (1) and (2) of this Section shall be deemed to have committed the offence of Female Genital Mutilation and shall be liable on conviction, to imprisonment for fourteen (14) years or a fine of two hundred and fifty thousand naira (N250,000.00) or to both such term of imprisonment and fine.</p> <p>(6) Any person who aids and abets the performance of Female Genital Mutilation is guilty of an offence and shall be liable on conviction, to imprisonment for seven (7) years or to a fine of one hundred and fifty thousand naira (N150,000.00) or to both such term of imprisonment and fine.</p>	Court is mentioned under the powers to arrest without specifying the type (family, magistrate or high court).	Any person who contravenes the provisions of this Law may be arrested without warrant by any of the Law Enforcement Agencies and may be charged to court if found culpable after investigation.	There is a need to raise awareness of the provisions of this law in order for all stakeholders to know and play their roles effectively

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 49. Technical support will be provided by UNFPA and UNICEF throughout the implementation of the information sharing protocol.
 50. 2 “Internal,” for the purposes of this information sharing protocol, includes the Ministries and the UN agencies of the joint programme.



Supported by the UNFPA / UNICEF Joint Programme on the
Elimination of FGM