GUIDELINES FOR PARLIAMENTARIANS

ABANDONING FEMALE GENITAL MUTILATION/CUTTING

AWEPA
Pan African Parliament Women's Caucus

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, to keep Africa high on the political agenda in Europe, and to facilitate African-European Parliamentary dialogue. AWEPA strives for the realization of human rights, democracy, poverty reduction, gender equality and sustainable development in Africa, by supporting capacity 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 of Female Genital Mutilation/Cutting (FGM/C) in their own countries, which is crucially needed to carry out their oversight and representational roles. They also suffer the absence of adequate resources for inter-parliamentary dialogue to exchange experiences on best practices regarding FGM/C.

As we know that FGM/C could be ended within one generation, perhaps even sooner if appropriate actions are taken, we, as AWEPA, are convinced by our previous experiences that we need to enhance the capacity of African and European Parliaments to exercise oversight, representative and legislative functions with regard to the practices of FGM/C, with a focus on FGM-C legislation, implementation and enforcement.

Parliamentarians, as custodians of democracy and human rights and as representatives of the voice of the people, including the girl child, have a central responsibility to enact legislation, pass budgets and hold their government to account. Political will and commitment to support the elimination of violence against women in general and specifically in the area of FGM/C in Africa is needed, in the interests of the whole society

Therefore, AWEPA initiated a broad campaign among European and African parliamentarians to champion the eradication of FGM/C. AWEPA started with the support of the Luxemburg government an action in the framework of the UNICEF-UNFPA joint programme, and initiated a campaign with the Pan-African Parliament Women's Caucus.

The Pan African Parliament (PAP) was formally inaugurated on 18th March 2004, after it was established by Article 17 of The Constitutive Act of the African Union. The PAP is one of the nine Organs provided for in the Treaty Establishing the African Economic Community signed in Abuja, Nigeria in 1991. It was created with the objective of overseeing the implementation of the policies and objectives of the African Union (AU) and its Organs. The PAP also promotes the African integration process by providing recommendations and opinions regarding the

legislative actions of national Parliaments and promoting shared values amongst the people of the continent.

The purpose of these guidelines is to provide a practical instrument for Parliamentarians to put the issue of FGM/C high on the agenda and to accelerate the abandonment of FGM/C in their respective countries. The guidelines are equally accessible through AWEPA's website: www.awepa.org/resources.

I would like to end this foreword with a quote from Christopher Murray, who is working at the Tasuru Girls Rescue Centre based in Maasailand in Kenya where, even though it has been made illegal, according to the last counts FGM/C is still practiced on 95% of Maasai girls. He is dedicated to giving young Maasai women a place of safety and learning after having escaped early forced marriages and FGM/C:

> "When women are empowered, we as men are empowered. When women grow, we as men grow, and the society grows, and the country grows and the whole world grows. When women are given the chance to live a better life, then the whole world becomes a better place to live"[1].
>
> DvD: Give a Girl a Chance en Feminenza Internationale Ontwikkelingen. 2006. Nairobi, Kenya.

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

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

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 cuts 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.

FGM/C is perpetuating patriarchal structures.

There is a big difference between FGM/C and male circumcision.

Governments must protect women from violence, including FGM/C.

Parliamentarians play a catalytic role in the acceleration of FGM/C abandonment.

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List of abbreviations

ARP	Alternative Rite of Passage
AWEPA	Association of European Parliamentarians for Africa
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CEDPA	Centre for Development and Population Activities
CRC	Convention on the Rights of the Child
DHS	Demographic and Health Surveys
DWG	Donors Working Group
EAC	East African Community
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
NGO	Non Governmental Organisation
NPWJ	No Peace Without Justice
PAP	Pan African Parliament
UNECA	UN Economic Commission for Africa
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund

Introduction

Violence against women, including Female Genital Mutilation/Cutting (FGM/C), is in breach of the core values and mission of AWEPA. In 2009, AWEPA decided, together with its European members and African partners, to focus on ending Female Genital Mutilation/Cutting. The Pan-African Parliament, one of AWEPA's major partners, through its Women's Caucus, began redirecting its priorities towards the abandonment of FGM/C. In collaboration with the Women's Caucus, AWEPA began implementing and reinforcing the parliamentary focus on FGM/C in African countries.

AWEPA and the Pan African Parliament (PAP), in association with UNICEF Ethiopia, organized 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 NGO's on the current status of FGM/C in Africa, the adverse health consequences and the best practices for abandonment. The mission 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 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'', presented to the PAP Women's Caucus in October 2009 for further discussion and elaboration

In October 2010, AWEPA – in collaboration with the Belgian Senate – organized the seminar entitled "Towards a Parliamentary Strategy for African Women's Rights and Gender Equality – Uniting parliamentary efforts to end violence against women and girls in Africa", on the role of parliaments in ending violence against women in Africa.

Following this seminar, AWEPA signed a Letter of Intent with UNFPA and UNICEF to work together in their joint programme titled "Female genital mutilation/cutting: Accelerating change". The objective of the cooperation is to accelerate societal change in favor of human rights and scale up the abandonment of FGM/C in the 17 countries in Africa selected for priority in the Joint Programme. AWEPA will particularly focus on the issue of FGM/C closely linked to the attainment of the UN Millennium Development Goals (MDGs), in particular MDG number 3: "promote gender equality and empower women" and number 5: "improve maternal

health". The 2010 October seminar also raised the need for useful and practical instruments specifically for Parliamentarians to implement towards the acceleration of the abandonment of violence against women in all countries. In this perspective, AWEPA initiated this brochure as parliamentary guidelines on FGM/C.

CHAPTER 1

Basics about female genital mutilation/cutting

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> "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 is a form of violence against women, and constitutes a violation of the rights of women and children. This chapter intends to describe some basic facts about FGM/C, in order to frame the abandonment of FGM/C in its context.

1.1. DEFINITION AND CLASSIFICATION

Female genital mutilation/cutting (FGM/C) comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for non-medical reasons[1].

In 2008, the World Health Organisation published the classification of the different forms of female genital mutilation/cutting-(figures in annex 2), as follows:

- Type I, which is 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 infibulations is the narrowing of the vaginal orifice with the creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris.
- Type IV is all other forms of harmful procedures to the female genitalia for non-medical purposes, for example pricking, piercing, incising, scraping and cauterization.

1.2. TERMINOLOGY

Since the practice of FGM/C came under international attention 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). Initially, female circumcision was common, while in the early eighties the term female genital mutilation was adopted. 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), while this is not the case for almost all forms of female genital mutilation/cutting.

The terms most widely used 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 girls' and women's right to bodily integrity and the right to 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 will be used.

1.3. MAGNITUDE OF THE PROBLEM

Worldwide, an estimated 100 to 140 million girls and women have undergone FGM/C and more than 3 million girls are at risk of being subjected to FGM/C every year in Africa alone. It is practiced mainly in Africa: at least 28 countries on the continent practice some form of FGM/C. Prevalence in Africa and Yemen according to the Demographic and Health Surveys (DHS) are displayed in the table below.

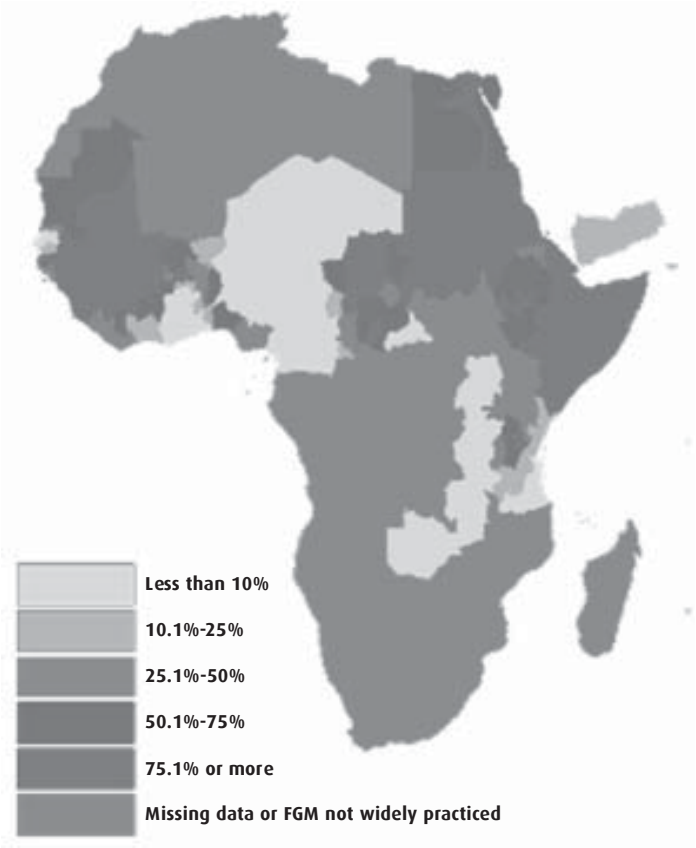
Table 1: Prevalence by age in percentage in Africa[2]

COUNTRY	DATA SOURCE	PREVALENCE BY AGE (%)		
		15-49	15-19	35-39
Benin	DHS 2006	12.9	7.9	16.3
Burkina Faso	MICS 2006	72.5	59.7	79.8
Cameroon	DHS 2004	1.4	0.4	1.2
Central African Republic	MICS 2008	25.7	18.7	29.8
Chad	DHS 2004	44.9	43.4	46.2
Côte d'Ivoire	MICS 2006	36.4	28.0	43.8
Djibouti	MICS 2006	93.1	-	-
Egypt	DHS 2008	91.1	80.7	96.4
Eritrea	DHS 2002	88.7	78.3	92.6
Ethiopia	DHS 2005	74.3	62.1	81.2
Gambia	MICS 2005/06	78.3	79.9	79.5
Ghana	MICS 2006	3.8	1.4	5.7
Guinea	DHS 2005	95.6	89.3	98.6
Guinea-Bissau	MICS 2006	44.5	43.5	48.6
Kenya	DHS 2008-09	27.1	14.6	35.1
Liberia	DHS 2007	58.2	35.9	66.7
Mali	DHS 2006	85.2	84.7	84.9
Mauritania	MICS 2007	72.2	68.0	75.4
Niger	DHS 2006	2.2	1.9	2.9
Nigeria	DHS 2008	29.6	21.7	33.9
Senegal	DHS 2005	28.2	24.8	30.5
Sierra Leone	MICS 2006	94.0	81.1	97.5
Somalia	MICS 2006	97.9	96.7	98.9
Tanzania	DHS 2004/05	14.6	9.1	16.0
Togo	MICS 2006	5.8	1.3	9.4
Uganda	DHS 2006	0.6	0.5	0.8

FGM/C has also become an issue in Europe, and other western countries due to migration of people from communities in Africa where FGM/C is common, to host countries in the West. To date, there is no actual data available on the practice of FGM/C in Europe, either on the total number of women and girls that have undergone the practice, nor on the number of girls that might be at risk. The European Parliament estimated the total number of women with FGM/C living in Europe at 500.000, while 180.000 girls are at risk every year[3].

Although to a much lesser extent, FGM/C is also present in some other parts of the world, such as Yemen, where the prevalence is estimated at 38.2%[4]. Anecdotal evidence exists for Colombia, Democratic Republic of Congo, Oman, Peru, Sri Lanka, India, Indonesia, Iraq, Israel, Malaysia and United Arab Emirates, but no national data are available[5].

Figure 5: Prevalence data in Africa[7]



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 a 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 be 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 that practice FGM/C typically associate it with a web of religious, cultural and traditional beliefs. Despite this, no religious scriptures require the practice of FGM/C on girls.

1.5. THE CONSEQUENCES OF FGM/C ON THE HEALTH AND WELL-BEING OF GIRLS AND WOMEN

The consequences on the health and well-being of girls and women occur in all types of FGM/C, but tend to be more severe and more frequent according to the more severe types of FGM/C[7].

Female genital mutilation/cutting is 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[8]. Many of these traditional 'circumcisers' have no or limited medical training and/or knowledge of anatomy and surgical techniques[9,10,11].

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. In the literature, a wide range of health consequences due to FGM/C are described and most commonly classified based on the time at which they appear (short term or long-term complications), on the nature of the consequence (e.g. obstetric, psychological, sexual and social consequences) or both[12,13].

Infections, urinary retention, sever pain, shock, bleedings and death are associated with clitoridectomy, excision and infibulations at the time of the cutting, or shortly after the cut[14].

Bleedings are caused for example, when amputating the clitoris, which involves cutting across the clitoral artery, which has a strong flow and a high pressure. If bleeding is very severe and uncontrolled it can result in death. Girls may go into shock because of the sudden blood loss and/or the agonizing pain associated with the cut. The retention of urine occurs because of the pain and burning sensation of urine on the raw wound, due to the 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[15,16]. Infections, such as urinary tract infection, occur as a consequence of the retention of the urine, or the use of non-sterilised equipment and the application of local dressings of animal faeces and ashes. The infecting organisms may ascend through the short urethra into the bladder and the kidneys[17]. Death can occur due to haemorrhagic or septic shock, tetanus and lack of availability of medical services or delay in seeking help[18].

Complications at long term include chronic pain and infections such as chronic pelvic infections or urinary infections that can ascend to the kidneys. The removal of healthy genital tissue can

influence the sexual sensitivity and quality of the sexuality of both women and men. Especially the pain, scar tissue and traumatizing 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[19].

A multicountry study by WHO among women attending obstetric centres in 6 African countries, showed that deliveries in women who have undergone FGM/C are significantly more likely to be complicated by caesarean section, postpartum bleedings and perineal tears. The study also showed an increased risk for resuscitation of the infant and perinatal death in babies from women who had been cut[20]. Fistulae formation due to obstructed labour, can be a consequence of FGM/C[21].

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 and women and the strong opposition against FGM/C in their host country.

1.6. EMERGING TRENDS

In the past 3 decades, the efforts to the abandonment of FGM/C have strongly emphasized the negative effects on the harmful effects on the health of women and girls. Although this approach had an important impact on breaking the taboo surrounding FGM/C, it has also led to more medicalisation of FGM/C: performing FGM/C by trained health professionals such as doctors, nurses and midwives, be it hospitals or elsewhere. The rationale behind this is that it is supposed to reduce the health complications, when performed by medical skilled personnel. FGM/C is still performed by traditional excisors in most cases, but in some countries the trend for medicalising the practice has risen dramatically, such as Egypt, Guinea and Mali[22]. For example, in some countries, studies showed 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[23,24].

The World Health Organisation, together with various international (UN) organisations, were concerned with this raising trend for medicalisation, developed the "Global Strategy to Stop Health-care Providers from Performing Female Genital Mutilation" in 2010 [25].

Another change in the practice is the trend to decrease the age at which FGM/C is performed. This trend has been noted in Burkina Faso, Côte d'Ivoire, Egypt, Kenya and Mali[26]. The reasoning behind this is that due to the implementation of legislation, the practice is performed at a very young age in order to avoid girls and others to denounce an upcoming excision, an excisor or parents.

An emerging trend, especially in countries in the diaspora, 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 more recently also in the USA[27].

Health care providers should refrain from any form of FGM/C as it is against the principle of "Do No Harm", or the Oath of Hippocrates. 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.

1.7. THE ROLE OF RELIGION

Although there is no religious justification for the practice, among different ethnic groups in Africa, there is a persistent belief that female genital mutilation/cutting is an Islamic rule. The persistence of the practice, especially among Muslim women, is partly because many women do not have access to religious texts or because they are illiterate, and partly because many religious leaders do not openly oppose 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[28].

Although the Koran does not require FGM/C, there is discussion among some Islamic religious leaders about hadiths[29], 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[30]. 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 than the prepuce of the clitoris only. However, religious leaders are increasingly speaking out against FGM/C. An important statement was made when esteemed Muslim clerics at an international conference on FGM/C in Caïro in November 2006 dissociated Islam from FGM. 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 Koran or in the Sunnah. The senior official cleric and Grand Mufti in Egypt, Sheikh Ali Gomma, as well as other prominent Islamic key figures at the conference, reaffirmed this statement[31].

CHAPTER 2

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

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FGM/C is internationally seen as a violation of human rights. The human rights involved include the right to life, the right to the highest attainable standard of health and the right to freedom from violence[32]. FGM/C is considered as discrimination against women and girls, and as a form of violence against women and girls.

There is a wide range of legally and non-legally binding international instruments that can be applicable 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 abandonment of FGM/C. A more extensive overview can be found in the annex to these guidelines.

2.1. THE HUMAN RIGHTS BASED APPROACH

2.1.1. The human rights dimension

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: 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 protection of motherhood and childhood.

The (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. 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 minor 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 a healthy development of the child, are of particular importance to FGM/C. Article 5(b) of the International Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) is especially important as it mentions the right to security of person and the protection by the State against violence or bodily harm whether inflicted by an individual group or institution[33].

2.1.2. The women's rights dimension

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 2 of CEDAW demands from the States Parties: "To take all appropriate measures, including legislation, to modify or abolish existing laws, regulations, customs and practices which constitute discrimination against women"[34].

2.1.3. The children's rights dimension

The UN Convention on the Rights of the Child (CRC), adopted in 1989, 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". CRC addresses harmful traditional practices (explicit reference) in the context of the child's right to the highest attainable standard of health (article 19)[35].

Africa has equally 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, on the rights of women in Africa, adopted by the Assembly in Maputo Mozambique in 2003, the so-called Maputo Protocol[36].

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

The African Union has embarked upon a large-scale campaign to obtain the signatures and ratification of the Protocols by all member states of the Union in order that the Protocols can enter into force.

2.2. TOWARDS THE IMPLEMENTATION OF THE HUMAN RIGHTS FRAMEWORK

Since the late nineteen seventies, early eighties, a wide range of initiatives, both at international, national and local level have been implemented 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. Inter African Committee on Traditional Practices (IAC)[37]

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 28 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 at the premises of the UN Economic Commission for Africa (UNECA), as well as a liaison office in Geneva, Switzerland.

2.2.2. UNFPA/UNICEF Joint Programme "Accelerating Change towards the Abandonment of FGM/C"

This initiative was launched late 2007, and is implemented for a five year period (2008-2012). The Joint Programme contributes to the accelerated abandonment of FGM/C within a generation in 17 countries in Africa, demonstrated by 40% reduction of the practice among girls aged 0-15 years and at least one country declared free of FGM/C by 2012. "Accelerating Change" aims at being implemented in Egypt, Sudan. Djibouti, Somalia, Kenya, Ethiopia, Uganda, Tanzania, Eritrea, Senegal, Guinea, Guinea-Bissau, Burkina Faso, the Gambia, Ghana, Mali and Mauritania, and identified 9 outputs:

- Effective enactment and enforcement of legislation against FGM/C.
- Knowledge dissemination of socio-cultural dynamics of FGM/C practice;
- Collaboration with key development partners on a common framework for the abandonment of FGM/C;
- Evidence-based data for programming and policies;
- Consolidation of existing partnerships and forging of new partnerships;
- Expanding network of religious leaders advocating abandonment of FGM/C;
- Media campaigns emphasizing FGM/C abandonment process in Sub-Saharan Africa, Sudan and Egypt;
- Better integration of implications of FGM/C practice into reproductive health strategies;

- Building donor support to pool resources for a global movement towards abandonment of FGM/C[38].

In its endeavour, the UNFPA-UNICEF Joint Programme works together with other key stakeholders, such as the Donors Working Group on FGM/C and AWEPA.

2.2.3. FGM/C Donors Working Group [39]

The FGM/C Donors Working Group was established in 2001. It is a network of public and private agencies from around to world, committed to mobilize resources to support the abandonment of FGM/C. The DWG agreed on a Platform of Action: Towards the Abandonment of FGM/C[40], and provides the key elements of a common programmatic approach, which are 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.

2.2.4. END FGM European Campaign[41]

FGM/C is increasingly becoming an issue in countries outside Africa, and, in particular in the European Union (EU), a number of initiatives have been established. One of the most important is the END FGM European Campaign. This initiative, initiated in 2009, is led by Amnesty International Ireland, in partnership with a number of community based and non governmental organisations in the EU, working towards the abandonment of FGM/C. The campaign aims to put FGM/C high on the EU agenda and to echo the voices of women and girls living with FGM/C and of those at risk of being subjected to it. The campaign advocates for the recognition of human rights and lobbies EU institutions to ensure that the EU adopts a comprehensive and coherent approach towards ending FGM/C. To this end, the END FGM European Campaign developed a strategy document, which includes five key dimensions to end FGM/C at EU level: data collection as a foundation for policies and legislation, addressing the FGM/C-related challenges to health care services in Europe, protecting women and girls in the EU from violence and in particular FGM/C, ensuring a coherent approach to granting asylum based on FGM/C in the EU and addressing FGM/C through the EU Development Cooperation.

2.2.5. International Day of Zero Tolerance to FGM

The 6th of February is internationally recognised as the Day of Zero Tolerance to FGM/C. 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 IAC in February 2003 in Addis Ababa, Ethiopia. Representatives at the conference came from 49 countries including four First Ladies from Nigeria, Burkina Faso, Guinea Conakry and Mali, ministers and parliamentarians. Since 2003, this day has been celebrated annually worldwide.

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, 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 Parliament of the East African Legislative Assembly, at the AWEPA Seminar "Towards a Parliamentary Strategy for African Women's Rights and Gender Equality"[1]

2.2.6. BAN FGM Campaign for a UN General Assembly Resolution on FGM/C[43]

This campaign is spearheaded by No Peace Without Justice (NPWJ), who is working in collaboration with parliamentarians and women's rights activists from Africa, Europe and other affected countries, for the adoption of a Resolution on a worldwide ban to FGM/C, by the UN General Assembly. Activities of this Campaign include the mobilisation and involvement of committed parliamentarians and activists in Africa in the campaign, engaging with national governments, parliaments and activists to promote the adoption and application of effective laws against FGM at the national level and collaborating with UN missions in affected countries as well as with relevant United Nations specialised agencies, in order to generate wide political support for a Resolution that bans FGM.

2.2.7. UN Secretary General's UNiTE against violence campaign[44]

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 organizations, 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.

By 2015, 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
- Strengthen data collection on the prevalence of violence against women and girls
- Increase public awareness and social mobilization
- Address sexual violence in conflict.

CHAPTER 3

Towards a holistic approach

Chapter 3:

Towards a holistic approach

> "It is upheld by a social norm that is so powerful that families have their daughters cut even when they are aware of the harm it can cause".
>
> Ms. Francesca Moneti, Senior Child Protection Officer at the AWEPA Seminar "Towards a Parliamentary Strategy for African Women's Rights and Gender Equality"

During the past 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 health effects of FGM/C, 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 capacities of key stakeholders at various levels (health care, 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 social 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. In this approach, large groups in society are targeted through sensitization activities, community outreach activities, lobbying parliamentarians, religious leaders and civil society, in order to reach a critical mass of individuals and groups that speak out against FGM/C. Once a "tipping point" has been reached, the change towards abandonment of FGM/C will accelerate and FGM/C can be abandoned in one 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 equally highlights how community based organisations, non-governmental organizations and activists work at community level towards the abandonment of FGM/C.

3.1. MAKING FGM/C ILLEGAL

Both in 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 FGM/C. FGM/C can be made punishable under specific criminal laws, or under 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 to national laws implementation strategies, is challenging.

For example, at 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 2 for an overview) and many countries lack an adequate implementation. Reasons for this include that changes of attitudes and behavior regarding the rejection of FGM/C takes time, but there are also political reasons such as the lack of political will and interest to address women's issues and mobilise resources to implement programmes[45]. It has also been suggested that the implementation of laws has been hampered by the fact that laws have been put in place without the engagement and consultation of the communities involved[46]. This underscores again the importance of adopting a holistic approach, rather than adopting legislative reforms as a stand-alone measure.

Table 2: Existing criminal laws in Africa applicable to FGM/C[47]

COUNTRY	DATE OF ENTRY INTO FORCE
Benin[48]	2003
Burkina Faso[49]	1996
Central African Republic	1966
Chad	2003
Côte d'Ivoire	1998
Djibouti	1994
Egypt	2008
Eritrea[50]	2007
Ethiopia	2004
Ghana	1994
Guinea	2000
Guinea-Bissau	No FGM/C legislation
Kenya[51]	2001
Mauritania[52]	2005
Niger[53]	2003
Nigeria	Multiple states developed legislation
Senegal	1999
South Africa	2000
Sudan –State of South Kordofan	2008
Sudan – State of Gedaref	2009
Tanzania[54]	1998
Togo[55]	1998
Uganda	2009
Zambia[56]	2005

The process of drafting a bill on FGM/C in Uganda

In April 2007, women's rights activists in Uganda have petitioned the Constitutional Court demanding that female genital mutilation/cutting (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, a Member of the East Africa Legislative Assembly and one of the campaigners against FGM/C in Uganda. In April 2009, the Parliament started the process of enactment of "The Prohibition of FGM/C law", which was passed by the Ugandan Parliament in December 2009. President Yoweri Museveni signed it into law on March 17, 2010 and it took effect on April 9, 2010. In December 2010, a woman has been sentenced to four months in prison for circumcising eight girls in Bukwo District, under the new act on FGM/C. Also, 2 excisers and one mentor have been arrested in November 2010, in Kapchorwa Region of Uganda for carrying out FGM/C on 5 girls during that month.

(Please refer to: IRIN Africa, 2007, http://www.irinnews.org/Report.aspx?ReportOd=71867)

In Europe, ten Members States of the European Union have adopted specific criminal law provisions on FGM/C, including Austria, Belgium, Cyprus, Denmark, Italy, Norway, Portugal, Spain, Sweden and the UK. 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 the practice when it is committed outside the borders of the country, for example when parents travel to Africa to have their daughters cut. This principle is present in the majority of the Member States of the European Union, except for Greece, Ireland and Luxemburg. National initiatives to implement legal provisions applicable to FGM/C and/or to coordinate initiatives at national level are few in the EU. National Action Plans on FGM/C have been made in Norway (2008-2011) and Sweden (2003-2007), and FGM/C has been included in the draft action plan of Belgium. In Spain, two region action plans exist in the states of Catalonia and Aragon[57].

In Australia and the United States, several states adopted specific criminal laws, and also Canada and New Zealand have enacted a law in 1997 and 1995 respectively[58].

3.2. REPRESSIVE AND PREVENTION EFFORTS AT NATIONAL LEVEL

3.2.1. Prosecuting FGM/C

Criminal procedures can be started with the aim to prosecute performers, parents, guardians and/or other accomplices. Prosecuting FGM/C involves various steps - ranging from reporting of a case or a suspicion of FGM/C, over an investigation phase to deciding to take a case to court - and involves a variety of public officials and professionals and procedures to be followed, in each phase of this process[59]. 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[60].

Kenya is one of the few countries where court cases on FGM/C have been held. In Kenya, FGM/C is most prevalent among Somali, Kisii and Masaai and least common among Luo and Luhya women. In Kenya, 27% of women are excised, with the vast majority stating that they had "flesh removed – which includes removal of the clitoris". 13% had the most invasive type of FGM/C in which the labia are removed and sewn closed[61].

Good practice on law enforcement from Kenya

Marakwet, Kenya - A local NGO brought court cases against the parents of 16 Marakwet girls to prevent them from circumcising their daughters. These legal proceedings to prevent FGM/C in this way was the first to making 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 it contravenes Section 5.14 of the Children's Act which states: "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.

(please refer to http://www.henriettalmoore.com/2010/10/revisiting-marakwet/)

Burkina Faso was one of the first countries to outlaw the practice of FGM/C – it has been outlawed since 1996 - and the government made many efforts to implement the law. In 1990, the government established a national committee, and two years later, it launched a campaign to combat the practice. In Burkina Faso, FGM/C can result in 10 years of imprisonment and penalties up to US$1500. 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[62].

In the European Union, criminal court cases under the specific law are still limited to Sweden (2 in 2006), Denmark (1 in 2009) and Norway (1 in 2010). Among the countries with general criminal provisions regarding FGM/C, France has been the pioneer and the country with the most criminal court cases (at least 37)[63]. A groundbreaking trial in France was the case of Hawa Greou, an excisor that operated in Paris, France, and who was trialed before the Assize court.

Circumcisor Hawa Gréou and 25 parents sentenced to prison in Assize court case in France[1]

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 put to jail until the trial in February 1999. Her electronic address book was seized, after which long investigations in all Ile de France region were initiated. 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 stiff imprisonment and the victim's mother to 2 years of stiff imprisonment. The other parents received suspended prison penalties: 5 years for twenty-two of them and 3 years for three of them. The court granted compensation to the 48 victims: 13.000 • each. Since a court decree in 1999, compensations in France for the child victim may be up to 25,000•. The trial was given a very large press, radio and T.V. coverage, and was heard of all over Europe and Africa.

3.2.2. Protecting girls at risk of FGM/C

When the main concern is to prevent harm and to protect the child's well-being and physical health, child protection provisions can be initiated. FGM/C is considered a form of child abuse, and laws dealing with the protection of children from abuse can be applied. In the case of girls at risk of FGM/C, either voluntary child protection measures are undertaken, such as hearings with the family, providing information, counseling 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 (in case parents want to take the daughter to Africa for FGM/C)[64].

Child Protection Law in Egypt[65]

Egypt's Amended Child Law n°126 of 2008, even though not directly addressing FGM/C in its provisions, establishes Child Protection Committees in all governorates 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 on child protection from FGM/C for police, teachers or other professionals, are not common in countries where FGM/C is prevalent. One good practice is the Tasaru Ntomonok Center 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 to the girls; the rescue centre also tries to reconcile them with their parents and communities. So far, it has reunited 88 girls with their families[66].

3.2.3. Prevention measures and the role of civil society

A State Party to the CRC, the African Charter on the Rights and Welfare of the Child, the CEDAW, the Maputo Protocol, is under the obligation to take all appropriate measures to eliminate FGM/C, including through prevention measures[67]. In Italy, the law sets forth not only repressive measures, but also preventive measures regarding FGM/C, such as promotion and coordination activities, information campaigns, training of health care personnel, the creation of a toll-free telephone number to report cases and to provide information, dealing with FGM/C in international cooperation programmes of Italy[68].

A role of particular importance in developing and implementing prevention measures towards FGM/C, is played by civil society organizations.

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, religious leaders;
- respect the communities, listen to the communities, learn from the communities, and facilitate and work with the communities and not for them;

- use culturally sensitive homegrown 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 (CBOs, local government, youth organisations and clubs) and engage communities consistently;
- should create stable community owned movements ensuring sustainability; Elimination of gender based violence is not a job; it must be a way of life;
- And 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"

3.2.4. National Action Plans

Besides passing legislation to prosecute FGM/C, governments have taken a wide range of other initiatives in order to prevent the practice of FGM/C. Preferably, they 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 organizations, representatives of faith based organisations and/or religious leaders, health professionals that deal with women living with the consequences of FGM/C, civil society organisations. National Committees need to be developed that can follow up progress regarding the implementation of the national strategies that have been put in place to deal with FGM/C. Such National Committees can equally coordinate activities regarding FGM/C. Particular attention need to be paid to persuade health professionals to stop performing FGM/C in hospitals.

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

National Action Plan of Senegal to Accelerate the Abandonment of FGM/C 2010-2015[1]

Since 1999, Senegal has a law that prohibits FGM/C. A National Action Plan 2000-2005 that was developed in consultation with relevant stakeholders followed this law. It consisted of four main parts: social mobilization and communication; formal and non-formal education; accompanying measures and institutional framework. After evaluating this first Action Plan, a second plan was drafted for the period 2010-2015, with the ultimate goal to have a total abandonment of FGM/C in Senegal by 2015. In order to achieve this goal, it will promote a holistic and multisectoral approach in order to reinforce the capacities of the communities, promote a subregional, crossborder and diaspora collaboration with the purpose of creating an enabling environment among all ethnic groups and prevalence areas, enhancing coordination of activities of sectors and actors and implementing a plan for monitoring and evaluation, and finally it will contribute to making interventions sustainable regarding the total abandonment of FGM/C.

National Action Plans on FGM/C in several Member States of the European Union have been put in place, among others in Austria, Belgium, Denmark, Greece, Ireland, Portugal, UK, Germany, and Italy. In many occasions, NGOs were the driving force in putting the issue of FGM/C on the national agenda.

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 by drafting laws and repressive measures. The legislative framework is important, and provides for an enabling environment to bring about change, but it should always be accompanied by interventions targeting a positive change at community level. Below, some examples are given of interventions that aim at changing attitudes and behaviours on FGM/C among the communities that practice FGM/C.

3.3.1. Working with religious leaders

Given the importance of religion in the persistence of FGM/C, one of the most important interventions focuses on involving religious leaders in strategies to change the community's FGM/C behaviour.

The religious oriented approach to address FGM/C in the Somali Community of Wajir in Kenya[1]

This approach, developed by FRONTIERS, considers it important for the community to understand the Shariah implications of FGM/C and raises awareness of the fact that Islamic Shariah upholds human rights and dignity, while pointing out that FGM/C violates these rights. The approach de-links Islam and FGM/C, and tries to build consensus among religious scholars on the matter.

Among the Somali, FGM/C is deeply entrenched in culture and is perceived as a religious requirement. Pointing out to the negative health outcomes and the violation of rights only, is not sufficient to change behavior towards FGM/C.

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, among other in Mali, Senegal and Benin, for example. This approach usually includes three phases:

- Identifying excisors and informing them about various issues related to FGM/C;
- Training excisors as change agents and motivating them to inform the community and families who request FGM/C about its harmful effects;
- Orienting them towards alternative sources of income and giving them resources, equipment and skills with which to earn a living[3].

The success of this approach has been questioned because of 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;
- In Ethiopia, income-generating projects for excisors attracted women who later said they had never excised girls;
- Focusing on the excisors sometimes actually boosts their importance instead of exposing the profession as one that is harmful and needs to be stopped[3].

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. The aim of this approach is 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, information sharing, and celebration[69]. The success of this approach lies in it's involvement of family and community members, including men, in designing the project[70]. The progress is initially slow, but raising public awareness may have a snowballing effect that increases over time. It has been successful when implemented in close collaboration with the communities concerned and as part of a larger strategy i.e. it provides an entry point for the promotion of dialogue among family members about family, life education and sexuality issues [3,6].

The alternative rite of passage in Tharaka Nithi District in Kenya[1]

In 1996 Maendeleo Ya Wanawake Organisation and PATH developed the 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 as to 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 opt to continue with the practice even if they understand that it is harmful. The alternative rite of passage 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. Integrated learning or comprehensive social development approach

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[71]. This approach views FGM/C as a social norm, hence why FGM/C can only be abandoned when the decision to stop the practice is supported by whole community.

"Integrated learning" means integrating the issue of FGM/C into a wider learning package[72]. The "Community Empowerment Programme" of TOSTAN 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 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 in a public declaration.

The community empowerment programme in Senegal[73]

Tostan's Community Empowerment Programme lasts for 30 months in a given community and consists of two classes, one for adults and one for adolescents, each including 25-30 participants. The programme systematically incorporates a human rights approach into community-level programmes. Key elements of this approach include building credibility and trust in the community, social transformation through human rights deliberation, organised diffusion through the activation of social networks and public declarations.

3.3.5. Individuals as change agents

This approach identifies individuals who oppose FGM/C in communities and promotes them as role models in the community, as "change agents". Role models may include women and men from ordinary families, teachers, religious leaders, parliamentarians and others who have opposed the practice, urged others to reject it, or publicly declared their opposition to it. The strategy's effectiveness is enhanced by efforts to document the stories of individuals who rejected FGM/C and how they dealt with confusion, opposition, and taking stand against the majority. These individuals then recount their experience at community forums[74].

Example of the "change agents approach" in Egypt[1]

In 1998-1999, the NGO CEDPA (Centre for Development and Population Activities) in Egypt initiated a project to understand why some families do not excise their daughters. The project is based on the Positive Deviance Approach (PDA), a methodology that focuses on individuals who have "*deviated*" from conventional societal expectations and adopted – though perhaps not openly – successful alternatives to cultural norms, beliefs or perceptions in their communities. The strengths of this approach lie in understanding that solutions to problems already exist within communities and that, by taking part in a process of self-discovery, community members have the capacity to identify and implement them. The central approach used for awareness raising in the CEDPA project is community mobilization. Community mobilization uses participatory processes to involve local institutions, local leaders, community groups, and members of the community to organise a collective action towards a common purpose. Using the tools of community mobilisation, the project works through local individuals who have decided they are against FGM and refuse to practice the custom, the so-called *positive deviants*.

CHAPTER 4

What Parliamentarians can do to fight FGM/C

Chapter 4:

What Parliamentarians can do to fight FGM/C

> "The actions of parliamentarians in the abandonment of FGM/C fit perfectly in the holistic approach, as they can play a "catalytic role in the acceleration of FGM/C abandonment by virtue of their leadership role at national and local level, and as champions for change they can expedite roll-out and scaling up"[75].

MPs 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 put FGM/C as a top issue on the political agenda providing that States adopt a holistic approach in order to accelerate societal change as prioritized by the United Nations.

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

The AWEPA Conference 'Towards a Parliamentary Strategy for African Women's Rights and Gender Equality in Africa', held on 22nd October 2010 in Brussels during the Belgian Presidency of the European Union stressed the role of Parliaments in ending violence against women and girls in Africa. One of the issues on the agenda concerned the abandonment of FGM/C. A final declaration was adopted with a number of suggested actions to be undertaken.

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

4.1. ALIGNMENT WITH THE INTERNATIONAL AND REGIONAL LEGISLATIVE FRAMEWORK FOR THE ABANDONMENT OF FEMALE GENITAL MUTILATION/ CUTTING

Parliamentarians must oversee their country's alignment with the international and regional standards applied to Women and Human Rights, including FGM/C in this process. They must ensure the national implementation of international and regional commitments undertaken by their countries as signatories of various Human Rights instruments protecting the Rights and Freedom of women and children 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 also work to obtain the alignment of their States 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 punished.

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

4.2. DEVELOPMENT AND ENFORCEMENT OF LEGISLATION

Parliamentarians play a crucial role by virtue of their legislative competence. With respect to abandoning Female Genital Mutilation, legislation and in particular Penal Right are a highly symbolic and necessary step which has both a dissuasive and an educational impact.

Therefore:

- The practice of FGM/C must be explicitly penalty prohibited and punished, and legal measures must be adopted in order to sustain preventive action in case there is a risk of genital mutilation;
- This legislation
  - Should best be drawn up in consultation with the involved communities, civil society, local leaders and health care personnel;
  - Should be an integral component of a global legislative framework for the prevention and the punishing of every kind of (sexual) violence against women and children;
  - Should be harmonized internationally or regionally, in order to prevent the sending of girls to neighbouring or other countries to undergo mutilation;
  - Should provide training of judicial staff for the implementation and enforcement of the law;
  - Should be regularly assessed 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 to lodge a complaint and claim damages.
- Finally, legislation is only efficient as part of a global action plan supported by a consequent budget to the prevention of FGM/C aimed at fostering social change.

4.3. DEVELOPMENT OF A GLOBAL ACTION PLAN AND ADOPTION OF ADEQUATE BUDGETS

A consistent policy towards the ending of FGM/C requires a coordinated and multidisciplinary approach focused on the active input of all stakeholders, as prioritized 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, 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;
- Overseeing the quality 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 organizations and make sure they are involved in all the phases of the process;
- It is crucial to ensure that the national action plan includes mechanisms for the monitoring, overseeing and steering of the policy;
- The action plan must be coupled to the health care policy outreaching to women and children;
- Programs and actions that are part of the action plan must be community-based. Through information, awareness campaigns and dialogue, all the stakeholders – civil society, traditional chiefs and religion leaders, women movements, men and health care personnel must be convinced to contribute to the extinction of this practice ;
- Ensure the budget for the implementation of the action plan.

4.4. ADEQUATE BUDGET

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

To this purpose the following actions can be undertaken:

- Budgets should be spent from the perspective of gender neutrality. An analysis should be made on the impact of the budget on girls and women versus the impact on men and boys with a view to correcting inequalities and discrimination;
- Ensure that the actions regarding the abandonment of FGM/C are integrated in the budget of Justice, Health Care and Education;
- Donor countries must raise awareness on this issue by virtue of their own foreign and development policies as well as avail the necessary funds. For instance by financing the

UNICEF and UNFPA action *"Female genital mutilation/cutting: Accelerating change"*. This action aims at the eradication of *Female genital mutilation* within a generation. In 2012 best practices in 17 African countries will be examined. A multiannual budget of 44 million US dollar was foreseen. Until today merely 19 million US dollar have been spent.

4.5. PARLIAMENTARIANS OVERSEEING OF STATE POLICIES

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

Among others, the following actions can be undertaken:

- Ask parliamentary questions, written or oral, to the competent ministers on the enactment of the legislation regarding the fight against FGM/C;
- Governments should ask the Parliament an annual report on the implementation of national action plans;
- Organize an annual public debate in Parliament either in plenary meeting either with the competent parliamentary commission in order to ensure the follow up and if necessary to steer the State policy on the issue;
- Support the efforts to eradicate FGM/C locally, through the follow up and attending of projects and campaigns, eventually in the frame of a parliamentary commission's work;
- Control the budget's expenditures;
- Foster the dialogue with the community-based organizations.

4.6. DIALOGUE WITH CIVIL SOCIETY AND IN PARTICULAR WITH THE WOMEN'S MOVEMENT

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

To this purpose they can undertake the following actions:

- Maintain regular contacts with representatives of women organisations and other specialized community based organizations, such as IAC, that has a fantastic network all over Africa, or Human Rights organizations such as Amnesty International that dedicate their efforts to the fight against female genital mutilation/cutting;
- Invite gender experts and women organizations as guest speakers in parliamentary hearings and organize study tours to address women in their communities and meet local leaders;
- Ensure that the national women organisations and the local women groups involved in the abandonment of female genital mutilation are allocated sufficient resources and recognition. These organizations can bridge the gap between important donors and local women groups;

- Parliaments should be associated to campaigns and network activities of NGO's that are closely related to and involved with the families and the communities on the matter of training, sensitization and mediation on the issue of female genital mutilation.

4.7. INTERNATIONAL AND REGIONAL PARLIAMENTARY COLLABORATION

The issue of female genital mutilation has an international and a regional dimension. It is a practice without borders. Even in countries where these practices are of old they are linked to embedded ethnic and cultural bondings that are usually cross bordered. Global migration movements have spread the practice worldwide. Therefore their 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 Innocenti Center, WHO, UNFPA, ... concerning female genital mutilation;
- Countries should be associated to the global campaign of UNICEF en UNFPA *"Female genital mutilation/cutting: Accelerating change"* aiming at reducing female genital mutilation within a generation;
- Countries must put FGM/C into focus. Establish 6 February as the International Zero Tolerance to FGM Day is a very good initiative to this purpose;
- Streamline the attention to this issue in all international parliamentary contacts;
- Association to international or regional parliamentary networks such as the Inter Parliamentary Union of AWEPA to exchange experiences and good practices and streamline initiatives;
- Association to the PAP campaign.

AWEPA and the Pan African Parliament (PAP) in association with UNICEF Ethiopia organized 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, the adverse health consequences and the best practices for abandonment. The mission 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 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'', presented to the PAP Women's Caucus in October 2009 for further discussion and elaboration.

We want to conclude these Parliamentary Guidelines, with the inspiring closing remarks of the opening statement by Abdirahin H. Abdi, of the East African Legislative Assembly, which he made at the Belgian EU Presidency Seminar "Towards a Parliamentary Strategy for African Women's Rights and Gender Equality", organised from 21 to 23 October 2010 by AWEPA in collaboration with the Belgian Senate:

"When we get back to our work stations, we should be able to enact laws and adopt parliamentary resolutions that are deterrent in nature; establish Parliamentary Committees or Associations dedicated to the cause of the suffering women; commission parliamentary committees to investigate cases of violence against women; outlaw repugnant social acts like FGM/C; avail sufficient resources to support such committees and associations, share parliamentary knowledge amongst ourselves to gain from best practices".

List of international treaties and policy instruments

1. INTERNATIONAL LEGAL AND POLICY INSTRUMENTS

1.1. Legally binding international instruments applicable to FGM/C

- International Covenant on Civil and Political Rights (1966)
- International Covenant on Economic, Social and Cultural Rights (1966)
- The Convention on the Elimination of Discrimination against Women (CEDAW, 1979))
- The Convention on the Rights of the Child (CRC, 1989)
- The Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment
- Convention relating to the Status of Refugees and its Protocol relating to the Status of Refugees
- The Optional Protocol of the Convention on the Elimination of Discrimination against Women

1.2. Non-legally binding international instruments applicable to FGM/C

- Universal Declaration of Human Rights (1948)
- Beijing Declaration and Platform of Action of the Fourth World Conference on Women
- UN General Assembly Declaration on the Elimination of Violence against Women
- World Health Assembly Resolution on FGM/C
- Millennium Development Goals

2. REGIONAL LEGAL AND POLICY INSTRUMENTS

2.1. Legally binding regional instruments applicable to FGM/C

- Charter of Fundamental Rights of the European Union
- 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
- 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)

- Article 38 on Female genital mutilation of the Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul, May 2011)

2.2. Non-legally binding regional instruments applicable to FGM/C

- European Parliament Resolutions on FGM/C, 2001 and 2009
- EU strategy for Equality between women and men 2010-2015
- PAN African Women Resolution – African Union

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