



Abandoning Female Genital Mutilation/Cutting

Guidelines for Parliamentarians



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Adjacent page: Top - Photo by Living Water International.
Bottom - Hon. Els Van Hoof, Belgian MP and Political Coordinator
for AWEPA's FGM/C Programme during an FGM/C sensitisation workshop
in Burkina Faso (November 2013).



AWEPA would like to thank the King Baudouin Foundation and the Government of Luxembourg for their support.



List of abbreviations

ACRWC	African Charter on the Rights and Welfare of the Child
ARP	Alternative Rite of Passage
AU	African Union
AWEPA	Association of European Parliamentarians with Africa
CBO	Community Based Organisation
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CRC	Convention on the Rights of the Child
DHS	Demographic and Health Surveys
DWG	Donors Working Group
EAC	East African Community
EALA	East African Legislative Assembly
EU	European Union
FC	Female Circumcision
FGC	Female Genital Cutting
FGM/C	Female Genital Mutilation/Cutting
FGM	Female Genital Mutilation
IAC	Inter African Committee
ICPD	International Conference on Population and Development
JP	Joint Programme
MDGs	Millennium Development Goals
MP	Member of Parliament
MYWO	Maendeleo Ya Wanawake Organization
NGO	Non-Governmental Organisation
PAP	Pan-African Parliament
PATH	Program for Appropriate Technology in Health
SDGs	Sustainable Development Goals
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organisation

Foreword



The Association of European Parliamentarians with Africa (AWEPA) is an international parliamentary association which works in cooperation with African Parliaments to strengthen parliamentary democracy in Africa, keep Africa high on the political agenda in Europe and facilitate African-European parliamentary dialogue.

AWEPA strives to promote human rights, democracy, poverty reduction, gender equality and sustainable development in Africa, by supporting capacity building

building for African parliaments and by promoting a better understanding of African development among European parliamentarians.

It is our experience that parliaments, both in Africa and in Europe, are lacking specific knowledge on female genital mutilation/cutting (FGM/C) in their own countries, which they crucially need in order to carry out their oversight and representative roles. Parliaments also require resources for inter-parliamentary dialogue to exchange experiences on best practices.

AWEPA is convinced that FGM/C can be ended within one generation, perhaps even sooner if appropriate actions are taken. Our previous experience has shown us that capacity building for both European and African parliaments is vital in the fight against FGM/C. Parliaments should hold the skills to exercise their oversight, representative and legislative functions with regard to the practice of FGM/C, with a focus on FGM/C legislation, implementation and enforcement.

AWEPA's engagement with FGM/C dates back to 2009, when it was decided that the organisation would prioritise the abandonment of FGM/C in its work. This decision was taken by the AWEPA Partnership Council (with the Women's Caucus of the Pan-African Parliament (PAP) taking the lead), the AWEPA Eminent Advisory Board and members of AWEPA.

Following this decision, the PAP, AWEPA and UNICEF Ethiopia undertook an FGM/C fact-finding mission to Ethiopia in August 2009, together with women parliamentarians from 20 African countries. This was followed in 2010 by a European/African seminar in Brussels to end violence against women and girls, which led UNFPA, UNICEF and AWEPA to sign a letter of intent to join forces to achieve the objectives of the UNFPA/UNICEF Joint Programme (JP) entitled "Female Genital Mutilation/Cutting: Accelerating Change".

Since then, AWEPA has been implementing its FGM/C programme, funded by Luxembourg, which focuses on strengthening the role of African parliamentarians in the abandonment of FGM/C. In order to prevent parliamentary action plans from remaining on the shelf, a *Comité de Pilotage* (task force) was set up in Senegal in 2013 under the responsibility of the President of the Health Commission of the

National Assembly. The taskforce is coordinated by AWEPA's local consultant Prof. Omar Ndoeye and staff from AWEPA Headquarters. While the Luxembourg-funded programme targets West African countries, AWEPA is also working in cooperation with Plan in East Africa and the Horn of Africa. One key result of this work is the creation of an anti-FGM/C Parliamentary Caucus in Kenya.

AWEPA is also involved in parliamentary activities held in Europe on the topic of FGM/C and other harmful traditional practices such as child marriage.

In August 2009, the idea of creating a set of Parliamentary Guidelines on the issue of FGM/C was born, and the first edition was published in 2011, followed by a revised version in 2012. Given the strong demand among African MPs for such Guidelines, a new and up-to-date edition has now been compiled.

The purpose of the revised Guidelines in front of you is the same as that of the previous editions: to provide a practical instrument to help parliamentarians to put the issue of FGM/C high on the agenda and to accelerate the abandonment of FGM/C in their respective countries. These Guidelines will be instrumental in AWEPA's organisation of capacity building seminars in Africa this year, in 2017 and beyond.

AWEPA is looking forward to working together with you, our partners in the UN, civil society organisations and other branches of government in order to make a difference towards the abandonment of FGM/C.

Together we can make this happen.

I would like to end this foreword with a quotation from an MP who participated in AWEPA's national seminar on FGM/C, organised in cooperation with the Kenya National Assembly and Plan International Kenya in Nairobi, in June 2015. She called upon her peers, stating that, with regard to the 2011 Prohibition of FGM Act, it is important for MPs to go to the areas where FGM/C is still practiced. In her words:

"It is nice to have a law, but the people who can say no to FGM/C are not reached."

Hopefully, by working together to establish links between MPs and parliaments, civil society organisations and the UN, we can make sure that local people, religious and traditional leaders, and women practicing FGM/C are reached.

We wish you every success in your endeavours to end FGM/C.

A handwritten signature in black ink, appearing to be 'M. Smet', written in a cursive style.

Minister of State, Ms. Miet Smet
President of the Association of European Parliamentarians with Africa (AWEPA)

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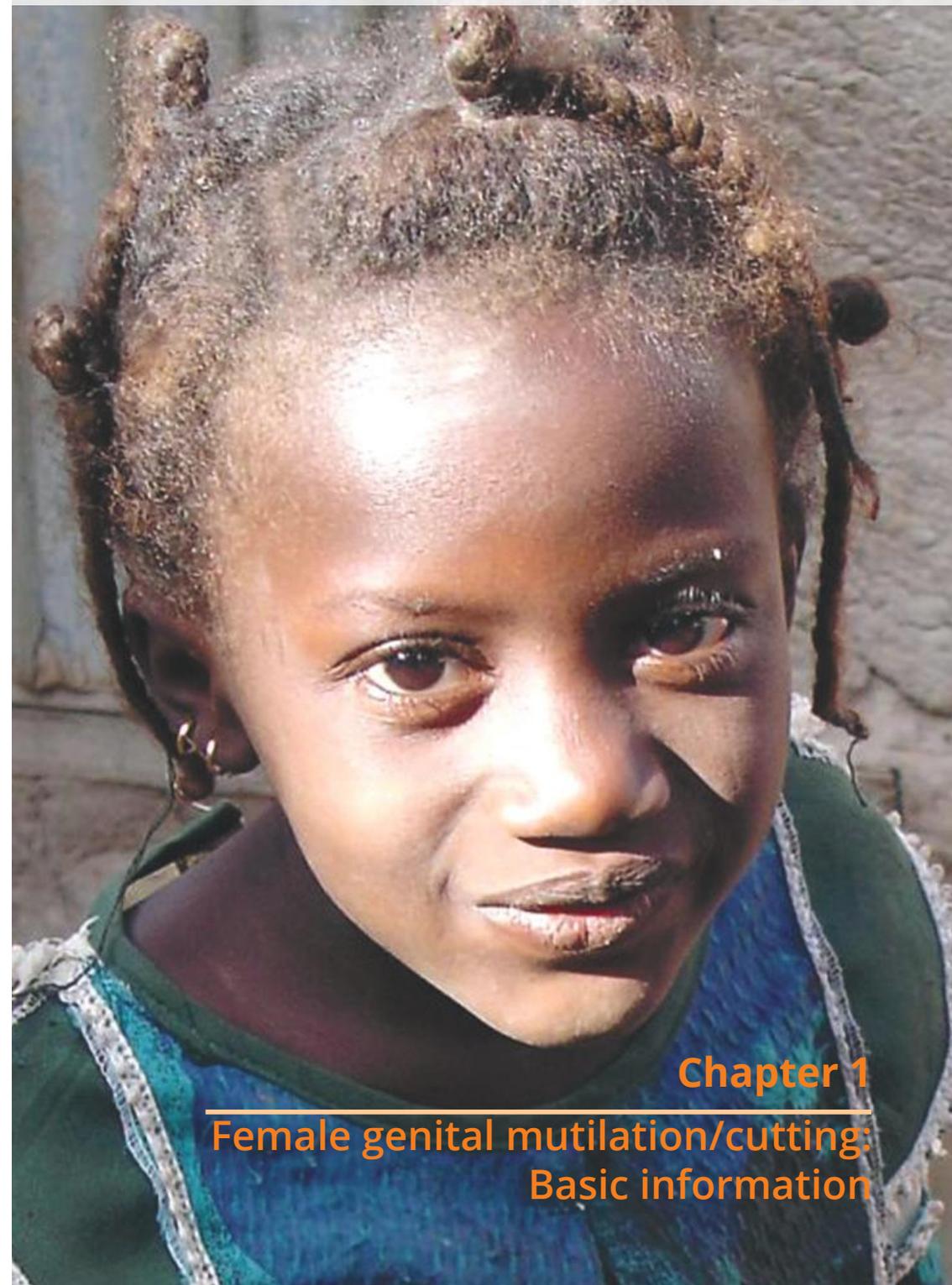
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Key Messages

- Female genital mutilation/cutting is a violation of the rights of women and the girl child.
- Female genital mutilation/cutting has serious consequences on the health and wellbeing of girls and women.
- Female genital mutilation/cutting exists across religions, countries and ages.
- Female genital mutilation/cutting is widespread.
- Female genital mutilation/cutting is a form of gender discrimination.
- Female genital mutilation/cutting is gender-based violence.
- Female genital mutilation/cutting perpetuates patriarchic structures.
- There is a big difference between female genital mutilation/cutting and male circumcision.
- Governments must protect women from violence, including female genital mutilation/cutting.
- Parliamentarians play a catalytic role in the acceleration of the abandonment of female genital mutilation/cutting.



Chapter 1

Female genital mutilation/cutting: Basic information

"FGM/C is perpetrated without a primary intention of violence but is de facto violent in nature"

Secretary General's Report on the Girl Child to the UN General Assembly, 2009

Female genital mutilation/cutting (FGM/C) is a form of violence against women, and constitutes a violation of the rights of women and children. This chapter will describe some basic facts about the practice, in order to frame the abandonment of FGM/C in context.

1.1. Definition and classification

FGM/C comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.¹

In 2008, the World Health Organisation (WHO) published the following classification of the different forms of female genital mutilation/cutting:

- Type I, more commonly known as "clitoridectomy", involves the partial or total removal of the clitoris and/or the prepuce.
- Type II, or excision, involves the partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora.
- Type III, or infibulation, is the narrowing of the vaginal orifice through the creation of a covering seal, made by cutting and repositioning the labia minora and/or the labia majora, with or without excision of the clitoris.
- Type IV includes all other forms of harmful procedures to the female genitalia for non-medical purposes, for example pricking, piercing, incising, scraping and cauterisation.

1.2. Terminology

Since the practice of FGM/C first came under international scrutiny in the seventies, several terms have been used: "female circumcision (FC)", "female genital surgeries", "female genital mutilation (FGM)", "female genital cutting (FGC)" and "female genital mutilation/cutting (FGM/C)". While the term "female circumcision" was initially common, the term "female genital mutilation" was adopted in the early eighties. The use of "female circumcision" has almost entirely been abandoned, as it creates the impression that the cutting of women's genitals is similar to removal of the male foreskin (circumcision); this is not the case for almost all forms of FGM/C.

The terms most widely used today are "female genital mutilation" and "female genital mutilation/cutting". "Female genital mutilation" underscores the gravity of the procedure and refers to the practice as a violation of the right of girls and women right to bodily integrity and the highest attainable standard of health.

However, since the word "mutilation" is considered to alienate communities who practice it, the term "female genital mutilation/cutting" has become more common. The word "cutting" is less judgmental towards communities that practice it, while at the same time underlining the human rights violation and severity of the act by using the word "mutilation".

Throughout these Parliamentary Guidelines, the term "female genital mutilation/cutting (FGM/C)" will be used.

1.3. Magnitude of the problem

Worldwide, an estimated 200 million girls and women have undergone FGM/C and more than 3 million girls are at risk of being subjected to the practice every year in Africa alone. More than half of these 200 million women and girls live in three countries (Egypt, Indonesia and Ethiopia), and 44 million are girls under the age of 15 years.²

FGM/C is practiced mainly in Africa (at least 28 countries on the continent practice some form of FGM/C) but it is also documented in Yemen, Indonesia, and Iraq.

Country	Prevalence (%)
Benin	9
Burkina Faso	76
Cameroon	1
Central African Republic	24
Chad	44
Côte d'Ivoire	38
Djibouti	93
Egypt	87
Eritrea	83
Ethiopia	74
Gambia	75
Ghana	4
Guinea	97
Guinea-Bissau	45
Indonesia	49
Iraq	8
Kenya	21
Liberia	50
Mali	89
Mauritania	69
Niger	2
Nigeria	25
Senegal	25
Sierra Leone	90
Somalia	98
Sudan	87
Tanzania	15
Togo	5
Uganda	1
Yemen	19

Table 1: Percentage of girls and women aged 15-49 who have undergone FGM/C in Africa, Indonesia, Iraq and Yemen.³

Country	Prevalence (%)
Benin	0.2
Burkina Faso	13
Central African Republic	1
Côte d'Ivoire	10
Egypt	14
Eritrea	33
Ethiopia	24
Gambia	56
Ghana	1
Guinea	46
Guinea-Bissau	30
Indonesia	49
Kenya	3
Mauritania	54
Nigeria	17
Senegal	13
Sierra Leone	13
Sudan	32
Togo	0.3
Uganda	1
Yemen	15

Table 2: Percentage of girls aged 0 to 14 years who have undergone FGM/C, 2010-2015.⁴

FGM/C has also become an issue in Europe and other western countries due to the migration of people from communities in Africa where FGM/C is common. To date, there is no actual data available on the practice of FGM/C in Europe, neither on the total number of women and girls who have undergone the practice, nor on the number of girls who might be at risk. The European Parliament estimates that the total number of victims of FGM/C living in Europe is 500,000, and that 180,000 girls are at risk every year.⁵

Anecdotal evidence is available for Colombia, Democratic Republic of Congo, Oman, Peru, Sri Lanka, India, Israel, Malaysia and United Arab Emirates, but no national data are available.⁶

1.4. Why FGM/C persists

FGM/C is a fundamental violation of the rights of girls and is a deeply entrenched social norm. It is a manifestation of gender discrimination. The practice is perpetrated by families without the primary intention of violence, but is de facto violent in nature. Families and individuals uphold the practice because they believe it to be a necessary step to being socially accepted. In this context, if individual families were to stop practicing on their own they would harm the marriage prospects of their daughter as well as the status of the family.

Groups who practice FGM/C typically associate it with a web of religious, cultural and traditional beliefs and myths. Despite this, no religious scriptures require FGM/C to be carried out on girls.

1.5. The consequences of FGM/C on the health and well-being of girls and women

FGM/C is most commonly performed by traditional health practitioners, women and men who have inherited the position of excisor, male barbers, herbalists, members of secret (religious) societies and of certain castes or families, traditional birth attendants, midwives, nurses and physicians.⁷ Many of these traditional 'circumcisers' have no or limited medical training and/or knowledge of anatomy and surgical techniques.^{8,9,10}

The instruments used (such as knives, razor blades, pieces of glass, sharp stones or scissors), the conditions under which the procedure is performed (the (non-) use of sterile instruments and anaesthesia), the condition of the girl (e.g. health of the child, the degree of struggling at the time of cutting) and the availability of medical support (e.g. availability of injections against tetanus, medicines for wound care and haemostasis and proximity of post-operative care services) are factors that might have an influence on the health implications.



A reformed practitioner shows the tools she used to use to perform FGM/C during a parliamentary conference to tackle FGM/C in Kenya, organised by AWEPA and Plan International Kenya (July 2016). Photo: Plan International Kenya.

These consequences on the health and well-being of girls and women occur with all types of FGM/C, but tend to be more severe and more frequent for the more invasive types of FGM/C.¹¹

A wide range of health consequences linked to FGM/C are described in the literature on the practice. These are most commonly classified based on the time at which they appear (short term or long-term complications), on their nature (e.g. obstetric, psychological, sexual or social consequences) or both.^{12,13}

Infections (e.g. tetanus), urinary retention, swelling of genital tissue, severe pain, shock, fever, problems with the wound healing process, excessive bleeding, injury to surrounding genital tissue and death are associated with clitoridectomy, excision and infibulations at the time of the cut, or shortly after.^{14,15}

Bleeding is caused, for example, when amputating the clitoris, a procedure involving cutting across the clitoral artery, which has a strong flow and a high pressure. Girls may go into shock because of the sudden blood loss and/or the agonising pain associated with the cut. Urinary retention occurs due to the pain and the burning sensation caused by urine on the raw wound. This is a result of damage caused to the urethra and its surrounding tissue and, in the case of infibulations, due to the nearly complete closure of the vaginal orifice.^{16,17} Infections, such as urinary tract infection, occur as a consequence of the urinary retention, or the use of non-sterilised equipment and the application of local dressings of animal faeces and ashes. The infection may spread through the short urethra into the bladder and the kidneys.¹⁸ Death can occur due to haemorrhagic or septic shock, tetanus and lack of availability of medical services or delays in seeking help.¹⁹

Long-term complications include chronic pain and infections such as chronic pelvic infections or urinary infections that can spread to the kidneys. The removal of healthy genital tissue can influence the sexual sensitivity and sexuality of both women and men. In particular, the pain, scar tissue and traumatising memories of the excision can lead to sexual problems, including painful sexual intercourse. Psychological consequences such as post-traumatic stress disorder, anxiety, depression and memory loss have been documented.²⁰

A multi-country study conducted by the World Health Organisation (WHO) of women attending obstetric centres in six African countries showed that, for women who had undergone FGM/C, deliveries were significantly more likely to be complicated by caesarean section, postpartum bleeding and perineal tears. The study also showed an increased risk of resuscitation of the infant and perinatal death in babies born from women who had been cut.²¹ Fistula formation due to obstructed labour can be another consequence of FGM/C.²²

In communities where FGM/C has a high social value, girls and women who are not mutilated may be ostracised by their communities. Genitally mutilated women in migrant communities may face problems concerning their sexual identity when confronted with non-mutilated Western girls, women, and the strong opposition against FGM/C in their host country.



Girls in Kolda, Senegal, during an AWEPA parliamentary outreach to the region (March 2013).

1.6. The medicalisation of FGM/C: An unacceptable trend

Over the past three decades, efforts towards the abandonment of FGM/C have strongly emphasised the negative effects and the harmful impacts on the health of women and girls. Although this approach has had an important impact on breaking the taboo surrounding FGM/C, it has also led to an increase in the medicalisation of the practice, whereby the procedure is performed by trained health professionals such as doctors, nurses and midwives, be it in hospitals or elsewhere. The rationale behind this is that ensuring FGM/C is performed by skilled medical personnel is supposed to reduce the associated health complications.

FGM/C is still carried out by traditional excisors in most cases, but in a number of countries, including Egypt, Guinea and Mali,²³ the trend for medicalising the practice has risen dramatically. For example, in some countries, studies have shown that one third of women had their daughter subjected to the practice by trained health professionals, and that this trend is increasing in a number of African countries.^{24,25}

The WHO, together with various international (UN) organisations, is concerned by this rising trend for medicalisation, and therefore, developed the “Global strategy to stop healthcare providers from performing female genital mutilation” in 2010.²⁶

Another change in the practice is the younger age at which FGM/C is being performed. This trend has been noted in Burkina Faso, Côte d’Ivoire, Egypt, Kenya and Mali²⁷ and is a result of the implementation of anti-FGM/C legislation; when the practice is

performed on very young girls, these victims are not able to report their parents, the excisor or indeed the upcoming excision to the authorities due to their young age.

Another emerging trend, especially in countries with large diaspora populations, is the performance of incisions or a 'ritual nick', to replace the more severe forms of FGM/C. This has been repeatedly proposed in Europe, for example, in the Netherlands, Germany, Italy, and in the USA.²⁸

Healthcare providers should refrain from any form of FGM/C as the practice goes against the "Do No Harm" principle, or the Hippocratic Oath. Although one might assume that medicalisation can reduce the health risks and incisions or pricking might be less harmful to the girls, these trends do not address the human rights violations caused by the practice, in particularly the right to bodily integrity.

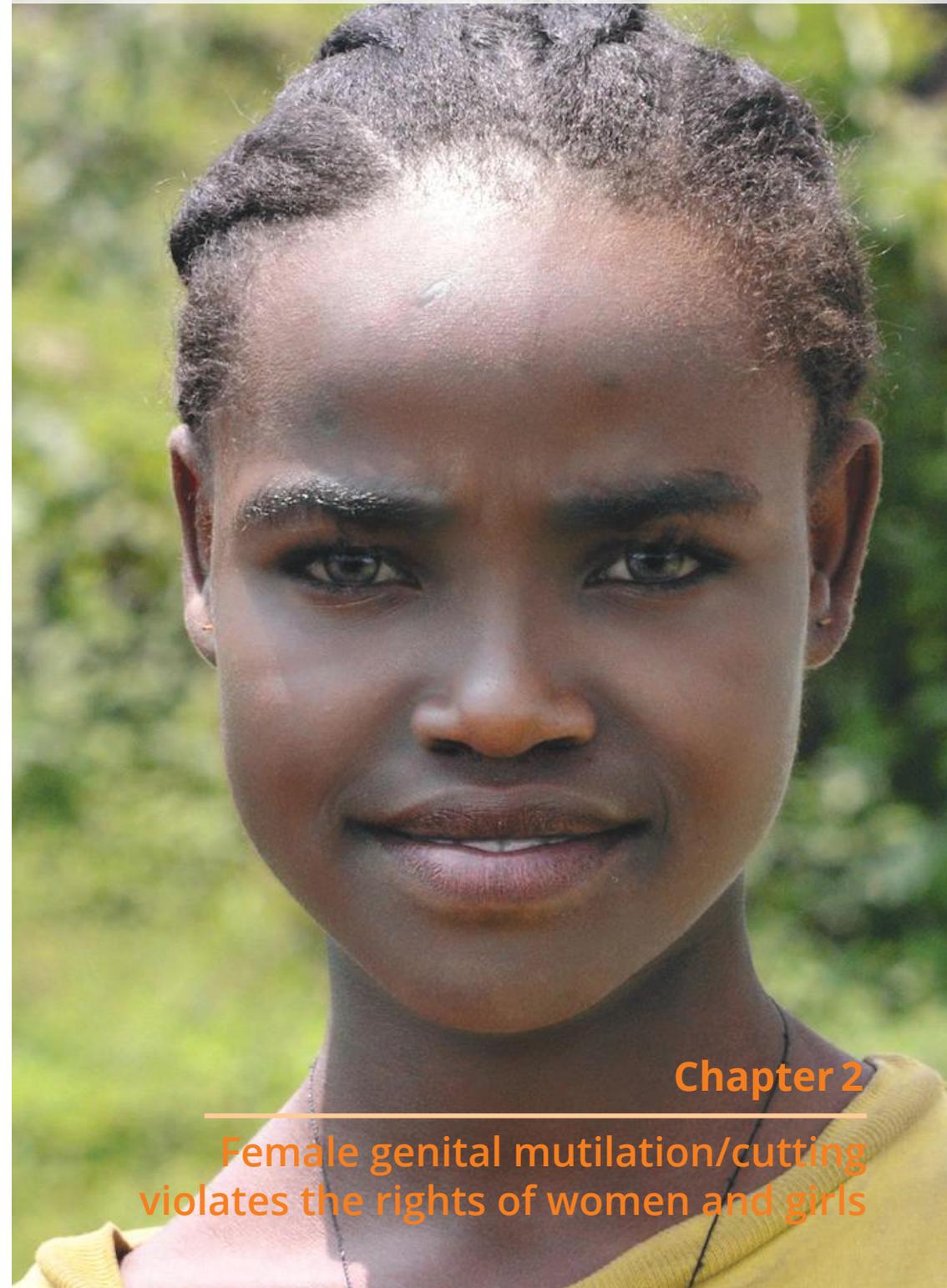
Finally, promoting lesser forms of FGM/C legitimises the practice and promotes the message that FGM/C is acceptable. As stated by the WHO, UNFPA and UNICEF in their repeated call for the complete abandonment of FGM/C, advocating any form of FGM/C and suggesting that medical personnel should perform it, is unacceptable from a public health and human rights perspective.²⁹

1.7. The role of religion

Although there is no religious justification for the practice, there persists a belief among different ethnic groups in Africa that FGM/C is a religious requirement. The persistence of the practice, especially among Muslim women, is partly due to the fact that many women do not have access to religious texts or are illiterate, and partly due to absence by many religious leaders of open opposition to all forms of FGM/C. In areas where the population is predominantly Muslim, religion is one of the strongest reasons given by parents for continuing the practice of FGM/C.³⁰

Although the Quran does not set out any requirement for FGM/C, there is discussion among some Islamic religious leaders about hadiths,³¹ which claim that excision is recommended for women. Another main point of discussion is the so-called "sunna" type of FGM/C, which is believed to be a less invasive form and is therefore still recommended by some religious leaders. Sunna refers to practices undertaken or approved by the Prophet and established as legally binding precedents.³² The sunna type of FGM/C is often referred to as the excision of the prepuce of the clitoris (type I). However, it includes a range of practices that involve more extensive cutting.

On the other hand, religious leaders are increasingly speaking out against FGM/C. An important statement was made by esteemed Muslim clerics at an international conference on FGM/C in Cairo in November 2006, who dissociated Islam from FGM/C. At this conference Sheikh Mohammed Sayyid Tantawi, the Grand Sheikh of al-Azhar, the highest Sunni Islamic institution in the world, stated that FGM/C is not mentioned in the Quran or in the Sunnah. The senior official cleric and Grand Mufti in Egypt, Sheikh Ali Gomaa, reaffirmed this statement, as did as other prominent Islamic figures at the conference.³³



Chapter 2

Female genital mutilation/cutting
violates the rights of women and girls

"The Sustainable Development Goals contain a specific target calling for an end to FGM. When this practice is fully abandoned, positive effects will reverberate across societies as girls and women reclaim their health, human rights and vast potential."

UN Secretary General, 2016

Internationally, FGM/C is seen as a violation of human rights, including the right to life, the right to the highest attainable standard of health and the right to freedom from violence.³⁴ FGM/C is considered discrimination against women and girls, and a form of violence against women and girls.

There is a wide range of legally and non-legally binding international instruments that can be applied to gender discrimination, gender based violence and FGM/C in particular. Some of the milestones that put FGM/C on the human rights agenda include the UN World Conference on Human Rights in Vienna (1993), the International Conference on Population and Development (ICPD) in Cairo 1994, the Beijing Fourth World Conference on Women 1995 and their follow-up events. This chapter provides a selection of the most important human rights instruments that can be used in the fight for the abandonment of FGM/C. A more extensive overview can be found on page 56 of these Guidelines.

2.1. The International Legal Framework

2.1.1. The General Human Rights Framework

The Universal Declaration on Human Rights, adopted by the General Assembly of the United Nations on 10 December 1948, has five articles which together form a basis to condemn FGM/C:

- Article 2 on discrimination;
- Article 3 concerning the right to security of person;
- Article 5 on cruel, inhuman and degrading treatment;
- Article 12 on privacy;
- And Article 25 on the right to a minimum standard of living (including adequate health care) and the protection of motherhood and childhood.

The (legally non-binding) Declaration on Human Rights is the basis for two Covenants: the International Covenant on Civil and Political Rights, and the International Covenant on Economic, Social and Cultural Rights. The most important articles in the first Covenant are Article 7 on cruel, inhuman and degrading treatment, Article 17 on privacy and Article 27 on the protection of minority groups. In the International Covenant on Economic, Social and Cultural Rights, Article 10 on the protection of children and young persons and Article 12 on the healthy development of the child, are of particular importance to FGM/C. Most countries have ratified these two



Browse the current ratification status of all international human-rights-related treaties

covenants and conferred the contents into national legislation.

The UN Convention against Torture is another key instrument against FGM/C, desiring to make more effective the struggle against torture and other cruel, inhuman or degrading treatment or punishment throughout the world. In its Article 55, it considers the obligation of States signatory to the Convention, to promote universal respect for, and observance of, human rights and fundamental freedoms.³⁵ The 2016 report on Gender Perspectives on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment,

by the Special Rapporteur, states that FGM/C constitutes torture or ill-treatment, that it must be prohibited, and that the indifference or inaction of States towards medicalising the practice "is providing a form of encouragement and *de facto* permission for the practice to take place and go unpunished".³⁶

2.1.2. Women's Rights / The Women's Rights Framework

The International Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), adopted in 1979, is a legally binding international human rights instrument that addresses "customary" or "traditional" practices. Article 5 of CEDAW addresses cultural practices (which may include FGM/C) in the context of unequal gender relations. Article 5(b) is especially important as it mentions the right to security and protection by the State against violence or bodily harm whether inflicted by an individual, group or institution.³⁷ Article 2 of CEDAW demands that States Parties "take all appropriate measures, including legislation, to modify or abolish existing laws, regulations, customs and practices which constitute discrimination against women".³⁸ This is set out further in General Recommendation No. 14 adopted by the CEDAW Committee. The sole existence of such a law without effective implementation on the ground is not in line with the intention of this Convention.

2.1.3. The Children's Rights Framework / Children's Rights

The UN Convention on the Rights of the Child (CRC), adopted in 1989 and ratified by all states except for Somalia and the USA, is a legally binding international human rights instrument that addresses "cultural practices". It stipulates in Article 24, Paragraph 3:

"States Parties shall take all effective and appropriate measures with the view to abolishing traditional practices prejudicial to the health of children".

The CRC addresses harmful traditional practices (explicit reference) in the context of the child's right to the highest attainable standard of health (Article 19).³⁹ In November 2014, the two UN human rights expert committees on CEDAW and the

CRC issued Joint General Recommendation No. 31 and Comment No. 18 on harmful practices including FGM/C. The objective of the Joint General Recommendation and General Comment is to clarify the obligations of States party to the Conventions by providing guidance on legislative, policy and other appropriate measures that must be taken to ensure full compliance with their obligations under the Conventions to eliminate harmful practices.⁴⁰

2.1.4. Regional Instruments

The African Union (AU) has engaged in the fight against this harmful practice, among others by developing an important regional instrument, i.e. the Protocol to the African Charter on Human and Peoples' Rights, which lays out the rights of women in Africa. Adopted by the Assembly in Maputo Mozambique in 2003, and also known as the Maputo Protocol,⁴¹ this instrument makes specific reference to FGM/C.

Article 5 of the Maputo Protocol on the "Elimination of Harmful Practices" states:

States Parties shall prohibit and condemn all forms of harmful practices which negatively affect the human rights of women and which are contrary to recognised international standards. States Parties shall take all necessary legislative and other measures to eliminate such practices, including:

- a) Creation of public awareness in all sectors of society regarding harmful practices through information, formal and informal education and outreach programmes;*
- b) Prohibition, through legislative measures backed by sanctions, of all forms of female genital mutilation/cutting, scarification, medicalisation and para-medicalisation of female genital mutilation/cutting and all other practices in order to eradicate them;*
- c) Provision of necessary support to victims of harmful practices through basic services such as health services, legal and judicial support, emotional and psychological counselling as well as vocational training to make them self-supporting;*
- d) Protection of women who are at risk of being subjected to harmful practices or all other forms of violence, abuse and intolerance.*

The African Union has embarked upon a large-scale campaign for the signing and ratification of the Protocol by all member states of the Union so that it can enter into force.

Of the 54 member countries in the African Union, the Heads of State of 45 countries have signed the Maputo protocol and, as of July 2010, nearly all countries, 53, have ratified and deposited the protocol⁴² (except South Sudan). The African Charter on the Rights and Welfare of the Child (also called the African Children's Charter) was adopted by the African Union in 1990 and entered into force in 1999.

Another major landmark was the adoption of the UN Resolution for a worldwide ban on FGM. Resolution 67/146 was adopted on 20 December 2012. It urges countries to condemn all harmful practices that affect women and girls, in particular FGM/C, and to take all necessary measures, including enforcing legislation, raising awareness and allocating sufficient resources to protect women and girls from this form of violence. It calls for special attention to be paid to protection and support for women and girls who have been subjected FGM/C, and those at risk, including refugee women and women migrants.⁴³ Resolution 67/146 was reaffirmed by the UN General Assembly through Resolution 69/150 in 2014.

At European level, there is the Council of Europe Convention on preventing and combating violence against women and domestic violence, known as the "Istanbul Convention". This is based on the understanding that violence against women is a form of gender-based violence that is committed against women because they are women. It is the obligation of the State to address violence against women fully in all its forms and to take measures to prevent it, protect its victims and prosecute perpetrators. Failure to do so would make it the responsibility of the State. The Convention leaves no doubt: there can be no real equality between women and men if women experience gender-based violence on a large-scale and State agencies and institutions turn a blind eye. The Treaty was opened for signature in 2011 and entered into force in August 2014.

Article 38 of the Istanbul Convention addresses FGM/C specifically:

"Parties shall take the necessary legislative or other measures to ensure that the following intentional conducts are criminalised:

- a) excising, infibulating or performing any other mutilation to the whole or any part of a woman's labia majora, labia minora or clitoris;
- b) coercing or procuring a woman to undergo any of the acts listed in point a;
- c) inciting, coercing or procuring a girl to undergo any of the acts listed in point a".⁴⁴

The Istanbul convention follows the "3P structure" of "**P**revention", "**P**rotection", and "**P**rosecution". However, since an effective response to all forms of violence covered by the scope of the Convention requires measures in more than these three fields, the drafters considered it necessary to include an additional "**P**", relating to integrated **P**olicies.⁴⁵



- SDG Goal 5 targets:**
1. End all forms of discrimination against all women and girls everywhere.
 2. Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.
 3. Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation.
 4. Recognise and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate.
 5. Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life.
 6. Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences.
 7. Undertake reforms to give women equal rights to economic resources, as well as access to ownership and control over land and other forms of property, financial services, inheritance and natural resources, in accordance with national laws.
 8. Enhance the use of enabling technology, in particular information and communications technology, to promote the empowerment of women.
 9. Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels.

Photo: PBS News Hour / Flickr

2.1.5. Sustainable Development Goal 5: Achieve Gender Equality and empower all women and girls

Achieving gender equality remains a key target of the Sustainable Development Goals (SDGs). While the Millennium Development Goals (MDGs) did achieve progress towards gender equality, much remains to be done. The fifth Goal of the SDGs aims to achieve gender equality and empower all women and girls. It has nine targets (see above), of which target 3 explicitly states the elimination of all harmful practices, such as child, early and forced marriage and FGM/C.⁴⁶

2.2. Towards the implementation of the human rights framework

Since the late 1970s/early 1980s, a wide range of initiatives have been implemented at international, regional, national and local level to curb the practice of FGM/C. The following is a non-exhaustive review of some of the most important initiatives that have been put in place.

2.2.1. UNFPA/UNICEF Joint Programme “Accelerating Change towards the Abandonment of FGM/C”

This initiative was launched in late 2007, and the first phase was implemented over a five-year period (2008-2012). The Joint Programme contributes to the accelerated total abandonment of FGM/C within the next generation (i.e. the next 20 years) through a 40% decrease in prevalence among girls of 0-14 years in at least five countries, with at least one country declaring total abandonment by the end of 2017. The Joint Programme is structured around three outcomes:

- Programme countries enact legal and policy frameworks for eliminating FGM/C which are appropriately resourced and implemented (in line with AU and UN Resolutions);
- Service providers provide timely, appropriate and quality services to girls and women at risk or having experienced FGM/C in select districts in programme countries;
- A majority of individuals, families and communities in programme areas accept the norm of keeping girls intact.

In its endeavour, the UNFPA-UNICEF Joint Programme works together with other key stakeholders, such as other UN agencies, governments and AWEPA, among others.⁴⁷

2.2.2. FGM/C Donors Working Group⁴⁸

The FGM/C Donors Working Group (DWG) was established in 2001. It is a network of public and private agencies from around the world, committed to mobilising resources to support the abandonment of FGM/C. The DWG agreed on a Platform of Action: Towards the Abandonment of FGM/C,⁴⁹ and provides the key elements of a common programmatic approach, which focusing on three issues:

- Community empowerment activities are essential for positive social change;
- Major abandonment occurs following a public pledge of the decision to abandon FGM/C;
- A supportive environment at national level accelerates the process of change.

2.2.3. END FGM European Network⁵⁰

FGM/C is increasingly becoming an issue in countries outside of Africa, and, in particular in the European Union (EU). In Europe, a number of initiatives have been established. One of the most important is the END FGM European Network launched in 2009. The End FGM European Network offers a space for women and girls affected by FGM to engage directly with European decision-makers. Their experiences and the expertise of member organisations define and guide the Network's call for European political action to end FGM/C. The development of a European transnational network of organisations feeds into and complements the development of the platform working against FGM/C worldwide.⁵¹

2.2.4. International Day of Zero Tolerance to FGM

The 6th of February is internationally recognised as the Day of Zero Tolerance to FGM. The aim is to draw attention to the problem of FGM/C. It was first adopted at the International Conference on Zero Tolerance to FGM organised by the Inter African Committee on Traditional Practices (IAC) in February 2003 in Addis Ababa, Ethiopia. Representatives at the conference came from 49 countries and included four First Ladies from Nigeria, Burkina Faso, Guinea Conakry and Mali, as well as ministers and parliamentarians. Since 2003, this day has been celebrated annually worldwide. The UN General Assembly Resolution of 2012⁵² also adopted the 6th of February as International Day Zero Tolerance for FGM.

The East African Community (EAC) calls for recognition of the 6th of February as International Day of Zero Tolerance to FGM/C

“The East African Community and its organs, including the East African Legislative Assembly (EALA), moved and passed a Resolution of the Assembly urging the East African Community to take action against the practice of Female Genital Mutilation/Cutting (FGM/C) in February 2010. The EAC called for enactment and enforcement of laws against FGM in all EAC Partner States, and called for the recognition and commemoration of February 6th every year as the international day against FGM with actions and audit of all actions of policy in nature or otherwise and how they contribute to stopping FGM in the respective countries and the EAC region as a whole.”

Hon. Safina Kwekwe Tsungu, Member of EALA, at the AWEPA Seminar “Towards a Parliamentary Strategy for African Women’s Rights and Gender Equality” (Brussels, October 2010)

2.2.5. UN Secretary General’s UNiTE against violence campaign⁵³

Launched in 2008, United Nations Secretary-General Ban Ki-moon’s UNiTE to End Violence against Women campaign is a multi-year effort aimed at preventing and eliminating violence against women and girls in all parts of the world.

UNiTE calls on governments, civil society, women’s organisations, young people, the private sector, the media and the entire UN system to join forces in addressing the global pandemic of violence against women and girls.

UNiTE aims to achieve the following five goals in all countries:

- Adopt and enforce national laws to address and punish all forms of violence against women and girls;
- Adopt and implement multi-sectoral national action plans;
- Establish data collection and analysis systems on the prevalence of violence against women and girls;
- Increase public awareness and social mobilisation;
- Address sexual violence in conflict.

2.2.6. Inter African Committee on Traditional Practices (IAC)⁵⁴

The Inter-African Committee on Traditional Practices Affecting the Health of Women and Children (IAC) is an international non-governmental organisation created in February 1984. The IAC has National Committees in 29 African countries and affiliates in 8 European countries, USA, Canada, Japan and New Zealand. The IAC promotes gender equality and works towards a society in which African women and children fully enjoy their rights to live free from harmful practices. IAC has its headquarters in Addis Ababa, Ethiopia, where it is registered as a non-profit organisation, and has a liaison office in Geneva, Switzerland.



Photo: David Mutua / Flickr

Photos: AWEPA's work combines judicial and preventative measures.

Top: Parliamentarians, including Hon. Els Van Hoof (left), sign the Statutes of the creation of the International Committee of Parliamentarians against FGM/C at AWEPA's sub-regional conference in Senegal (June 2016).

Bottom: Reformed practitioners take the floor during a parliamentary conference in Tharaka Nithi county, organised by AWEPA and Plan International Kenya (July 2016).



"Let's shift the focus from mutilation to education... these empowered girls and women will help build a new future for all".

Ban Ki-moon, 2016 International Day of Zero Tolerance to FGM

Over the past few decades of the campaign for the abandonment of FGM/C, many lessons have been learned. Perhaps one of the most important conclusions that can be drawn is that isolated strategies, such as developing criminal laws or sensitisation activities that focus solely on the negative consequences of FGM/C on health, have proven to have little effect, and that a holistic approach is much more effective. Such an approach needs to be culturally sensitive and adapted to the local context, and should not only target legal and policy reform but also build the capacities of key stakeholders at various levels (healthcare, legislators, religious leaders, community workers, etc.).

The UNFPA-UNICEF Joint Programme "Accelerating Change towards the abandonment of FGM/C", has built its holistic approach on the social convention theory, which considers FGM/C as a social norm. FGM/C is based on norms and values that require that girls be cut in order to belong to the community and to have good marriage prospects. These social conventions however, can alter. Based on this approach, large groups in society are targeted through sensitisation activities, community outreach, and lobbying carried out by parliamentarians, religious leaders and civil society. These approaches combine in order to reach a critical mass of individuals and groups who speak out against FGM/C. The change towards the abandonment of FGM/C will thus accelerate and FGM/C can be brought to an end within the next generation.

This chapter gives some examples of initiatives that have been developed at national level by countries, in order to curb the practice of FGM/C. Such initiatives range from the development of national legislation, to the creation of national action plans and the establishment of national committees to monitor the progress of the fight against FGM/C. It also highlights how community-based organisations, non-governmental organisations and activists work at the community level towards the abandonment of FGM/C.

Chapter 3

Towards a holistic approach

3.1. Making FGM/C illegal

In both Africa and Europe, the criminalisation of FGM/C is considered to be, and is used as, one of the mechanisms to strengthen the global fight against the practice. FGM/C can be made punishable under specific criminal laws, or under the general penal code. Although violence against women and gender inequality have been internationally recognised as serious violations of the human rights of women, the translation of these international human rights standards into national laws or implementation strategies is challenging.

For example, at the national level, 20 African countries (of the 28 countries where FGM/C is common) have passed legislation on the topic of FGM/C (see table 3 for an overview). However, many countries lack adequate implementation. Reasons for this include the fact that changes of attitudes and behaviour towards the abandonment of FGM/C take time, but there are also political reasons such as the lack of political will to address women’s issues and mobilise resources to implement programmes.⁵⁵ It has also been suggested that the implementation of laws has been hampered by the fact that these laws were put in place without the engagement and consultation of the communities involved.⁵⁶ This again underscores the importance of adopting a holistic approach, rather than putting in place legislative reforms as a stand-alone measure.

Country	Date of entry into force
Benin ⁵⁷	2003
Burkina Faso ⁵⁸	1996
Central African Republic ⁵⁹	1996
Chad ⁵⁷	2002
Côte d’Ivoire ⁵⁷	1998
Djibouti ⁵⁷	1995
Egypt ⁵⁷	2008
Eritrea ⁶⁰	2007
Ethiopia ⁵⁷	2004
Gambia ⁵⁷	2016
Ghana ⁵⁷	1994
Guinea ⁵⁷	2000
Guinea-Bissau ⁵⁷	2011
Kenya ⁶¹	2001 (and updated in 2011)
Mauritania ⁶²	2005
Niger ⁶³	2003
Nigeria ⁵⁷	2015
Senegal ⁵⁷	1999
South Africa ⁵⁷	2000
Sudan – State of South Kordofan ⁵⁷	2008
Sudan – State of Gedaref ⁵⁷	2009
Tanzania ⁶⁴	1998
Togo ⁶⁵	1998
Uganda ⁵⁷	2009
Zambia ⁶⁶	2005

Table 3: Existing criminal laws in Africa applicable to FGM/C

The process of drafting a bill in Uganda

In April 2007, women’s rights activists in Uganda petitioned the Constitutional Court demanding that FGM/C, practised by several communities in the east of the country, be declared illegal. “We are seeking a court declaration that the practice is unconstitutional; it is cruel, inhuman and degrading,” said Hon. Dora Byamukama, Member of the East Africa Legislative Assembly (EALA) and campaigner against FGM/C in Uganda. In April 2009, the Parliament started the process of enacting of “The Prohibition of FGM/C law”, which was passed in December 2009. President Yoweri Museveni signed it into law on 17 March 2010 and it took effect on 9 April of the same year. In December 2010, a woman was sentenced to four months in prison for circumcising eight girls in Bukwo District, under the new act on FGM/C. In addition, two excisors and one mentor were arrested in November 2010, in Kapchorwa District of Uganda for carrying out FGM/C on five girls over the course of that month.

Liberia: Victim of FGM/C Wins Court Case⁶⁷

Although Liberia does not have a law criminalising FGM/C specifically, a woman successfully sued two women who abducted her from her home and forcibly subjected her to FGM/C in January 2010. The victim’s ethnic group does not practice FGM/C but many groups in Liberia do. The victim received threats for initiating the criminal case against her abductors. In July 2010, after one month of hearings, a jury found the two women guilty of kidnapping, felonious restraint, and theft.⁶⁸

In July 2014, 13 EU Member States had an FGM/C-specific criminal law in force: Austria, Belgium, Croatia, Cyprus, Denmark, Germany, Ireland, Italy, Malta, the Netherlands, Spain, Sweden and the UK. France and Spain amended their general criminal law to make a specific reference to FGM/C.⁶⁹ In the vast majority of the other European countries, FGM/C is prosecutable under general criminal legislation. Provisions and articles in the penal code dealing with bodily injury, serious bodily injury and sometimes also mutilation are applicable to the practice of FGM/C and can be used to prosecute in the court of law. The principle of extraterritoriality renders it possible to prosecute when the practice is undertaken outside the borders of the country, for example when parents travel to African countries to have their daughters cut. This principle is present in the majority of EU Member States, except for Greece, Ireland and Luxemburg.

In Australia and the United States, several States have adopted specific criminal laws. Canada and New Zealand also enacted a law in 1997 and 1995 respectively.⁷⁰

3.2. Judicial and preventive efforts at national level

3.2.1. Prosecuting FGM/C

Criminal procedures can be implemented with the aim of prosecuting performers, parents, guardians and/or other accomplices. Prosecuting FGM/C involves various steps - ranging from the reporting of a case or a suspicion of FGM/C, to the investigation phase to deciding to take a case to court - and involves a variety of public officials, professionals and procedures to be followed, in each one of these phases.⁷¹ The number of prosecutions is only one outcome of the law enforcement process and is not the sole indicator of the legal response to FGM/C by a country.⁷²

Kenya is one of the few countries in which court cases on FGM/C have been held. In Kenya, FGM/C is most prevalent among Somali, Kisii and women, and least common among Luo and Luhya women. 21% of women are excised in the country, with the vast majority stating that they had “flesh removed – which includes removal of the clitoris”. 9% had the most invasive type of FGM/C in which the labia are removed and sewn closed.⁷³

Good practice on law enforcement from Kenya⁷⁴

Marakwet, Kenya - A local NGO brought court cases against the parents of 16 Marakwet girls to prevent them from circumcising their daughters. These preventive legal proceedings were the first to make use of the 2001 Kenyan Children's Act, which protects girls under the age of 18 from circumcision. In his submission to the court in April 2002, the director of the NGO presenting the case based his argument on three grounds: first, that FGM/C contravenes the Universal Declaration of Human Rights because it subjects a person to torture and/or cruel and inhuman treatment; second, that it contravenes Section 5.14 of the Children's Act which states that “no person shall subject a child to female circumcision, early marriage or other cultural rites, customs or traditional practices that are likely to negatively affect the child's life, health, social welfare, dignity or physical or psychological development”; and, third, that under the Kenyan penal code FGM/C amounts to grievous assault.

Burkina Faso was one of the first countries to outlaw the practice of FGM/C in 1996, and the Government has made many efforts to implement the law. In the country, FGM/C can result in 10 years of imprisonment and penalties of up to \$1500USD. In 1990, the Government established a national committee, and two years later, it launched a campaign to combat the practice. The National Committee for the Fight against FGM/C (Comité National de Lutte contre la Pratique de l'Excision) has created a special telephone number “SOS Excision”. The number of anonymous telephone tip-offs is growing, a sign of the population's heightened awareness of the practice.⁷⁵

In the European Union, criminal court cases under the specific law are still limited to very few countries. By the end of 2014, about 50 FGM/C criminal cases had been brought to court in only six European countries.⁷⁶ Among the countries with general criminal provisions regarding FGM/C, France has the most criminal court cases (at least 37).⁷⁷ One ground-breaking trial in France was the case of Hawa Gréou, an excisor who operated in Paris, France, and who was taken to trial before the Assize court.

Circumciser Hawa Gréou and 25 parents sentenced to prison in Assize court case in France⁷⁸

Following a reported case of FGM/C by a young woman, a criminal case was opened. The victim reported that she and her three younger sisters were excised in the eighties, and that she was afraid that her younger sisters would be forced to marry. She also revealed the name of the excisor, Hawa Gréou, who was arrested in May 1994 and jailed until the trial in February 1999. Her electronic address book was seized, after which long investigations in the Ile de France region were conducted. The police questioned some 70 families, and had their daughters examined in hospital. Besides the mother of the victim, 25 other parents (involving 48 child victims) acknowledged the excisor as the perpetrator, and were equally put to trial. Hawa Gréou was sentenced to 8 years of imprisonment and the victim's mother to 2 years of imprisonment (without parole). The other parents received suspended prison penalties: five years for 22, and three years for three of them. The court granted compensation to the 48 victims, €13,000 each. Since a court decree in 1999, compensation for the child victim in France may be up to €25,000. The trial was given much press, radio and TV coverage across Europe and Africa.

3.2.2. Protecting girls at risk of FGM/C

When the main concern is to prevent harm and to protect a child's wellbeing and physical health, child protection provisions can be initiated. FGM/C is considered a form of child abuse, and laws on the protection of children from abuse can be applied. In the case of girls at risk of FGM/C, measures undertaken can comprise either voluntary child protection measures, such as hearings with the family, provision of information, counselling and warnings to the family; or compulsory child protection measures, such as removing a child from the family or suspending parental authority. Certain compulsory child protection measures are subject to court permission, e.g. suspension of parental authority, removal from the home and withdrawal of travel permissions (where there is a risk that parents will take their daughter to Africa for FGM/C).⁷⁹

Child Protection Law in Egypt⁸⁰

Although Egypt's Amended Child Law No. 126 of 2008, does not directly address FGM/C in its provisions, it does establish Child Protection Committees in all governorates. These committees are mandated to develop the general policy for childhood protection and its follow up. Moreover, sub-committees for childhood protection are required to monitor all cases of children at risk and take the necessary preventive and therapeutic measures (Article 97).

Protective mechanisms for girls, who are at risk of FGM/C - such as safe houses, or guidelines for police, teachers or other professionals on child protection from FGM/C - are not common in countries where FGM/C is prevalent. One good example is the Tasaru Rescue Center for Girls, run by the Tasuru Ntomonok Initiative in Narok District in Kenya, which is a safe house for girls escaping FGM/C and forced marriages. The centre provides protection and offers education and vocational training opportunities. The girls are also enrolled in school while in the centre.⁸¹

3.2.3. Prevention measures

The role of the State:

A State Party to the CRC, the African Charter on the Rights and Welfare of the Child (ACRWC), the CEDAW and the Maputo Protocol, is under the obligation to take all appropriate measures to eliminate FGM/C, including through preventive measures.⁸² In Italy, the law sets forth not only judicial measures, but also preventive measures regarding FGM/C, such as promotion and coordination activities, information campaigns, training for healthcare personnel, the creation of a toll-free telephone number to report cases and to provide information. Such anti-FGM/C measures are incorporated in Italy's international cooperation programmes.⁸³



A decentralised activity, organised by AWEPA in Burkina Faso aims to change perceptions surrounding FGM/C (November 2013).

The role of civil society:

Civil society organisations play a particularly important role in developing and implementing preventive measures against FGM/C.

The roles and actions of Civil Society Organisations towards ending FGM/C

Civil Society Organisations should:

- have persistent and committed leadership to action, under any political and social contexts;*
- use a multi thrust, all-inclusive approach in order to represent the communities, i.e. young, old, women, men, literate, non-literate, elders, and religious leaders;*
- respect, listen and learn from communities, and facilitate and work with the communities and not for them;*
- use culturally sensitive home-grown strategies; create a consistent and visible community based movement against gender based violence;*
- build the capacity of women and girls who can speak in their own voices, to become the foot soldiers and social force in their communities; (equip them with information and knowledge, capacitate them economically, socially and politically);*
- enhance community action learning and sharing instead of project tours;*
- build the capacities of communities, particularly women, for consistent lobbying and advocacy efforts at all levels to challenge and change conservative pro patriarchal attitudes; to demand for enactment and enforcement of laws against violence against women;*
- build the capacities of local institutions (community based organisations (CBOs), local government, youth organisations and clubs) and engage communities consistently;*
- create stable community-owned movements ensuring sustainability. The elimination of gender based violence is not a job, it must be a way of life;*
- above all, build trust, be transparent, accountable and financially responsible at all times.*

Dr. Bogaletch Gebre, from KMG Woman Ethiopia at the Seminar "Towards a Parliamentary Strategy for African Women's Rights and Gender Equality" (Brussels, 22 October 2010).

3.2.4. National Action Plans

Besides passing legislation to prosecute FGM/C, governments have taken a wide range of initiatives in order to prevent the practice, including drafting national action plans. Preferably, these should be accompanied by an implementation strategy and budget allocation. Such plans of action need to be developed in consultation with all relevant stakeholders, including NGOs and community-based organisations, representatives of faith based organisations and/or religious leaders, health professionals who treat women living with the consequences of FGM/C, civil society organisations and parliamentarians. National Committees need to be developed to follow up progress regarding the implementation of the national strategies put in place to deal with FGM/C. Such National Committees can equally coordinate anti-FGM/C activities. Particular attention needs to be paid to convincing health professionals to stop performing FGM/C both in and outside of hospitals.

In some countries, for example Senegal, national plans of action have already been developed.

National Action Plan of Senegal to Accelerate the Abandonment of FGM/C 2010-2015⁸⁴

Since 1999, Senegal has had a law prohibiting FGM/C. The National Action Plan 2000-2005 developed in consultation with relevant stakeholders followed this law. It consisted of four main parts: social mobilisation and communication; formal and non-formal education; accompanying measures; and institutional framework. After an evaluation of this first Action Plan, a second plan was drafted for the period 2010-2015, with the ultimate goal of the total abandonment of FGM/C in Senegal by 2015. The National Action Plan promoted a holistic and multisectoral approach in order to reinforce the capacities of the communities; promote sub-regional, cross border and diaspora collaboration with the purpose of creating an enabling environment among all ethnic groups and prevalence areas; enhance the coordination of activities among sectors and actors; and implement a plan for monitoring and evaluation. This plan ultimately contributed to making interventions sustainable regarding the total abandonment of FGM/C. [new National Action Plan is being drafted meanwhile].

In the European Union, Finland, Italy and Portugal are implementing specific national action plans to eradicate FGM/C. In other countries, such as Belgium, Croatia, France, Spain, Slovakia and the UK, FGM/C is included in other national strategies. In many occasions, NGOs have been the driving force in putting the issue of FGM/C on the national agenda.



Belgian Senator and AWEPA member Hon. Dominique Tilmans meets local communities during an AWEPA FGM/C sensitisation workshop in Burkina Faso (September 2012).

3.3. Community-based interventions

FGM/C is deeply entrenched in the culture of practicing communities, hence why a multifaceted approach is necessary. FGM/C cannot be tackled solely by drafting laws and judicial measures. While the legislative framework is important, and provides for an enabling environment to bring about change, it should always be accompanied by interventions targeting positive change at community level through education campaigns, advocacy, sensitisation of community leaders and adequate implementation.⁸⁵ Below, some examples of interventions that aim to change attitudes and behaviours among the communities that practice FGM/C.

3.3.1. Health Risk Approach

This approach consists of providing information on the negative health effects of FGM/C to a variety of target groups, including communities where the practice is widespread. It is believed that highlighting these negative effects will help to change attitudes in favour of FGM/C towards the abandonment of the practice. One success-story regarding this approach is the clinical study carried out in The Gambia in 2009. The study was requested by the Gambian Vice-President and Minister of Women's Affairs, and demonstrated for the first time the magnitude of immediate and long-term health consequences of FGM in the country. The results of this study were a key instrument in ensuring institutional pre- and in-service training for all health personnel.

Health consequences of FGM/C in The Gambia, from evidence into action⁸⁶

In The Gambia, the prevalence of FGM/C is 78.3% in women aged between 15 and 49 years. The objective of this study was to perform a first evaluation of the magnitude of the health consequences of FGM/C in the country. Data were collected on the types of FGM/C and the health consequences of each type from 871 female patients who consulted for any problem requiring a medical gynaecologic examination and who had undergone FGM/C in The Gambia. The study showed that FGM/C is still practiced in all the six regions of The Gambia, the most common form being type I, followed by type II. All forms of FGM/C, including type I, produced significantly high percentages of complications, especially infections.

3.3.2. Reconversion of excisors

This approach, in which traditional excisors are educated about the health risks of FGM/C and/or alternative sources of income are provided for them, has been tried in many countries, including Mali, Senegal and Benin. This approach usually comprises three phases:

- Identifying excisors and informing them about various issues related to FGM/C, including education on the functioning of the human body and sexual organs, the negative health impact of the practice;
- Training excisors as change agents and motivating them to inform the community and families who request FGM/C about its harmful consequences;
- Orienting them towards alternative sources of income and giving them the resources, equipment and skills to earn a living.

The success of this approach has been questioned due to potential negative effects:

- It does not deal with the demand and, where such strategies are not accompanied by extensive awareness campaigns addressing the community as a whole, families seek other providers;
- Traditional excisors return to cutting within a short period of time as excision is a lucrative business;
- Income might not be a major motivation for excisors: In Mali, for example, excisors felt that the funds received for dropping their knives, could not compensate for the social status associated with performing FGM/C.^{85, 87}

3.3.3. Alternative rites of passage/coming-of-age programmes

This approach is implemented in those communities where FGM/C is part of the coming-of-age ritual or ceremony. It aims to allow community-based organisations to consult with family and community members such as tribal and religious leaders, to create coming-of-age celebrations that exclude cutting, but that embrace other aspects of the ritual including seclusion and information sharing.⁸⁸ The success of this approach lies in the involvement of family and community members, including men, in designing the project.⁸⁹ Progress is initially slow, but raising public awareness may have a snowball effect that increases over time. It has been successful when implemented in close collaboration with the communities concerned and as part of a larger overall strategy, i.e. it provides an entry point for the promotion of dialogue among family members about family, life education and issues of sexuality.

The alternative rite of passage in Tharaka Nithi District in Kenya⁹⁰

In 1996, Maendeleo Ya Wanawake Organisation (MYWO) and Program for Appropriate Technology in Health (PATH) developed an alternative rite of passage (ARP) in close consultation with women leaders from families who had decided to stop excising their girls. The idea to develop an ARP arose because those who decided not to excise their girls were faced with the dilemma of what to do about the traditional rite of passage that included FGM/C. The cultural significance associated with the practice of FGM/C makes it a very sensitive subject to address, and families and communities who are simply not ready to confront age-old tradition may opt to continue with the practice even if they understand that it is harmful. The ARP was designed to retain the best elements of the rite of passage and to discard the "cut". The first ARP ceremony was celebrated in 1996 in Tharaka Nithi District where 28 girls were initiated into adulthood. Based on the success of the first ceremony, MYWO replicated the ceremony in nine other districts of Kenya. Since then, over ten thousand girls have been initiated through the alternative rite of passage and other organisations have replicated the MYWO alternative rite of passage.

3.3.4. Community-led approaches

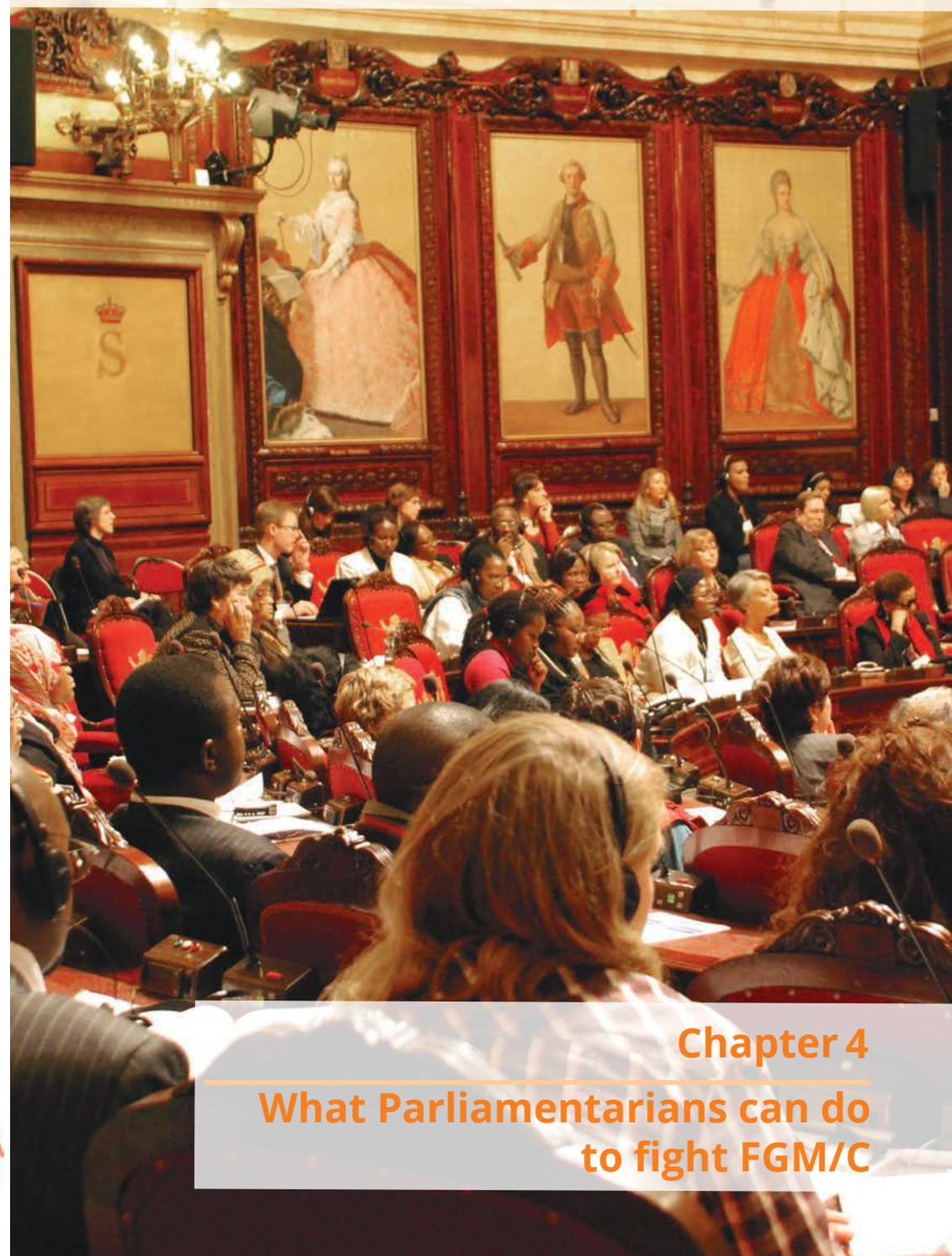
Tackling FGM/C requires a comprehensive approach addressing aspects of gender and development as well as the social, political, legal, health and economic development of a community. This approach views FGM/C as a social norm, hence FGM/C can only be abandoned when the decision to stop the practice is supported by whole community.⁹¹

"Integrated learning" means integrating the issue of FGM/C into a wider learning package.⁹² Tostan's Community Empowerment Programme in Senegal, for example, includes modules on problem identification and problem-solving skills, women empowerment, hygiene, health and other subjects, which are relevant to the whole community. The focus is on enabling the participants to analyse their own situation and to find the best solution for themselves. After completion of the programme, whole villages speak out against FGM/C in a public declaration.

The community empowerment programme in Senegal⁹³

Tostan's Community Empowerment Programme lasts for 30 months in a given community and consists of two classes, one for adults and one for youth, each including 25-30 participants. The programme incorporates a human rights approach throughout the modules on democracy, human rights and responsibilities, hygiene, health, literacy and project management. The new information and lively discussions in class lead to positive results in the areas of governance, education, health, the environment and economic growth.

Community members have also organised collective declarations for the abandonment of female genital cutting and child marriage in over 7,000 villages in Senegal, The Gambia, Guinea, Guinea Bissau, Mauritania, Mali, Somalia and Djibouti.



Chapter 4

What Parliamentarians can do to fight FGM/C



"You as parliamentarians have an important role to play and I am calling upon you to protect your constituents against the practice of FGM/C by ensuring that the law is fully implemented. I will explain the Swahili word for MPs, which is "Mjumbe", which means someone who is sent to bring a message".

Hon. Linah Kilimo, Chair, Anti-FGM Board, Kenya during AWEPA's national parliamentary seminar on FGM/C (Nairobi, Kenya, 12 June 2015).

Parliamentarians play a major role in the fight against FGM/C. It is their task to draw up the appropriate legislative and institutional framework. But their role should not be limited to drafting laws and regulations. They must place FGM/C as a top issue on the political agenda ensuring that States adopt a holistic approach in order to accelerate societal change as prioritised by the UN.

This requires a multidisciplinary approach as well as the participation of all stakeholders: civil society, traditional chiefs, religious leaders, women and youth movements.

AWEPA puts parliaments and their Members at the centre of its action as it believes that strong parliaments, cooperation and dialogue are at the heart of Africa's long-term development. Parliamentarians, as the elected representatives of the people, must be capable, committed and empowered to voice their interests and priorities in public policy making.

The organisation works to strengthen the ability of African parliaments to push for the abandonment of FGM/C, as well as to continuously raise awareness among European policy-makers and legislators in order to restrict the practice in Europe. AWEPA has a wide network of parliamentarians, both in Europe and Africa, and partners with the UN, civil society organisations and other branches of government to end the practice of FGM/C.

AWEPA's engagement in the struggle to end FGM/C dates back to 2009 when a decision was taken together with African partners and European Members. The Pan-African Parliament (PAP), one of AWEPA's partners had indicated, through the action of its Women's Caucus, that abandonment of FGM/C was one of its key priorities. AWEPA organised a high level mission for the women parliamentarians of 20 African countries which focused on this issue in Addis Ababa in August 2009, together with the PAP and in cooperation with UNICEF-Ethiopia.

A European/African seminar was then organised in Brussels, leading to the signing of a letter of intent with UNFPA and UNICEF for AWEPA to join forces with these organisations, through its parliamentary action, to achieve the objectives of the Joint Programme "Female Genital Mutilation/Cutting: Accelerating Change". The resulting

contract between UNFPA and AWEPA, funded by the Government of Luxembourg, initiated the programme that AWEPA has since implemented and which focuses on strengthening the role of parliamentarians towards the abandonment of FGM/C.

While the Luxembourg-funded programme targets West African countries, AWEPA is also working in cooperation with Plan in East Africa and the Horn of Africa.

These initiatives emphasise the important role parliaments, and the legislative branch in general, play in the abandonment of FGM/C, without which gains at both the community and executive level, cannot be sustained.

AWEPA's FGM/C programme aims to enhance the capacity of African parliaments to exercise their oversight, representative and legislative functions with regard to FGM/C. In particular, the programme contributes to an increased capacity among parliamentarians to legislate around the protection of women and girls from violence, including FGM/C, as well as establishing linkages with communities requiring support towards abandonment. FGM/C could be abandoned within one generation, perhaps even sooner if the political will is there and the appropriate action is taken.

Hereafter follows an extended discussion of the different actions parliamentarians can undertake in the fight against FGM/C.

4.1. Compliance with international and regional obligations for the abandonment of FGM/C

Parliamentarians must oversee their country's compliance with international and regional obligations. They must ensure national implementation of international and regional obligations, undertaken by their countries as signatories of various human rights instruments which address the fundamental rights and freedom of women and children, such as: the International Covenant on the Elimination of Discrimination against Women (CEDAW 1979), the International Covenant on the Rights of the Child (1989), the European Convention for the Protection of Human Rights and Fundamental Freedoms (1950), the African Charter on Human and Peoples' Rights (1981) and the African Charter on the Rights and Welfare of the Child (1990).

Parliaments should ensure that their State complies with the Maputo Protocol to the African Charter on Human and Peoples' Rights that was signed on 11th July 2003 by 53 leaders of the African Union, wherein Article 5 states that FGM/C must be prohibited and punishable.

Parliaments should ensure that these international and regional instruments are robustly implemented into national legislation and widely disseminated to the population and the judiciary.

Women MPs rally the community of Laare in Meru County (Kenya) in their fight against FGM/C (September 2016).



4.2. Development and enforcement of legislation

Parliamentarians play a crucial role by virtue of their legislative competence. With respect to abandoning FGM/C, legislation and, in particular, criminal measures are a highly symbolic and a necessary step, which has both a dissuasive and an educational impact.

Therefore:

- The practice of FGM/C must be explicitly prohibited and punished, and legal measures must be adopted in order to sustain preventive action where is a risk of FGM/C;
- This legislation:
 - Should be drawn up in consultation with the communities, civil society, local leaders and health care personnel involved;
 - Should represent an integral component of a global legislative framework for the prevention and the punishment of every kind of (sexual) violence against women and children;
 - Should be harmonised internationally or regionally in order to prevent girls being sent to neighbouring or other countries with the intention of performing FGM/C;
 - Should provide training to the judiciary on the implementation and enforcement of the law;
 - Should be regularly assessed in order to monitor any potential negative effects and adapt the legislation to the evolution of society;

- Women should be informed on the contents of the law and be assisted in lodging a complaint and claiming damages;
- Parliamentarians should stress the need to train the judiciary on FGM/C and how to implement laws and policies;
- Finally, legislation is only efficient as part of a global action plan supported by a consequent budget for the prevention of FGM/C which aims to foster social change.

Amendment of Belgian law by Hon. Els Van Hoof

As a result of her involvement in AWEPA as Political Coordinator for the FGM/C programme, Belgian MP Hon. Els Van Hoof prepared a bill on FGM/C in July 2013. This bill brought about an amendment in the law on FGM/C in Belgium, with the Belgian Senate's Commission for Justice expanding the legislative framework through a unanimous vote on 3 April 2014. Whilst previously only implementers of FGM/C could be prosecuted, the new law also punishes those individuals who actively promote and facilitate the practice. Hon. Van Hoof also drafted a bill concerning medical support for victims of FGM/C in Belgium in February 2016.

4.3. Development of a global action plan and adoption of adequate budgets

A consistent policy towards the abandonment of FGM/C requires a coordinated and multidisciplinary approach focused on the active input of all stakeholders, as prioritised by the United Nations.

The development of a national action plan for the abandonment of FGM/C makes it possible to identify the different roles and responsibilities of the actors involved, in order to ensure the coordination and the complementarities of the efforts undertaken.

Parliamentarians can play a pioneering role by:

- Ensuring that the government drafts an action plan for ending violence against women with special attention being paid to the abandonment of FGM/C and other harmful traditional practices such as child, early and forced marriage;
- Overseeing the drafting and the implementation of this plan;

- Adopting clear objectives within specific time frames;
- Ensuring that the plan is drafted in consultation with all the relevant social actors, in particular women's and children's organisations, and making sure that these actors are involved in all phases of the process;
- Ensuring that the national action plan includes mechanisms for the monitoring, oversight and steering of the policy;
- Ensuring that action plan is coupled with the healthcare policy for women and children;
- Making sure that programmes and actions included in the action plan are community-based. Through information, awareness raising campaigns and dialogue, all stakeholders - civil society, parliamentarians, traditional chiefs and religious leaders, women's movements, men and healthcare personnel - must be convinced to contribute to the abandonment of this practice;
- Ensuring the adequate budget for the implementation of the ambitious action plan.



AWEPA's work in West Africa

In 2013, Senegal's National Assembly appointed a Task Force (Comité de pilotage), supported and coordinated by AWEPA, with the overall objective of overseeing progress towards the abandonment of FGM/C. Since its establishment in 2013, the Task Force has worked diligently to bring forward the results of the different field visits organised, as well as to create wider engagement on this issue among legislators and ultimately also within the Executive Branch. Experience has shown that working with such a task force is successful in achieving the desired objectives, and the example of Senegal will be implemented in other countries in which AWEPA is working.

Most recently, the Task Force was active in organising a Regional Conference on FGM/C held in Saly, Senegal, on 30 May-1 June 2016, whereby countries in the region (Burkina Faso, Guinea-Bissau, Mali, Mauritania, Niger and Senegal) addressed the cross-border dimensions of the practice. As a result of this Conference the International Committee of Parliamentarians against FGM/C was established.⁹⁴



4.4. Adequate budget

Parliamentarians should ensure that the national budgets allocate sufficient resources to the implementation of legislation and action plans aiming towards the abandonment of FGM/C.

To this purpose the following actions can be undertaken:

- Budgets should be spent from the perspective of gender sensitivity. An analysis should be carried out regarding the impact of the budget on girls and women versus the impact on men and boys with a view to correcting inequalities, ignorance and discrimination;
- Actions regarding the abandonment of FGM/C must be integrated in the budgets of Justice, Health Care, Social Policies, Human Rights, and Education budgets;
- Donor countries must raise awareness on this issue by virtue of their own foreign and development policies, as well as availing the necessary funds. This can be done, for instance, by financing the UNICEF/UNFPA Joint Programme "Female genital mutilation/cutting: Accelerating change" or implementing bilateral programmes.

4.5. Oversight of State policies by parliamentarians

Parliamentarians should make use of their supervisory power to stimulate and steer State Policy. They must follow up on the implementation of coherent government policies.

Among others, the following actions can be undertaken:

- Ask parliamentary questions, written or oral, to the competent ministers on the enactment of legislation on the fight against FGM/C;
- Ensure governments ask the parliament for an annual report on the implementation of national action plans;
- Organise an annual public debate in parliament either in plenary meeting or with the competent parliamentary committee in order to ensure follow up and, if necessary, to steer State policy on the issue;
- Support local efforts to eradicate FGM/C locally, through the follow up and attendance of projects and campaigns, eventually in the framework of a parliamentary commission's work;

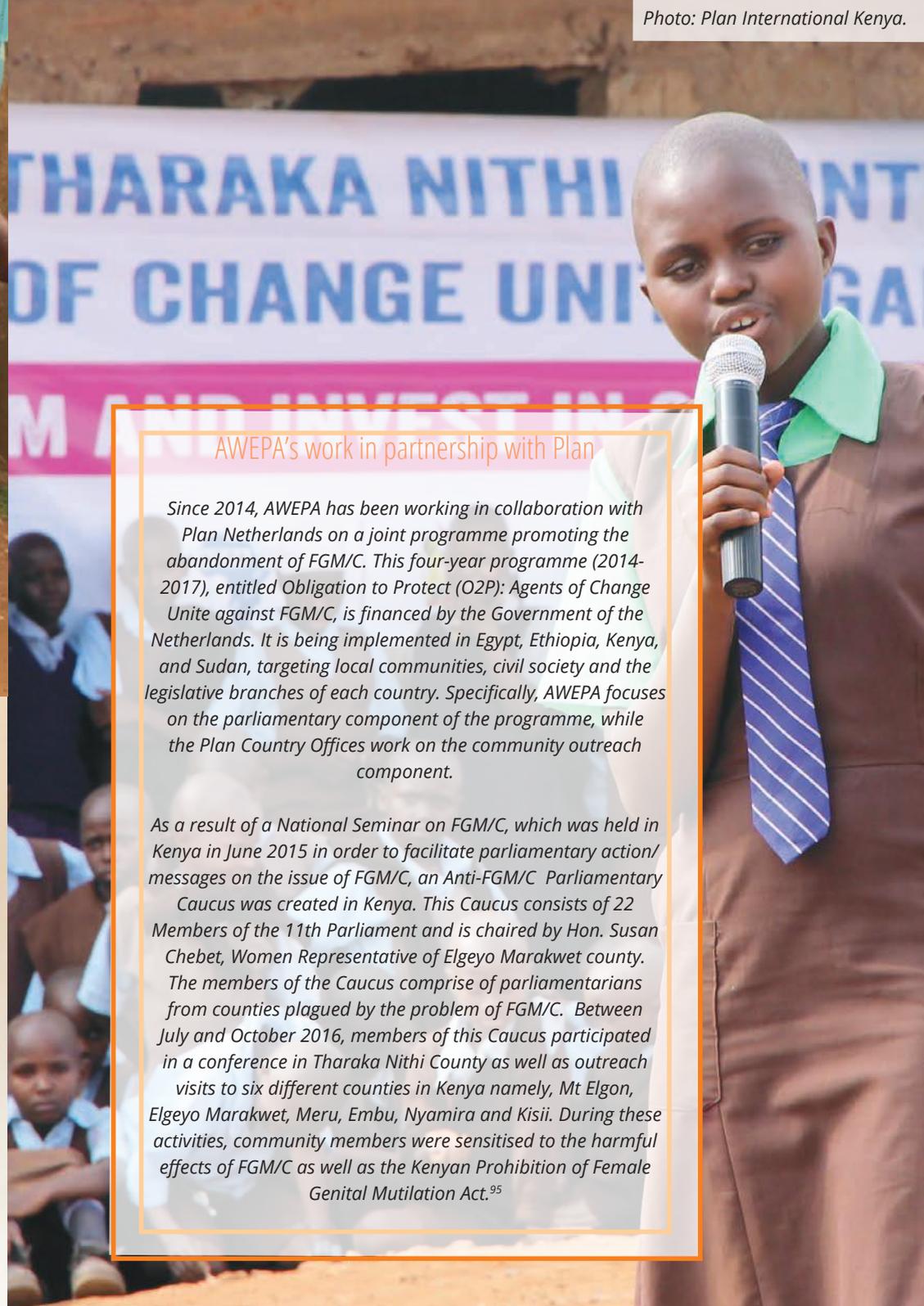
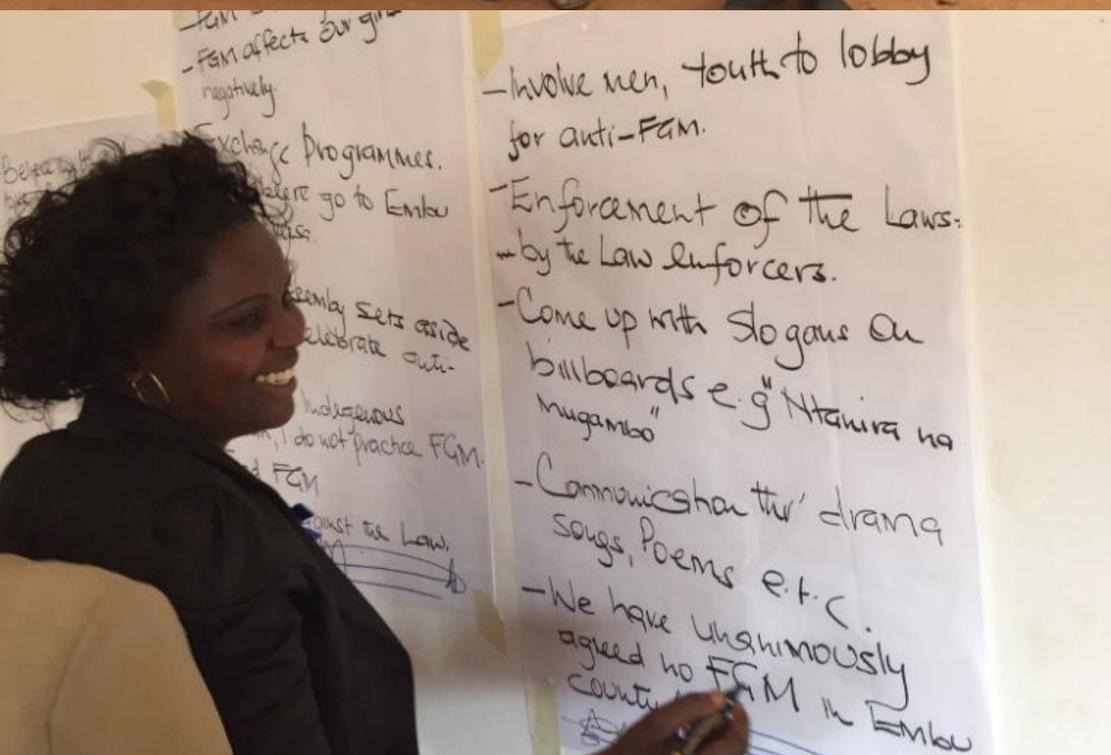
- Claim sufficient budgeting of anti-FGM/C programmes and oversee the budget expenditures;
- Foster dialogue with community-based organisations and include them as important partners in the development and implementation of FGM/C policies and laws;
- Create parliamentary coalitions on FGM/C across party lines;
- Make sure parliament is involved in reporting to international human rights mechanisms and include their recommendations in parliamentary debates.

4.6. Dialogue with civil society and, in particular, with women's movements

Parliamentarians must follow up this issue in close collaboration with civil society. They are bound to inform and raise awareness within the population.

To this purpose they can undertake the following actions:

- Make sure that any legislation or legislative revision is carried out in full consultation with a wide array of stakeholders;
- Maintain regular contact with representatives of women organisations and other specialised community-based organisations such as IAC, which has a large network all over Africa, or human rights organisations such as Amnesty International who dedicate their efforts to the fight against FGM/C;
- Invite gender experts and women's organisations as guest speakers in parliamentary hearings and organise study tours to address women in their communities and meet local leaders;
- Ensure that the national women's organisations and the local women's groups involved in the abandonment of FGM/C, are allocated sufficient resources and recognition. These organisations can bridge the gap between important donors and local women's groups;
- Ensure that parliaments are associated with the campaigns and networking activities of NGOs that are closely involved with families and communities on the matter of training, sensitisation and mediation;
- Use the media for advocacy and to raise awareness among constituents.



AWEPA's work in partnership with Plan

Since 2014, AWEPA has been working in collaboration with Plan Netherlands on a joint programme promoting the abandonment of FGM/C. This four-year programme (2014-2017), entitled *Obligation to Protect (O2P): Agents of Change Unite against FGM/C*, is financed by the Government of the Netherlands. It is being implemented in Egypt, Ethiopia, Kenya, and Sudan, targeting local communities, civil society and the legislative branches of each country. Specifically, AWEPA focuses on the parliamentary component of the programme, while the Plan Country Offices work on the community outreach component.

As a result of a National Seminar on FGM/C, which was held in Kenya in June 2015 in order to facilitate parliamentary action/messages on the issue of FGM/C, an Anti-FGM/C Parliamentary Caucus was created in Kenya. This Caucus consists of 22 Members of the 11th Parliament and is chaired by Hon. Susan Chebet, Women Representative of Elgeyo Marakwet county. The members of the Caucus comprise of parliamentarians from counties plagued by the problem of FGM/C. Between July and October 2016, members of this Caucus participated in a conference in Tharaka Nithi County as well as outreach visits to six different counties in Kenya namely, Mt Elgon, Elgeyo Marakwet, Meru, Embu, Nyamira and Kisii. During these activities, community members were sensitised to the harmful effects of FGM/C as well as the Kenyan Prohibition of Female Genital Mutilation Act.⁹⁵

4.7. International and regional parliamentary collaboration

The issue of FGM/C has an international, a regional and a local dimension. It is a practice without borders. Even in countries where these practices are ancient, they are linked to embedded ethnic and cultural bonding that usually exists across borders. Global migration movements have spread the practice worldwide. Therefore, eradication requires a global approach as well as continuous international cooperation.

To this purpose, the following actions can be undertaken:

- The work of international organisations should be brought to the attention of parliaments on a regular basis in order to keep them abreast of the progress made and the issues identified;
- It is important to ensure national follow-up to the various international studies of, for instance UNICEF, WHO, UNFPA, concerning FGM/C;
- Countries should be associated to the global campaign of UNICEF and UNFPA "Female genital mutilation/cutting: Accelerating change" which aims to reduce FGM/C within a generation;
- Countries must bring FGM/C into the spotlight. For instance, instating 6 February as the International Zero Tolerance to FGM Day is a very good initiative to this purpose;
- Countries should streamline attention to this issue in all international parliamentary contacts;
- Parliamentarians should adopt best practice experience to eradicate FGM/C in their national or local environment;
- Countries should become members of international or regional parliamentary networks such as the Inter-Parliamentary Union or AWEPA to exchange experiences and good practices and streamline initiatives;
- Countries should become members of the Pan-African Parliament and its Women's Caucus.

AWEPA's work with the Pan-African Parliament

AWEPA and the PAP, in association with UNICEF Ethiopia, organised a high level mission of Women Parliamentarians from 20 African countries in August 2009. The mission came together to discuss ways in which members of African parliaments can successfully promote the abandonment of harmful traditional practices such as FGM/C.

The meeting brought together several high-level Ethiopian Members of Parliament including the Minister of Women's Affairs and the Deputy Speaker of the Parliament. Presentations were made by a number of UN agencies and NGOs on the current status of FGM/C in Africa, its adverse health and psychological consequences and the best practices for abandonment. The participants also met with several local community members who were part of the community dialogue process and were actively championing the abandonment of FGM/C.

Testimonials were heard from a range of individuals including those who had suffered from FGM/C and those who, at one point in their lives had performed the practice. The mission also agreed on a Draft Framework for the Booklet on "What Parliamentarians can do on harmful traditional practices with Focus on FGM/C in Africa", which resulted in the first Parliamentary Guidelines on FGM/C in 2011.



List of international and regional treaties and policy instruments

Below, some of the most important international and regional treaties and policy instruments are listed.

For more details and information, reference is made to dedicated websites, such as the UN Women Virtual Knowledge Centre to End Violence Against Women and Girls website and the UNFPA Joint Programme publication 'Implementation of the international and regional human rights framework for the elimination of female genital mutilation', 2014:



UN Women Virtual Knowledge Centre



UNFPA Joint Programme publication

1. International legal and policy instruments

- International Covenant on Civil and Political Rights (1966)
- International Covenant on Economic, Social and Cultural Rights (1966)
- The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW, 1979)
- Convention on the Rights of the Child (CRC, 1989)
- Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1984)
- Convention relating to the Status of Refugees (1954) and its Protocol relating to the Status of Refugees (1967)
- Universal Declaration of Human Rights (1948)
- Beijing Declaration and Platform of Action of the Fourth World Conference on Women (1995)
- UN General Assembly Declaration on the Elimination of Violence against Women (1993)
- World Health Assembly Resolution on FGM/C (2008)
- Sustainable Development Goals (Agenda 2030)
- UN General Assembly Resolution Ban FGM (2012)

2. Regional legal and policy instruments

- European Convention for the Protection of Human Rights and Fundamental Freedoms (1950)
- American Convention on Human Rights (1978)
- Inter-American Convention on the Prevention, Punishment & Eradication of Violence Against Women (1994)
- African Charter on Human and Peoples' Rights (the Banjul Charter, 1981)
- African Charter on the Rights and Welfare of the Child (1990)
- Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol, 2003)
- Pan-African Parliament Motion on FGM/C (2009)
- Article 38 on Female genital mutilation of the Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul, 2011)
- European Parliament Resolutions on FGM/C, 2001, 2004, 2009, 2012.



Girl at AWEPA decentralised activity in Kongoussi, Bam Province, Burkina Faso (November 2013).

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*Abandoning Female Genital Mutilation/Cutting
Guidelines for Parliamentarians*

*Coordination: Liselot Bloemen, Programme Manager, AWEPA
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About AWEPA

AWEPA works in cooperation with African parliaments to strengthen parliamentary democracy in Africa, keep Africa high on the political agenda in Europe and facilitate African-European parliamentary dialogue.

AWEPA's overall objective is to support the realisation of human rights and development in Africa by strengthening democratic institutions.

AWEPA concentrates on:

- The key role of parliaments in facilitating democracy, human rights, peaceful conflict management, poverty reduction and sustainable development;
- The attainment of gender equality at all levels of political decision-making;
- The common interests of African and European parliamentarians;
- Building parliamentary networks and promoting experience sharing at national, regional and inter-regional levels.

AWEPA aims to achieve this objective by promoting:

- Parliamentary competency and authority;
- Good governance based on the separation of powers;
- Increased participation of women in decision-making (increased participation);
- Participation of civil society in the political process;
- Independent and qualified media.

