

How to put an end to the practice of female genital mutilation (FGM)?



Panel discussion report
(6 February 2008)



IPU-UIP



REPUBLIQUE
ET CANTON
DE GENEVE

POST TENEBRAS LUX



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Inter-Parliamentary Union
International Organisation for Migration
Inter-African Committee on Traditional Practices
Affecting the Health of Women and Children
Département des Institutions de Genève

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Introduction

Sensitizing political leaders to female genital mutilation

To mark the International Day of Zero Tolerance to Female Genital Mutilation (FGM) on 6 February 2008, more than 150 representatives of international organizations, civil society, diplomatic missions, and the local authorities in Geneva gathered at The House of Parliaments, the Headquarters of the Inter-Parliamentary Union (IPU), to discuss ways of putting an end to this harmful practice to which three million girls fall victim every year in the name of tradition.

Determined to deal resolutely with this question, the Inter-Parliamentary Union (IPU), the *Département des Institutions de l'État de Genève* (Geneva Department of Institutions - DI), the International Organization for

Migration (IOM) and the Inter-African Committee on Traditional Practices (IAC) decided to join forces.

Between 100 million and 140 million women - mostly in 28 African countries and others living as immigrants in Australia, Canada, Europe, New Zealand and the USA - have experienced genital mutilation. This ancient practice, which, contrary to popular belief, is not encouraged by any religion, exposes young girls and women to irreversible health risks, especially with regard to their reproductive health, and jeopardizes their life and that of their unborn children.

The panel discussion was moderated by EuroNews journalist Mohamed Abdel Azim of Egypt. An outline of

initiatives taken at the local level was presented by Ms. Fabienne Bugnon of the Division for the Promotion of Equality between Men and Women (SPPE), state of Geneva. Parliaments' commitment to put an end to FGM was highlighted by the IPU Secretary General, Mr Anders B. Johnsson.

Ms. Madeleine Rees of the Office of the United Nations High Commissioner for Human Rights elaborated on the question of female genital mutilation from the perspective of a human rights violation, while the issue of health-related problems was addressed by Ms. Heli Bathija of the World Health Organization (WHO).

Mr. Abdoulaye Sow, a lecturer at the Faculty of Arts, University of Nouakchott (Mauritania) and head of a team of researchers on female genital mutilation, explored the socio-cultural justifications that prevail among the populations that practise such mutilation.

Initiatives that can be taken by international organizations and civil society were outlined by Ms. Ndioro Ndiaye (IOM) and Ms. Berhane Ras-Work (IAC). Ms. Alexandra Rosetti of UNICEF Switzerland expounded on the potential consequences of female genital mutilation for mothers and children during birth and in the post-partum period.

The conclusions of the panel discussions were presented by Mr. Laurent Moutinot, President of the State Council of the Republic and Canton of Geneva, and Mr. Anders B. Johnsson, Secretary General of the IPU.



Message

Mr. Anders B. Johnsson, Secretary General of the Inter-Parliamentary Union

Female genital mutilation: an attack on human dignity

Excision is a matter of universal concern. The issue of female genital mutilation has been on the agenda of organizations for many years. At the IPU, eight years ago we started to prepare for a major event, on the occasion of our Assembly, which was held in September 2001 in Ouagadougou (Burkina Faso, see annexes). At the time, the Speaker of the National Assembly of Burkina Faso, Mr. Melegué Traoré, was a traditional chief in his country and also the father of two daughters. He is also a person who in his private life has had to deal with the issue of excision. His approach was to give us the opportunity to organize a major debate on FGM in order to mobilize and sensitize politicians and legislators on this major issue for African countries. The panel discussion organized at the Ouagadougou Assembly brought together 200 delegates from around the world.

The Assembly and the debate on excision took place in September 2001. From then on, the IPU started taking more specific and concrete steps. It set up a database into which it entered all of the laws and regulations dealing with FGM that had been brought to our attention by various countries so that legislators would

have the necessary tools to legislate in this field (see special IPU web page: <http://www.ipu.org/wmn-e/fgm.htm>). In 2005, the IPU co-organized a Conference in Dakar (Senegal) to bring to the fore good practices in the fight against this tradition, where a plan of action was adopted (see annexes) under which parliamentarians set themselves the target of having this practice abandoned within one generation.

To combat FGM, a synergy among international organizations, political and religious leaders, the media, civil society and the medical corps is absolutely necessary for the goal of abandoning this practice within a generation to become reality.

This is an ambitious objective, but the means to achieve it are at our disposal. We are convinced that parliamentarians have a key role to play in this effort. The adoption and passing of laws is central, but this is far from being enough. We also have to ensure that these laws are enforced. Legislators have to join forces with all sectors of society that work in the fight against FGM: members of international and national organizations, practitioners, tribal and religious chiefs and others who have influence and whose support we need if we want to put an end to this practice.

The meeting held at our Headquarters on 6 February 2008 was yet another step. It gathered some 150 representatives from diplomatic missions, international organizations, NGOs, practitioners and the media. This publication reflects the exchange of views and experiences we had and especially our common will and commitment to work together, at our own level to make sure that we make progress in the fight against FGM.



Message

Ms. Ndioro Ndiaye,
Deputy Director-General,
International Organization
for Migration

FGM in the context of migration

The International Day of Zero Tolerance to FGM, observed on 6 February, is a very significant date for me. Indeed, 24 years ago to the day, on 6 February 1984, the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children (IAC) came into being in Dakar at the very first African seminar on FGM which I had the honour to preside over, along with Ms. Berhane Ras-Work.

Proclamation of an International Day of Zero Tolerance to FGM is very telling. First and foremost, it points to the fact that the international community has decided to tackle the problem head on and join efforts with a view to eliminating the practice. Second, international migratory flows have resulted in the “migration” of the practice to industrialized countries. Third, the need to proclaim such a day shows that much remains to be done.

The international community has long expressed its rejection of this extreme manifestation of gender inequality, notably through international instruments, such as the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of the Child, and regional instruments, such as the African Charter on Human and Peoples’ Rights and Its Protocol on the Rights of Women in Africa.

After several decades of action, we can now stand back and be better judges of what constitutes effective and lasting strategies for eliminating FGM. These strategies are human rights-based and draw inspiration directly from community success stories in countries of origin. This approach not only respects communities, but

The human rights dialogue is well worth developing in destination countries where this type of mutilation has occurred as a result of international migration. This “migration” of FGM and its harmful effects present new challenges to countries of the North but also to all the stakeholders involved in combating this practice.

also means that the communities are the agents of change and owners of a movement geared towards more egalitarian social norms.



Message

Ms. Fabienne Bugnon,
General Director
Human Rights Office
Geneva Department of Institutions

Networks beyond borders to combat FGM

Before presenting the work carried out by the Republic and Canton of Geneva in the field of prevention of female genital mutilation, I would like to refer to the message sent by the Swiss Federal Councillor and Chief of Swiss diplomacy, Ms. Micheline Calmy-Rey, to our meeting. I was pleased to convey to the participants her satisfaction at seeing such an event organized in Geneva on the occasion of the International Day of Zero Tolerance to FGM. Ms. Calmy-Rey is convinced that only joining forces internationally will allow us to put an end to such acts.

For its part, the canton of Geneva undertook over the past three years to set up an FGM prevention programme in particular thanks to the participation of the International Organization for Migration (IOM). Our project falls under the Convention for the Elimination of All Forms of Discrimination against Women (CEDAW), which was ratified by Switzerland in 1997. It makes specific mention of the fight against FGM.

According to a survey carried out by UNICEF, some 7,000 women from countries where there is a strong prevalence of FGM live in our country, of whom 1,200 live in Geneva. As the host country, Switzerland must ensure that all those who take refuge in Switzerland benefit from protection,

information and care. The Geneva authorities are especially aware of this since a parliamentary motion was brought calling for government action in this area.

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The prevention project is carried out by a steering group composed of several government services, of IOM members and associations working to fight FGM. Four areas of action inform and train health professionals to treat and refer women having been subjected to mutilations, and prevent possible mutilation of girls born in our country, especially through regular information to gynaecologists, paediatricians and school nurses.

In this respect, we are working together with the Geneva University Hospital on prevention with the migrant communities in our canton based on mutual respect and with



the help of specially trained cultural mediators. We began with action based on international solidarity in those countries concerned by mutilation, in particular by helping NGOs in the field and especially by professionally converting traditional practitioners.

As the IPU Secretary General said, it is important to set up networks beyond our borders. These networks exist and the relays represented by the participants at the Geneva meeting will continue to expand and be active. It is up to us to activate these networks. We must never forget the unspeakable.

***“Only a strong and
international alliance
will enable us to
put an end without
delay to such
practices”***

***Message from Ms. Micheline
Calmy-Rey, Federal Councillor
and Swiss Minister for Foreign
Affairs***

Message

Ms. Berhane Ras-Work, Executive Director, Inter-African Committee on Traditional Practices Affecting the Health of Women and Children (IAC)

Political will and action are indispensable

Despite the fact that FGM causes pain and suffering to millions of women and girls and can be life-threatening, it remains deeply entrenched in certain social value systems.

Changing this reality to bring about positive and protective social behavior requires a holistic and integrated approach with harmonized programmes of action to achieve the common goal of Zero Tolerance to FGM. Based on many years of experience working in this area, IAC believes that the practice can and should be eradicated. It also recognizes that this can be achieved in a short space of time if all stakeholders join efforts and act in a concerted manner.

In this endeavour, political will and action are indispensable. Governments have to be fully engaged and must allocate the necessary human and material resources to the complete elimination of FGM and other harmful traditional practices (HTPs). To lobby and intensify this call for action by all stakeholders, primarily governments, 6 February was proclaimed International Day of Zero Tolerance to FGM at the International Conference on Zero Tolerance to FGM in 2003. Since then, we at the IAC have been pleased to observe this Day with current and potential partners.

It is highly significant and encouraging to mark 6 February 2008 at IPU Headquarters with the cooperation and participation of important partners. Fully aware of the important role the IPU can play in terms of engaging parliamentarians and other decision-makers in the protection of

human rights, we are honoured to join hands in making 6 February an important day to focus worldwide attention on FGM as a cruel example of the many forms of traditionally condoned violence women endure during their life.

Such events will shake and shatter the wall of silence and indifference that surrounds practices such as FGM.



Quotable quotes from keynote speakers:

Why take action against FGM?

Ms. Madeleine Rees

Head of Women's Rights and Gender Unit, Office of the United Nations High Commissioner for Human Rights

"FGM does constitute torture"

One of the most important elements of international human rights law is that the State and only the State has responsibility for upholding those rights. It is not left to individuals. What the State must do is ensure that through its actions it prevents individuals from committing human rights violations. It is one of the most fundamental precepts of international law.

Regarding female genital mutilation, there has been condemnation from the special mechanisms which are responsible for upholding and developing the normative framework of rights: the Special Rapporteur on torture has incorporated the subject in his mandate, acknowledging that FGM does indeed constitute torture. All international human rights mechanisms without exception have moved to condemn the practice. The CEDAW Committee condemned the practice in its recommendation 14, and the Committee on the Rights of the Child as well as a number of special mechanisms associated with other treaty bodies did the same. From the perspective of human rights adjudication and the establishment of fundamental precepts, therefore, the work has been done. But we know that it is implementation that is lacking.

Failure to agree to undergo FGM may alienate a girl from society.

One has to imagine what it is like in real life and what is going on in countries where female genital mutilation is still practised. If women do not conform to the traditional, social and cultural norms that exist in those countries they risk becoming social outcasts.

For women who reject the practice, in some countries it is virtually impossible to get married since women depend on men almost entirely to be their protectors and providers. If one considers land rights and education rights or the whole range of socio-economic rights which are associated with the status of women in society, one realizes that in order to enjoy any of those rights women have to submit to this procedure, which is tantamount to torture. So what should the State do? Many States have passed legislation prohibiting female genital mutilation, but what about enforcement? We are still a long way from achieving effective implementation.

The British Court of Appeal heard a case involving female genital



mutilation in relation to refugee status and found clearly that the threat of female genital mutilation constituted a well-founded fear of persecution within the meaning of the refugee convention. One of the submissions made was that if a person was left-handed and being left-handed meant being excluded from society, that person would be desperate to have his/her left hand removed. That analogy was a very powerful argument in persuading the judges that in fact this is precisely what is happening. When the argument is put forward that women are the perpetrators of the excision - which is true - what does that say in terms of discrimination arguments?

If women live in a society that forces them to undergo this procedure in order to exist in society, then we have a situation of discrimination compounded by further discrimination.

The approach used from now on should be in line with the approach used to deal with other human rights violations. Significant work has been done by UNICEF, UNFPA and WHO in outreach and awareness-raising and by some of the NGOs represented in this room, but we have to come back to fundamental principles.

We need to be sure of what we are saying in terms of awareness-raising, the due diligence of States, and reporting back to the various human rights treaty bodies so that they can adjudicate, benchmark and assist in a way that will lead to an end to this discrimination, an end to the torture.

Prof. Abdoulaye Sow

Lecturer, Faculty of Arts, University of Nouakchott (Mauritania)

“A mutilation cannot be considered a cultural act”

First of all, in order to effectively fight female genital mutilation, one has to have sufficient knowledge about it. I talk about “mutilation” because it is an organ that is cut not for medical reasons but for social and cultural reasons. In 1997, when I became a father, I said that there was no way that my daughter was going to be excised. I asked the ethnic group that I belong to: Why are we still doing this? Were we waiting for Europeans to come and tell us what should be our values or standards? We should continue the traditions that are respectful of human rights and the others should be done away with.

I have come to the conclusion, as an anthropologist, that it is not a cultural practice. It is a shameful practice, because a mutilation cannot be considered a cultural act. I tell African communities in the West that they

cannot continue to mutilate young girls in the name of social and cultural tradition. Their cultural rights should be respected in Europe, but that does not give them the right to mutilate young girls. I asked my mother: Why do you do this? She answered: An excised woman will never have a child out of wedlock. An excised woman can pray and remain a virgin until she marries. Men have a responsibility in this regard since they want to marry virgins. Men say that they will not soil the blood purity of the family, which means that if I die, my widow will have to be married by one of my brothers to preserve the blood purity of the lineage.

In Africa, we cannot fight the practice only by invoking the health risks or legal arguments. It has to be attacked on a cultural level. We have to present cultural counter-arguments. I would like to tell the African women who are here that we must fight these murderous practices, because they have nothing to do with the true African culture.

These mutilations are violations of the physical integrity of women. They turn women into simple sex objects and I cannot, as an African, accept that for my daughters.

Westerners have asked me: Can't you just use rational arguments to fight this? I respond that in the Middle Ages in Europe there used to be the chastity belt and women bound their breasts so that they would look like boys. Of course, that is not done anymore. But we have to fight anything that has no basis in reason. So the religious argument does not hold. The aesthetic argument has no value and in the final analysis, a woman should be free to enjoy her body.

The only way to fight the practice in societies where people cannot read or write - what is the point of telling them about infection and haemorrhaging? - is to present cultural counter-arguments

Why should we take action? Yes we are Africans, but we are first and foremost human beings. Why should we, in the name of a different identity, mutilate our girls, our women? We must fight this practice. People do not realize that there is no religious commandment ordering us to mutilate our women, and as Africans, we must open up to the modern times. I have too much respect for the women who have been subjected to that procedure to describe the practice. I have seen it, it is unspeakable and we know that all the arguments to justify it are not valid. We have campaigned with the help of the Division for the Promotion of Equality between Men and Women in Geneva. We have worked in colleges and high schools, and we have worked with former traditional practitioners for them to stop passing on the knowledge of the practice.



Dr. Heli Bathija

Area Manager for African and Eastern Mediterranean Regions, World Health Organization

“Three million girls are at risk every year”

Before I start my presentation, I would like to draw your attention to the dress in this photo I am holding. It is part of a project called “Ubumama”, in which women embroider clothes representing their experience of giving birth. A group in Burkina Faso became interested in the project and wanted to embroider clothes as a way of describing their experience with female genital mutilation.

I would like to highlight that none of the health arguments are more important than the human rights argument. Many of the 140 million excised women in the world did not suffer so much from the medical point of view, but still, their human rights have been violated.

In this picture I am showing you, there is a girl crying. This picture is not from Africa, it is from Indonesia, and it has been widely published in the New York Times Magazine and can also be viewed on the Internet. This practice is widely and publicly done in Indonesia. If you look at this other picture, you will see that in Africa, there are about 28 countries in which this practice is commonplace. We have information concerning many other countries, not only countries where the immigrants have gone, but also about small groups in Iran, where FGM is practised. We also heard reports these past two years from Kurdistan and Iraq. It is not a small problem; it is a very huge problem indeed.

I am not going to show you any shocking pictures because some of you might faint. Among the short-term health complications are the ones that occur during the operation or during the healing period. Severe pain is by far the most immediate consequence reported.

Sometimes the pain is so severe that the woman or girl goes into shock afterwards.

We know a lot about these complications, but they are very hard to research because it has been kept a very taboo and secret subject. It is a violation of human rights because it interferes with normal functions, such as the normal urination function. We have also seen a lot of bleeding, and sometimes excessive bleeding can cause death. I received photographs and a report from a doctor who is collaborating with us in Kenya, of the terrible situation of a little girl who had been mutilated and who started to bleed profusely. She would have died if he did not happen to be in that health centre where they had brought the girl after travelling for 50 kilometres. Fortunately, he saved her life.

In certain countries, reinfibulation is performed after delivery. This means that these complications - pain and bleeding - can occur many times during a woman's lifetime.

Infection is also a very serious risk. It stems from the instruments that have been used to perform the procedure and the environment in which it was carried out. Another risk ensues when the girl's legs are tied together. It accelerates the healing process but increases the risk of infection. I had a report of a situation where several girls, whose feet had been tied together, had difficulty in standing up. They managed to stand using a stick to go to urinate but were attacked by hyenas. Their feet and hands were severely

damaged, in addition to what they already had suffered.

Long-term complications can include cysts developing in the genital area. During menstruation, excised women may experience terrible pain and problems. Obstetric fistula is a condition where there is an opening between the urinary tract and the vagina. That causes the urine to flow freely and it is not possible to control it. The women cannot stay clean and produce odours. Often, these women are completely ostracized from society.

Infertility is something that was previously only suspected. People have also advanced the cultural reason: in order that women stay pure and produce children as well. But after conducting research, especially in Sudan, it was found that primary infertility is associated with FGM to some degree.

Many times, when discussing with African colleagues, they raise the question of complications and the link to HIV/AIDS. Some research has mentioned the link as a fear, and people have sometimes stopped performing FGM because of the fear of HIV/AIDS. We have a lot of reasons to believe that these two things are linked. In many countries, more and more medical personnel perform the procedure. All organizations and agencies in the United Nations system condemn this practice being performed by the medical profession. The World Medical Association, which is represented here, yesterday made a very strong statement against it.

WHO is taking this matter very seriously. It has worked on many issues over decades, but now it wants to focus on developing training materials for medical personnel using electronic media. The Organization is also continuing research on the economic cost of FGM, because that is sometimes the only argument that governments understand.



What can each of us do in our own little way? How can we help children?

Ms. Alexandra Rosetti
Head of Information,
UNICEF Switzerland

“The right to education”

A survey on FGM conducted among gynaecologists in Switzerland found that there are about 7,000 girls and women who are excised in our country or who risk undergoing this procedure. The largest recognized groups are from Ethiopia, Eritrea and Somalia. Under Swiss law, type 2 and type 3 FGM are punishable as grievous bodily harm. Regarding the other two types, it is a question of interpretation. They are punishable merely as bodily harm. FGM has not yet been explicitly provided for or prohibited by Swiss law.

UNICEF's approach has always been centred on human rights and child protection. FGM is seen as a violation of the right to life, to physical integrity, to the highest obtainable standards of health, to freedom from physical or mental violence, to the right of development of the child and of the woman, to protection and to participation. The main human rights-approach involves the right to education. The Swiss Committee for UNICEF is focusing on education and protection, as is UNICEF International, and especially on the equal status of girls, which also implies the right to education and the abolition of traditional harmful practices such as FGM.

The Swiss Committee for UNICEF currently supports FGM projects in five countries: Burkina Faso, Egypt, Eritrea, Gambia and Somalia.

There are 7,000 girls and women affected by FGM in Switzerland, 51 per cent of the doctors surveyed said that they had already been confronted with the subject.

The Swiss Committee for UNICEF held its first national conference on FGM/C in Switzerland in 2001 and it emerged that there is an urgent need for guidance for nursing staff and doctors in Switzerland. The information deficit also became quite clear. The legal situation in Switzerland needs to be clarified. Since then, the Swiss Committee conducted a second survey on FGM/C and organized another conference in 2005 in Zurich. It has embarked on the fourth integrated campaign against FGM on a national basis with e-mails and advertisements designed to inform, sensitize and mobilize people. Another conference will be held in Berne on 21 and 22 February on networking and sharing of experiences with counterparts in African countries where FGM is practised, and with counterparts in other European countries.

The Committee is also informing students and young people in Switzerland, through public readings with a Somali writer, Fadumo Korn, who lives in Germany. Her book, entitled *Born*



in the big rains, is very similar to Waris Dirie's *Desert Flower*.

I want to mention a positive example: Burkina Faso. The prevalence of FGM/C now stands at 49.5 per cent in that country. Only a few years ago, it was recorded at 66 per cent. The country aims to abandon FGM/C by 2010. Its strategy is based on a cultural approach and on informing communities via radio programmes, plays and movies, allowing women to talk openly - but anonymously - on the radio about what they have experienced, thereby passing the message on to other people.

Somalia is another example. It has a 98 per cent prevalence of FGM/C. Its strategy is to integrate human rights and the rights of the child. Children at school are informed about FGM/C, they are involved in children's clubs and the schools help them understand what FGM/C is about. In turn, they talk to their families and their neighbours about what they heard at school. UNICEF has been supporting 90 children's clubs in Somalia and hopes to have an increasing number of them.

In Gambia, UNICEF started a community-based empowerment programme of education and sensitization, again in cooperation with radio stations and women's organizations. UNICEF and other partners depend on networking and the governments for support. We all have to work together to end FGM within a generation.

Questions and remarks from the audience:

“A wall of silence”

I am very honoured to be speaking here. In 2004 I worked for the Permanent Mission of Congo and I coordinated the expert group on human rights. The problem that we are speaking about fortunately does not concern all African countries, especially Congo. As an expert for the African Group, I had proposed a draft resolution on this particular matter but I was met with a wall of silence from countries where the practice is part of the tradition. No one wanted the African Group to propose a text similar to the ones that exist on children’s rights or women’s rights. The work you are carrying out in this field is very important. To what extent do you feel supported



*Ms. Mounina Mint Abdellah,
Ambassador of Mauritania in Geneva*

if the governments do not follow your efforts? Over the long term, do you believe that you will be able to make significant progress to curb the problem?

“Every time an African woman tells me that she will not mutilate her daughter, it is a victory”

I would like to thank my fellow citizen, Prof. Sow. In Mauritania, the wheels have been set in motion and our authorities are aware of the problem of FGM. How can we control this scourge? There are schoolgirls who recite slogans against FGM, imams who we managed to convince to speak up against this in public. But cultural practices are engrained in people’s minds. This is not a 100m race and I am sure that in my lifetime, I will not see this practice end. There are chains of solidarity, organizational relays that are being established. Every time that an African woman tells me that she will not mutilate her daughter, for me it is a victory.

“Our contacts with religious circles had a very positive effect”

As Ambassador of Mauritania in Geneva, I would like to thank all the speakers and organizers of this very important meeting, important for women and girls in Africa. A special thanks to Professor Sow who has presented the issue in a very clear and convincing manner. In Mauritania, the Minister for Women’s Affairs has been working for 20 years to fight this scourge. Information, education and awareness campaigns have been undertaken in religious circles as well. We have been able to demonstrate that there is no connection between religious practice and FGM, which has helped many women to give up the practice. This is an important step because formerly women believed that it was a religious practice but we

managed to convince them that it was not. Through action, information and education, we have ensured that schoolgirls were informed and these girls contributed greatly to our campaign. Our contacts with religious circles also had a very positive effect. I would like to thank and congratulate Professor Sow, because it is very difficult to have a Mauritanian male participate so actively in our campaign.

“The fight against FGM does bear fruit, so please continue!”

My name is Raya. I am from Sudan, which is one of the biggest countries concerned. I would like to say that there is hope. I recently completed a survey among the Sudanese population living here in Switzerland, including about the sexual aspects of FGM. About 40 women all disagree with or do not support this practice. They say that they will never let their daughters undergo this procedure. This is good news for the efforts to eliminate this practice. It does bear fruit, so please continue!

“Keep track of everything happening and unify the message”

I am the Secretary General of the National Council for Childhood and Motherhood in Egypt and I wanted to contribute to the debate on the role of religious leaders. There is not enough coordination, networking, and communication. In November 2006, the Grand Mufti invited religious leaders from 26 countries to address the topic of FGM. The message that came out was a very strong one against FGM. The Grand Mufti issued a fatwa (decree) against FGM and even went as far as saying that it is haram (proscribed). The Mufti went to the extreme but there was a lot of opposition against it. We need to network better because many important partners are not present.

There will be a meeting in Addis Ababa with the African Commission, Ms. Emma Bonino (Vice-President of the Italian Senate and a former European Commissioner), the European Union and some Italian NGOs working on FGM. It will be good to keep track of everything happening across the globe and unify the message. It is very important what you have said about cultural and religious aspects, and about the medical profession's role in the problem. The problem is that everyone is trying to do something in his or her own way without benefiting from the experience of others who have gone further.

“Is there a law against FGM in Mauritania?”

I represent Horizon Environment and Health. I want to thank the organizers and ask a question: What is the risk for a practitioner in Mauritania if she is identified? Is there a law empowering the authorities to punish a practitioner?

“Beyond the religious aspect we should not forget pride and honour”

The issue that we are debating is of high importance but I believe that beyond the religious aspect we should not forget the part that has to do with pride and honour. In Kenya recently, there was a young woman of 21 whose mother had not been excised. To please her husband since her in-laws did not like the fact that she had not undergone the procedure, this girl performed an excision on herself with a razor blade. There are psychological aspects that need to be taken into account. As Europeans you may not be able to understand but Professor Sow could explain these aspects. This is important especially in countries with a Muslim culture. When it is said that God has ordered something, there is no discussion about it. This needs to be taken into account because we are talking about the social repercussions of this act.



Response from Professor Abdoulaye Sow:

Good morning to my young brother. What you said goes straight to my heart. In every culture there are foolish things being bandied about but in Africa, the woman is the pillar of society. If one examines cultural practices such as FGM and the status of women, one will realize that women are the pillars of their families and of society. In Africa, it is said that behind every strong man there is a stronger woman. To understand excision in the African culture, one has to take into account all these cultural aspects. There is also the psychological aspect. In Mauritania, we are in a process of democratization. Mauritania has signed the Universal Declaration of Human Rights, which contains articles that provide that women should not be victims of certain practices. There is a Protocol to the African Charter on the rights of women, to which Mauritania is a signatory. I am speaking from the point of view of a researcher. Some NGOs proposed a bill in parliament opposing FGM but the law had not been passed when I left my country yesterday. I still have hope. We have to go in the field and speak to people in their language. In our country, there is a team that is fighting not only against FGM but also against other harmful traditional practices. I am happy to see my colleagues here whom I saw in Nouakchott. Regarding these practices, I am disturbed when I meet people who tell me: “Well Sow, you are right to fight these practices, but

it is part of our cultural heritage”. That hurts and annoys me. It makes me angry. I do not want people to think that this part of my cultural identity. This is something that I am fighting. It is not easy to be black in the West and to deal with what certain people think about us. This is a humiliating practice and it is not part of my cultural heritage.

“We need to know that men are fighting alongside us”

My name is Osman Sarah. I am one of the directors of the film “Mutilated women, never again”. I would like to thank Professor Sow because for young activists like us, his words are very encouraging. I come from Somalia and we really need to know that men are fighting alongside us.



What can be done to combat FGM?

Ms. Moushira Khattab
Secretary General, the National Council for Childhood and Motherhood

The example of Egypt

The responsibility of society

The authorities told us that it is only the women's business and that they do not even know when a woman is excised. That may be so, but as long as the men continue to demand a virgin bride and excision is the only way to protect her virginity, mothers will continue to practise it. As an Egyptian, I know what we are talking about here and I also know how much suffering the practice causes. We place the responsibility on the shoulders of women, as Prof. Sow just said, but it is the responsibility of society as a whole. In Egypt a fatwa (decree) was issued by Al-Azhar University. This practice is intolerable but it is still ongoing despite the fatwa and the fact that the Parliament approved it. In spite of the legislation and the clear position adopted two years ago, today 80 per cent of Egyptian families still practise mutilations to maintain tradition but also because of its symbolic value, and the perception that men have of women.

Mohamed Abdel Azim
Head of the Arabic Department at Euronews



“Dispelling the myth”

Before talking about FGM in Egypt, I would like to say that the UN Committee on the Rights of the Child of which I am the Vice-President, has every reason to be present here. I would like to endorse what Ms. Rees said. The Convention on the Rights of the Child considers FGM as an act of violence against the girl child. The Committee on the Rights of the Child has been very vigilant in dealing with the issue of FGM during its dialogue with all Member States, with countries where FGM is practised and countries hosting communities which practise FGM. As Ms. Rees said, it is the responsibility of States to enact and to ensure the implementation of laws and to assist communities to be able to take the right decision.

Another important development is the United Nations Secretary-General's Study on Violence against Children, of which FGM is at the heart. We are also awaiting the appointment of a Special Rapporteur on violence against children, and we are sure that FGM will be high on that person's agenda.

Concerning Egypt, a process has started. We are sharing this process with you and we will benefit from your reaction. You may also benefit from what we are doing. Our first emphasis was to remove the medical, religious and cultural aspects of FGM and treat

From left to right : Mr. Mohamed Abdel Azim, Ms. Moushira Khattab, Ms. Alexandra Rosetti, Ms. Ndioro Ndiaye and Mr. Anders B. Johnsson



and the Ministry of Education. Such coordination was very important. We had a breakthrough on 28 June when a girl died as a result of undergoing FGM. Surely she was not the first case. Before her many girls died, but their cases had not been reported. This time it made the front page and this showed us that both ordinary people and the media are aware of the gravity of the problem.

We used this event to push for a decree by the Minister of Health that closed all the loopholes. Under the decree, any doctor, member of the medical profession or others who perform or intend to perform FGM shall be liable to punishment. Following the adoption of the ministerial decree, which we had been pushing for three years, community monitoring of implementation of this ministerial decree was our only safeguard, and people started reporting on doctors who continued to perform FGM and the Ministry of Health started penalizing those doctors. That sent a message that we were serious about stopping FGM. Under criminal law, FGM is penalized, but the provisions are very vague. Is FGM considered an injury or is it punishable only if it results in death? We have a clear-cut draft law among our amendments to the law on children that criminalizes FGM, making it punishable by way of penalty, fine and imprisonment.

M.A.A: [Can you give us more details on the child helpline. Is it a telephone centre or an information centre?](#)

Ms. Kattab: In essence, it entails making a toll-free telephone call and it is available everywhere. It covers the 27 governorates 24 hours a day and it is supported by professionals in their various disciplines. It is also advertised on television but not frequently because advertising is very expensive. We advertise in train stations and on The 6th October Bridge, which is widely frequented by Egyptians. It is a very strategic spot. Our means do not allow us to advertise it as often as we want, for example on prime time television.

it as a violation of the human rights of the girl child. It concerns the status of women in society, the right to be heard and the fact that she should be treated as an equal. There is also a national programme on creating FGM-free villages. We started by dispelling the myth. The most important thing was to provide facts to the family so that they would be able to take the right decision because this is a decision that is usually taken out of love for the girl. We thought that if the family has the information, it can base its decision on accurate information, not on myth. We adopted a number of strategies. The first one is a human rights context. Then we started a national dialogue because change cannot be imposed. Unless the local community and the public are convinced, no law will work.

Since 2001, we have been mobilizing communities and raising awareness among community leaders to create a lobby that will bring pressure to bear and dispel the myths. Then we mobilized at the grass-roots level because it is very important to adopt a bottom-up approach and forge a broad partnership in this respect. The partnership included actors from all sectors of society. We mobilized very active young volunteers who were persuasive and credible. This was influential in creating a new culture whereby young men will not marry

circumcised girls and indeed prefer not to have circumcised girls.

There is social pressure on the family to circumcise girls to make them "marriageable". It was very important to involve men in sending the right message. We launched a campaign called "The beginning of the end" and we mobilized the media. It was very important for the media to send a unified message because there are many people with good intentions but at the end of the day, they send the wrong message.

Then we had to provide a service and we set up a child helpline, a free of charge complaint mechanism with a special service to answer queries about FGM 24 hours a day. This proved very good and it showed us that many families really want to know the truth about FGM and to change because the fact that they ask questions means that there is a willingness to change this practice.

Partnership was very important and we have a wide range of partners. We started off with UNDP and Italian NGOs and now we have UNICEF and the European Union. We are also working of course with WHO. We built our work on the work of civil society since it is NGOs that implement all activities. A National Steering Committee was established. It is composed of UNICEF, UNDP, our donors, the Ministry of Health

What can be done at the level of civil society?

Ms. Berhane Ras-Work

Executive Director, Inter-African Committee on Traditional Practices Affecting the Health of Women and Children (IAC)



“Tradition, culture and norms are not static”

I would like to thank the organizers of this panel discussion for planning this meeting today, on 6 February, and for inviting us to join them. I feel very encouraged and very hopeful vis-à-vis the fight against female genital mutilation. The reason why we observe 6 February is that it was the day when the Inter-African Committee was established, many years ago in 1984, under the chairmanship of Ms. Ndioro Ndiaye. In 2003, it was proclaimed International Day of Zero Tolerance to FGM.

We have come a long way since then. When we started in 1984, we never thought that we would have such open public debates and media coverage on FGM. It was a very delicate and difficult endeavour because we were dealing with the sensitive subject of values and norms. FGM is a deeply-rooted norm which is accepted not only by the society as a whole, but by the women themselves. A woman from Ethiopia, Liberia, or northern Sudan would never think of living without being excised. These are the women who ask to be excised, infibulated, and they are the ones who force their daughters to be excised because it is the norm.

Human society has developed norms and values in order to have a group identity, to survive in an environment, and these norms are not easily questionable.

Tradition, culture and norms are not static. They have to change and we see that they are changing. The work on female genital mutilation has many dimensions: the human rights dimension, the health dimension, the economic dimension, and the gender dimension. When we started, we understood that it was necessary to understand the social context in which we were working, i.e. the community and the different actors involved. The IAC programme was carefully tailored to work within given cultural contexts, taking care not to provoke a negative reaction. It was about conviction and dialogue rather than imposition. We started establishing national groups in 28 countries where FGM exists, through dialogue with the community.

The principal actors are the women themselves. They are the main target group because they are both the guardians and the victims of this practice.

Our programme had to be targeted to convince women that they are good just as they were created, and that each and every part of their body has a function. If any part is tampered with, there is a

health risk, even the risk of death. This had to be conveyed in a language that was carefully crafted, and by people who could convince the women themselves. I could not go to Nigeria and talk directly to the women there. It had to be a Nigerian - man or woman - a person of status who could talk to the women using different languages and materials, in a sustained manner, with conviction and dialogue. When they are empowered, women say: “Well, we should have known this before; it is too late for me, but I will try to protect my daughter”. This requires a long process of education and information, delivered in a credible manner.

The other target group for us is young people, because they are the future parents. Our youth programme was designed to help them understand the danger of FGM and other harmful traditional practices. But it also encourages young people to be agents of change through education, information, workshops, and support for gender equality, etc. Youth websites have been created and African youth forums are held, such as the one held in 2006 which gathered youth representatives from 23 African countries. They established a network of their own. They have their own website on which they exchange information. In Niger, for example, there is the Village

Watch Brigade, composed of young people who travel from place to place. There are also the Youth Caravans in Benin. These are young people who go from one village to another to reach out to other youth. There is a chain campaign that is going on in many countries, including Mauritania. IAC sets up youth programmes through its national committees (NCs). Therefore, there is a strong youth movement involvement in IAC's campaign.

Religious leaders can play an important role, because there are lots of misconceptions. Both Christians and Muslims, in Ethiopia and elsewhere, believe that it is a religious obligation for women to be excised. Nobody cared to explain them that it had nothing to do with religion. Neither the Koran nor the Bible dictates that women should be cut. That is why we work with religious leaders. We have organized symposia and workshops in Burkina Faso, Cairo, Ethiopia, Gambia and Tanzania. In November 2007, a major conference was held that brought together religious leaders of 26 countries. I have their declaration here which says that FGM has nothing to do with religion, that we should stand up and fight it everywhere. There is a commitment on their part to work at the national, regional, and international levels to campaign.

And we have the practitioners themselves. They are women of a certain status and knowledge in their country. Women listen to them, they advise wives on their sexual relations with their husband, on household matters, on co-wives, etc. One cannot simply reject these practitioners and say that they are of no value or that they are murderers. One has to reason with them and explain to them that female genital mutilation inflicts pains and can even kill. One has to explain to them that they could divert their knowledge to something more constructive.

We have a programme on alternative income-generating activities for women. Although this is a long process, more and more practitioners are showing publicly that they are against FGM. Symbolically, they lay

down their knives in public. Some say that they lay down their knives in public and then go back to doing the same thing. The fact is that once they lose their status, once they admit that what they are doing is wrong, no woman will go back to them or trust them. They lose their status. They agree that they need another source of income. Once "converted", they become excellent agents of change, because they are still listened to and they can still make a positive change. The evaluation that we have undertaken both internally and externally shows that using former practitioners to educate the public makes a huge impact and therefore, we continue to campaign with them.

Modern and traditional media are also important actors and can play a major role in the fight against FGM. We have also set up specific programmes for them, because once they become involved, they write articles or prepare TV programmes. We have had groundbreaking work done in many difficult countries when an article appeared in a newspaper or when a programme appeared on TV. Debates on FGM can be intense but in the end, they serve as an eye-opener. IAC organized a media workshop in November 2007 for English- and French-speaking media. They have their own plan of action to fight against FGM and have come up with many proposals. The plan we have adopted for this year's 6 February celebration was done in partnership with the media to make Zero Tolerance to FGM a reality. This is the theme that our partners' National Committees will develop on when observing this Day. We have held seminars and workshops for the traditional media because they mirror the community, they are accessible. With the traditional media, poems and songs have been used to campaign against FGM and there is a network of traditional media campaigning with us against FGM. As far as schools are concerned, IAC/NCs use school radios to transmit information about FGM and other HTPs.

Our organization no doubt has an important role to play, but the crucial role should be played by governments

and not be left to NGOs alone. It should not be a grass-roots or community mobilization; it has to be a national and international mobilization. There has to be legislation and commitment on the part of both parliament and government. They have to allocate resources to educate, inform and to legislate against this practice. Our Committee works with the African Union, calling for legislation in the various member countries. Article 5 on the Elimination of Harmful Practices of the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa is our small contribution to the fight. It stipulates that States Parties have a duty to protect girls and women from FGM. But this Protocol still has to be ratified and we are campaigning with other NGOs to make this instrument effective and not just another piece of paper.

We have to make governments responsible and work with legislators.

IAC has organized workshops for legislators to examine all relevant international instruments that have been ratified by various countries. The aim is to show that although governments have signed up to these instruments, they are yet to make a difference in the lives of women, in the lives of people.

The work of legislators continues and will continue in an intensified manner. We have also worked very closely with the Office of the High Commissioner for Human Rights in Addis Ababa, for example. Partnership is crucial. All of this progress has been made possible thanks to our collaboration with NGOs, international organizations such as WHO, UNICEF, UNFA and the IPU. At the International Conference on Zero Tolerance to FGM held in 2003, we invited representatives of the IPU, ambassadors, United Nations agencies, activists and religious leaders. It concluded that only by joining forces could zero tolerance be achieved by 2010. It may be a dream, but it can be achieved in one generation.

How to tackle migration?

Ms. Ndioro Ndiaye

Deputy Director-General,
International Organization for
Migration (IOM)

“FGM can be an obstacle to social integration for migrant women”

I would like to welcome everyone present and to greet different of you who have come from different horizons. The configuration of the room shows us that we are living in a multicultural world and Geneva is representative of this. Whether we like it or not, we have to live together and cooperate. The proclamation of the International Day of Zero Tolerance to FGM shows that progress has been made in the work with populations. IOM has helped underscore the magnitude of the tragedy that results from these practices. Communities have been uprooted and displaced to other countries. Those who migrate voluntarily - legally or illegally - do so because they believe they will be able to lead a better life in their new country. Therefore, it is very important to deal with FGM within the context of migration.

The problems of excision and other traditional practices which negatively affect migrant women and children are exacerbated due to the displacement of these populations. Switzerland is at the heart of this problem. It is undertaking reforms in the field of migration and I hope that it will be able to find a place for these communities.

FGM is condemned by most of the governments of the countries involved, which are both countries of origin and countries of destination. FGM remains an ongoing practice in many countries of the world. It is a destructive practice, although it

is often considered as the norm by many women and girls among these migrating communities. We need to target these communities if we want to find a solution to the problem.

Migrant women are often caught between the culture of their country of origin and the culture of their country of destination.

The role of the family is crucial in having these women adapt to the customs of their new country of residence. Mutilations drain women's energy and the resources that they could use to learn the language of their new country, look for work and send their children to school. FGM can be an obstacle to social integration for these migrant women. This is one of the reasons why fighting FGM is a priority and yet another reason to combat this practice. Even for young girls born or raised in Europe - where prevalence is fairly high - excision is considered as a right of passage and not subjecting oneself to this procedure may destroy interfamilial links. For 30 years a number of actions and strategies have been undertaken in Europe to decrease the prevalence of FGM.

In order to protect young girls the work that has been done by civil society must be acknowledged and authorities



must be alerted to the problem. Many countries are beginning to implement measures: France, Italy and Portugal in particular. It is therefore important to draw lessons from the actions undertaken in European countries. What can we do and what are the actions and the measures that work? Ms. Ras-Work mentioned a campaign to bring together all stakeholders, and for this we need to build and strengthen women's capacities and empower migrant women so that they are in a better position to take charge of their own health and that of their families, so that they are able to express their needs and take part in important decisions related to their children.

This also entails literacy campaigns, sending children to school, mastering the language, having access to the economy, so as to have necessary financial resources. All of these social determinants need to be taken into account to fight this problem, so that migrant women are in a better position to shoulder their responsibilities and combat the problem. Only if women become empowered and autonomous will the message be heard and have a positive effect.

Women who come from migrant communities need to know where to turn if they need assistance for themselves and their families in terms of health care and other forms of assistance. All of this needs to be part of an integration policy, not only in the country of destination but also in the countries of origin. A lot of work has been done in the countries

of origin of migrant women with a view to informing and empowering them so that they can take charge of the problem themselves. The United Nations High Commissioner for Refugees should also be a partner in this fight. In order to implement the programmes that are being set up in the countries of origin of these migrant women, it is important to include all relevant agencies to combat these practices. Unfortunately, this is not being done.

The international community should agree to fund programmes to empower women and strengthen capacities in the countries of origin and in the countries of destination. As Professor Sow explained, it is important to analyse the myths that still surround mutilation. The IAC and other NGOs are working in this very difficult area. It is an uphill battle, because it has to do with the most intimate part of the human being, and it is a battle where the victims do not necessarily want to be advised or helped by people from the outside.

There are communities that systematically reject external help because they feel that they have been wounded and simply need to survive. We need to take into account all of these cultural and traditional elements that justify the practice of FGM.

We need to relay the actions taken by parliaments, governments and by religious leaders in the countries of origin because the migrant communities are often not aware of what is being done in their own country against FGM. If new laws are passed it is important to inform them of this.

In the communities we need to uproot these practices and behaviours, and we can do this by passing laws.

These laws are being drafted and proposed by men and women and this needs to be continued. The criminal aspect of these practices



must be underscored. Determined men and women need to campaign for these laws to be better known. The authorities in some countries are even calling for young girls to turn in their own parents. This is sometimes impossible for these young girls so the authorities should make sure that it is possible to punish those who carry out this practice without having to blow the whistle. They should have the necessary means to intervene without asking children to turn against their own parents.

The repression of excision requires a coherent national and international strategy. For example, the law should apply to parents who perform FGM on baby girls, or when they go back to their native country on vacation. The role of paediatricians is also very important. In all countries there are clinics for mothers and children. Paediatricians and nurses who see excised babies should be able to report the parents.

The last aspect is training of health staff, because in destination countries, the medical systems do not deal with the problem as they should. The university programmes or the training programmes in gynaecology do not include a chapter on FGM and their consequences for the sexual life of women and for their life in general. In university hospitals or medical schools, a chapter on FGM should be included in gynaecology studies so that midwives,

paediatricians, gynaecologists, doctors and nurses can be properly trained to deal with the problem.

A few years ago IOM started an awareness programme in Geneva. This sectoral approach is implemented by the state of Geneva to make East African communities here aware of the problem, to inform professionals and to dispel the myths. It is based on a network of health practitioners who work on preventing such mutilation. Thanks to the firm commitment of the Geneva SPPE, a medical conference was organized in October 2007, gathering some 150 professionals.

Allow me to say a final word regarding the new generation that fights and works to change the mentality of their parents, friends, relatives and community. The new generation shows that today's situation is not an inescapable one since there is no ethical reason or moral or religious justification for this practice. It is not because a woman has been excised that she will be faithful to her husband. It is not because a woman has been mutilated that she will not have a child out of wedlock. Nor is it true that because a woman has not been excised that she is not pure enough to welcome visitors to her home by serving tea. This room is full of people who are willing to help, to participate in the struggle, and I would like to thank them for that.

Comments and questions from the audience:

Good practices at the national and international levels

Before opening the floor to the public for remarks and questions, I want to mention that In Senegal, an interesting experiment was conducted. NGOs have been working for ten years based on the health argument to fight FGM/C. FGM is potentially fatal and in all cases harmful to the female body. Teams visited villages and they managed to convince 3,000 villages to give up the practice. They are continuing their campaign and they still have to visit a further 2,000 villages. Thanks to education using the health argument, they have managed to convince many people to give up the practice. The floor is yours.

Mr. Mohamed Abdel Azim
Euronews

I represent the International Federation of Red Cross and Red Crescent Societies (IFRC), and I want to share some of our experiences, which have also borne fruit. As a network of over a million volunteers engaging in community-based efforts, we have seen that many of the strategies highlighted today are very effective, even more so if they are implemented jointly and approached in a holistic way, as the representative of the IAC was explaining earlier. Some of the strategies the IFRC has been engaged in include skills-based training for potential female victims of sexual and gender-based violence, including FGM. The Ghana Red Cross engaged proactively in activities that increased the self-confidence of women by helping them to acquire

negotiation skills through which they could counterbalance their traditional upbringing of girls in rural areas who are taught to be passive and submissive. Another way is approaching FGM through health and care programmes, and linking it to the prevention of HIV/AIDS.

A major activity was organized in Cameroon, Central African Republic and Chad in 2006, where, with the help of the Swedish Red Cross and the Canadian International Development the Agency (CIDA), IFRC trained 200 volunteers in peer education, which mobilized the community, including parents, and sensitized them to the detrimental effects of FGM. By linking it to HIV/AIDS, they were able to approach the traditional communities where normally female sexuality is not a topic of discussion. Actively involving the traditional community leaders and religious leaders was key in facilitating the work of these volunteers.

Another important element is ensuring alternative viability for FGM practitioners as Ms. Ras-Work mentioned. In Cameroon, Central African Republic and Chad, the volunteers identified 439 practitioners, and together they created associations of former practitioners and provided them with micro-credits to finance alternative livelihoods and reproduction skills training. Sometimes former practitioners can be very effective as future midwives, and this helps to guarantee long-term viability.

A strategy that has also proven very successful is a combination of these approaches to diversify our volunteer base, because that it is the best way to approach the beneficiaries and the victims: not only along gender lines, but also along ethnic and youth lines. Lastly, I want to thank you for this high-

level debate and for involving all of us. I cannot stress enough the importance of networking and working together, so we are really pleased to be able to share experiences that will also help us to work in greater synergy.

M.A.A: You mentioned micro-credits, how can families access them and how could they use them for medical or education assistance? If an NGO came to you and said that it needed assistance with micro-credits, would you give them a chance?

IFRC: It is the joint Red Cross-Red Crescent action with the national societies of Cameroon, Central African Republic and Chad, through micro-credits that enabled former practitioners, once they had committed to abandoning the practice, to examine alternative means of earning their living. That helped to overcome their reluctance and drive it forward in a process of sustainability.

Question from the audience: Ms. Khattab, can you tell us please how many cases involving individual communications on FGM your Committee deals with every year?

Response from Ms. Moushira Khattab: The Committee is not yet mandated to receive complaints. This might be the case, but in the pre-session, when it prepares for dialogue with the government delegations, it hears NGOs and children, and when it receives reports about cases of FGM, it dialogues with the State in question. This item is very important on the agenda of the Committee. It deals with this problem in a holistic manner: non-discrimination and violence, violation of the right to be heard, the best interests of the child, and all the rights that are violated by FGM.

Question from the audience: I would like to direct my question to the speaker from Senegal concerning the role of gynaecologists and the importance of the medical profession. Girls do not usually see a gynaecologist until they become adolescents, so it would only reach a few cases. I do not know if a paediatrician can undress a child, but even a paediatrician is not allowed to look at a child's private parts without having good reason to.

Response from Ms. Ndioro Ndiaye: It is important that young girls be sent to a gynaecologist in order to have some sort of surveillance. I mentioned paediatricians because sometimes FGM is practised on babies and in those cases paediatricians have a role to play. For girls of five or six years old, it is true that paediatricians will not be examining their private parts. But now girls are brought to gynaecologists earlier and earlier in life and therefore I think it would be very useful to include this in the visit. Gynaecologists can intervene on behalf of pregnant women who have already been excised and who therefore run specific risks due to excision. But a gynaecologist can also play an important role for girls of a much younger age. Paediatricians should be able to report acts of excision on babies.

Comment from the audience: I am from the World Medical Association which represents doctors and national medical associations around the world. We work for the promotion of medical ethics and human rights in the health field. We published a press report yesterday, and our members want to condemn FGM, which inflicts severe harm on women. Regarding gynaecologist training modules, I think that it is indeed something that we must consider and try to see how in the future doctors can access this type of training.

Question from the audience: I would like to thank the organizers of this event and especially the Inter-African



Committee for the extraordinary and very courageous work that it has done in Africa and in particular Ms. Ras-Work. My question to her is: Is the IAC allowed to work with schools in Africa? On this continent, FGM is a taboo subject and without political support I do not know if we can make progress in such a difficult area. There have been courageous people who have worked on this until now, but do we really have political support on these issues?

Response from Ms. Berhane Ras-Work: As far as school as concerned, it depends. In Ethiopia we use the school radio networks to talk about excisions, early marriage and other traditional practices. Yes, schools participate in our awareness campaigns. In Sudan, we have a national committee which is occasionally invited to speak in schools and universities. There is a youth movement in and outside schools and this movement is more and more active in most countries. Regarding politics and politicians, it is always very complex in Africa. Governments generally talk about human rights and women's rights when they come to Geneva or when they go to New York, but once they go back home, they are very suspicious and careful. They do not want to anger any sector of the

population. Government delegates of Burkina Faso, for example, participate very actively in meetings and are very open but most of them are reserved in their country.

Response from Ms. Ndioro Ndiaye: I share Ms. Ras-Work's analysis. I confirm that political support is needed and that politicians do not necessarily say the same things to international audiences as they do to national audiences. I was telling you about the case of Senegal, where we lost the elections because the President allowed me (Ms. Ndiaye was then Minister for Social Development) to invite Egyptian ulemas (Muslim scholars) to consult with local religious leaders, discuss the problem and face the truth. Yes, it is a political risk. But NGOs and civil society, along with national and community organizations, can exert such influence that they can force politicians to reconsider their position, and that is what we need. Political will is important but if civil society brings pressure to bear, things can change. It is important even for young girls to be seen by medical specialists, because if they notice that a child has been excised, any possible preventive measures should be taken for her to have as normal a life as



possible. A lot of prevention has to be done.

Response from Ms. Moushira Khattab: Political commitment is very important. What has been said about politicians saying things abroad and retracting when they go back home is the beauty of the Egyptian experience. In 2003, Egypt hosted the Afro-Arab expert meeting on legal tools and the elimination of FGM. At that conference, the First Lady of Egypt, the Grand Mufti of Al-Azhar, and the representative of Pope Shenouda took the floor. I remember that at the time many warnings had been sent about not broaching this subject because it was very sensitive. At the end of this conference, many countries were very pleased to see this issue flagged publicly because it had never been dealt with publicly before. Moreover, the National Council for Childhood and Motherhood, the highest national authority in charge of children and mothers in Egypt, took it upon itself to support the work done by NGOs, prompting the government to throw its weight behind the work of NGOs. The purpose was to create a strong lobby to support the anti-FGM movement, and to alleviate the pressure on families to perpetuate the practice.

Indeed, political commitment is very important. Another element is training gynaecologists, which is mostly in the hands of the government. Unless the government is committed, it will not be possible to change the curriculum or to enforce the law and to penalize those who perform the procedure. It is also very important to win over the media in order to explain to the people that it is not a piece of skin that is being removed; it is an organ that has a function. It is very important to have political commitment, and I think that this is the case in Egypt.

Comment from the audience: I am from WHO and I have been coordinating the amendments to the typology of FGM. I am very concerned and worried about Swiss law, which only prohibits type 2 and type 3 FGM. I would like to know what the reason is for this and how the law is formulated. This is a big challenge in the world. Some of the resistance to change is that people say: Fine, we will stop this type of FGM but allow another type, so that, in reality, not much changes. Another issue is that there is a serious problem of increasing medicalization. I was wondering if some governments have raised the problem of reinfibulation, which is often performed by medical doctors and midwives. There does not seem to be any clear policy on that. I know that it is practised in Switzerland.

Comment from the audience: I am from the Beninese Mission in Geneva. I would like to congratulate the organizers of this Conference as well as the panellists for highlighting such an importance issue. I was very impressed with Ms. Ras-Work's presentation on the youth caravans in Benin and I think that we must indeed sensitize young people even more to the fight against this scourge. The Government of Benin, through the Ministry for Family and NGOs, of course, have approached excision practitioners to ask them to lay down their instruments. We

have attempted to organize them into cooperatives so that they can get involved in income-generating activities.

Response from Ms. Ndioro Ndiaye: Combating FGM requires money so we have to agree to invest in this fight.

Comment from the audience: I represent Village Suisse, a Geneva-based NGO, I am on the Steering Committee for Migrants. Apart from the Muslim communities in Africa, are there any other Muslim communities in the world, and particularly in Europe, which have practised or currently practise genital mutilation?

Response from Ms. Alexandra Rosetti: We work with imams in countries that practise excision, i.e. the countries of origin. In Switzerland, we are also in contact with imams but this is a weak spot and we will have to focus more on imams in Europe. Regarding gynaecological follow-up of young girls, I suppose that you are referring to the case of a Somali family in Zurich that was made public. It is precisely for that reason that we have conducted this study. As an international organization, we depend on the cantonal agencies and a cantonal network to offer these consultations that are so necessary.

Response from Ms. Moushira Khattab: FGM has nothing to do with religion. It was practised before the major religions came about. It is an African practice. In certain geographic locations it is done by Christians, Muslims, Jews, and non-believers so we should not relate it to any religion.

Response from Ms. Berhane Ras-Work: I just want to recognize the presence of some of the pioneering NGOs which started the anti FGM movement here in western countries that gave birth to the Inter-African Committee. Without their support and collaboration we would not have been at this level. International solidarity is extremely important and indispensable if we want to see zero tolerance to FGM being achieved.

Conclusions

Mr. Laurent Moutinot, President of the Geneva State Council

It is difficult to combat practices that were considered normal because we first have to show that they are not

Excellences, ladies and gentlemen,

The Geneva State Council wished to participate briefly in this event to underscore how much importance it attaches to this topic. FGM, in my view, is a human rights issue which is unique in that it is not open for discussion. Regarding freedom of expression, for example, limits can be found. We are not allowed to defame others. We are not allowed to express racial hatred and other things of that nature.

Yet there are no limits with regard to FGM, no excuses and no compromise to be reached. Similarly, there is no clearly defined enemy in the fight against FGM. To revert to the example of freedom of expression, in certain regimes there are censors who can be criticized. There are identifiable means of controlling freedom of expression that can be combated. That is not the case with FGM and Professor Sow was right to recall that the practice is not necessarily linked to any religion since it existed before the advent of any of the revealed religions.

In the final analysis, the only thing to do is to illustrate as best as possible how it is practised in order to combat this problem in the appropriate places using appropriate means. It is my understanding that a number of you have seen a rather extraordinary movie on genital mutilation in Cairo. The film does not actually deal with FGM but an excision does occur incidentally among various other aspects of daily life. The fact that FGM

is not the theme of the film makes the subject even more dramatic because we are made to understand to what extent the practice is carried out in those circles. This is a contemporary film, and this practice is considered quite normal. Combating things considered to be normal is difficult because first of all, we have to succeed in showing that they are not.

We have to be able to show as Professor Sow said that it is a shame, and that is what is so very difficult to explain to someone who does what has always been done, no questions asked. It is difficult to explain that it is a crime and we have to call a spade a spade: it is a crime.

I hope that your work today yields concrete outcomes and identifies ways and means of combating this scourge - either by training or retraining practitioners. There is a whole host of considerations that are attached to this social constraint, which does not make it easy for future meetings on this topic to yield concrete outcomes. But we must not become despondent about the fact that this fight will be a long one. The goal is to turn what was considered an everyday, commonplace practice into an abomination, and convert what is considered normal into everyday practice.



Mr. Anders B. Johnsson, Secretary General, Inter-Parliamentary Union

IPU will continue to sensitize political leaders to female genital mutilation

I would like to thank all of you for participating in this intensive half-day event, which saw very interesting debates. The varied audience in the room, like the experts who come from all walks of life, point to the great diversity of stakeholders that are involved in the field of FGM. Whether at the local level of governmental and non-governmental organizations, associations, health care personnel in hospitals and clinics or community leaders, political leaders, parliamentarians or government representatives, the overarching conclusion that emerged from our discussions this morning was the importance of bringing together all these actors.

We must learn from each other. Excellent examples were given this morning and it is important for us to be all sending the same message. We should be talking about the problem of FGM and means of combating it.

Parliaments pass laws but if those laws do not take into consideration the reality of the situation, then who better

to inform lawmakers than you? And if these same laws are not accepted and internalized by the persons concerned, it is very difficult to ensure enforcement.

This partnership of local, national and international actors, this alliance of those who work in the field and the politicians who have to pass laws and approve the budget so that there are sufficient funds to set up effective programmes is crucial. The visible support of the government and international organizations is also essential.

The discussions we had this morning show to what extent this partnership is important and should be pursued. As Laurent Moutinot so rightly said, unfortunately, female genital mutilation will not end tomorrow. I do hope, nevertheless, that the wish we expressed in Dakar in 2005 (see annexes) to have this practice no longer considered "normal" in a generation will be fulfilled.

I would also like to underscore the importance of education and the media. I would like to thank those present here today and I regret that there are not



more of you here so that the media could report on this important fight in the headlines.

Allow me one final remark on a personal note: some of you have mentioned the fact that political life in Africa is somewhat complicated. I do not agree: I find that life is very complicated everywhere. In Geneva - you will forgive me, Mr. Moutinot - in Switzerland, in Africa and everywhere in the world, politicians, in the words of Mark Twain, are not angels. Being elected officials, they reflect the people who elected them. Therefore, there are good and bad ones. And we have to live with that.

What we at the Inter-Parliamentary Union can do is continue to sensitize male and female politicians in Africa and elsewhere on female genital mutilation and on the need to work together to put an end to it.



Annexes

Interview

Mr. Mélégué Traoré
Speaker of the National Assembly of Burkina Faso

“One can be a good African and respect traditions without having girls excised”

Declaration: “Violence against Women, Abandoning Female Genital Mutilation: The Role of Parliaments”
Dakar (Senegal)

Panel discussion
on FGM at IPU
Conference in
Ouagadougou
(Burkina Faso)
September 2001

In 2001, the 106th Inter-Parliamentary Conference held in Ouagadougou featured a parliamentary debate on “Violence against women: Female genital mutilation”. The panel, headed by the Speaker of the National Assembly of Burkina Faso, Mr. Mélégué Traoré, who is also a traditional chief in his country, presented various traditional practices, such as excision and reinfibulation, which affect millions of girls and women in over thirty countries, particularly in sub-Saharan Africa. Its aim was also to make parliamentarians aware of the importance of eliminating these practices while respecting cultures and individuals.

The participants agreed that legislation aimed at preventing, combating and punishing female genital mutilation had to be adopted in those countries where such practices persisted, and that legislation and programmes should be harmonized to ensure that girls from a country where excision was banned were not subjected to such practices in a country where the law remained more lenient.

Interview

Mr. Mélégué Traoré Speaker of the National Assembly of Burkina Faso

“One can be a good African and respect traditions without having girls excised”

Q: At the 106th IPU Conference, which you chaired, you pushed for a panel discussion on excision and other forms of female genital mutilation. Why?

Mélégué Traoré: Because excision is an important question. Many societies in Africa are affected by the problem of female genital mutilation, in particular removal of the clitoris. This problem, which is widespread not only in Burkina Faso but also in a number of African countries and elsewhere, is based on religious and cultural justifications, that is, on tradition. What is needed is an awareness of the gravity and scope of the problem. There are ethnic groups in Burkina Faso that feel that a woman or girl who has not been excised has no chance of finding a husband. MPs today must become aware of this problem. The National Excision Control Committee was set up in Burkina Faso. It is a body headed by Ms. Bassolé. It is a permanent administrative structure whose staff is paid by the State, and whose task consists of organizing activities to combat excision and mobilize people who are well-placed to help in the fight. At the start, some of these people, such as religious leaders, especially Muslim ones, and tribal chiefs, were in favour of excision, but animists still account for 50 to 60

per cent of the inhabitants of Burkina Faso. In our tradition, initiation is very important, and as it turns out, one of the justifications for excision is precisely the rite of initiation, which for women automatically entails excision.

Q: Who can reassure parents who have their daughters excised because they fear that they will not find a husband otherwise?

M.T.: I have a reputation in my country for being a traditionalist because I am a tribal chief who presides over animal sacrifices. My children have local names, not Christian or Muslim names. I am telling you this because I believe that the main justification for excision is no longer valid today. I have two daughters and I have refused to have them excised. The people in the village have understood that there was nothing in the traditions of the Senoufo ethnic group – from which I come – that justifies excision. It was valid at the time of grand initiation, which has now disappeared and been replaced by the school. Only in part of the area inhabited by the Senoufo, in Côte d'Ivoire, does initiation – the poro or the cholugo – still live on. But even in this case, it is easy to see that a girl no longer needs to be excised to take her place in the Senoufo world. And what is true for



Conference on FGM in Dakar (Senegal) December 2005

Recognizing that female genital mutilation is an act of violence against women and a violation of human rights, parliamentarians from more than 20 African countries gathered in Dakar on 4 and 5 December 2005 for a Conference on “Violence against Women, Abandoning Female Genital Mutilation: The Role of Parliaments”. They committed themselves to ensuring that this practice is abandoned within one generation.

At the invitation of the National Assembly of Senegal and in cooperation with the African Parliamentary Union (APU), the IPU and UNICEF, the legislators highlighted the need for coordinated action by all sectors of society - government, traditional leaders, religious leaders, civil society and parliamentarians - and the importance of placing such an endeavour within a more general framework of poverty eradication and development strategies. At the close of the Conference, the participants unanimously adopted a Declaration listing the different types of coordinated action needed.

the Senoufo is true elsewhere. We must start by explaining to everybody that the main justification no longer exists. I have always told the villagers to stop excising girls because excision has become meaningless. They make their daughters suffer for nothing because nothing in the teaching of our ancestors advocates excision. Not only will I tell my son that he can marry a girl who hasn't been excised, but I would say that today, in my village, all of the young people have understood that excising a girl doesn't necessarily mean that she will be more faithful!

Q: How do you explain the fact that this practice is still around?

M.T.: The problem is still around because the tradition is still there. In the 1960s, soon after independence, we thought that such traditions would not be around any more in the 1970s. Today, we realize that one should not destroy traditions – what should be done is reappropriate them and give them another meaning that is in tune with today's world and is linked to efforts to reaffirm the value of the African world. This is possible without having to excise girls. This is where we must start. One can be a good African without having girls excised.

Punishment is also needed. Not in villages, but I believe that excision is practised in hospitals and doctor's surgeries, by State employees, and this must be punished, even if it is viewed as a healthy practice. In Burkina Faso, the law prohibits excision; indeed it is considered a criminal offence. On the other hand, in societies that apply it as a system, heightened awareness is the only solution. Elderly women account for the majority of practitioners of excision, because in our world age is imbued with prestige and respect.

Q: This question seems to touch you deeply...

M.T.: I remember that my sister passed out the day she was excised. Today, I realize just how traumatic an experience it was for her at the time. There was no way I could know, because back then everyone felt that she was just a weakling. She was 16 years old and had lost a lot of blood. The fact that she passed out was viewed as a scandal. I know that it will take a long time, but I believe that we can manage to eliminate excision. Here in Burkina Faso, we have obtained results, thanks in particular to the contribution of the religious leaders, imams, tribal chiefs, Catholic priests and Protestant pastors.

Q: Are you prepared to urge your counterparts in the countries concerned to combat excision?

M.T.: I am fully prepared to do this and I call on the States in this part of West Africa to harmonize their laws on excision. This awareness-building campaign does not go against tradition. I, a tribal chief, am telling you this!

See special pages on IPU website:
<http://www.ipu.org/news-e/3-3.htm>

“Violence against Women, Abandoning Female Genital Mutilation: The Role of Parliaments”

organized by the African Parliamentary Union (APU), the National Assembly of Senegal, the United Nations Children’s Fund (UNICEF) and the Inter-Parliamentary Union (IPU)

Final Declaration (Adopted unanimously)

We, the Speakers and members of the national parliamentary assemblies of Algeria, Angola, Burkina Faso, Cameroon, the Comoros, Côte d’Ivoire, Djibouti, Ethiopia, Ghana, the Gambia, Kenya, Mali, Namibia, Nigeria, Senegal, Sierra Leone, South Africa, Switzerland, Sudan, Togo and the United Kingdom,

Having met at the invitation of the National Assembly of Senegal on 4 and 5 December 2005 in Dakar in a Conference entitled Violence against women, abandoning female genital mutilation: The role of national parliaments, organized by the African Parliamentary Union (APU) with the support of the United Nations Children’s Fund (UNICEF) and the Inter-Parliamentary Union (IPU),

Pleased with the opportunity this Conference has provided to disseminate information and promote dialogue among the various stakeholders involved in efforts aimed at abandoning female genital mutilation and circumcision (FGM/C),

Convinced that culture is not immutable and that it is subject to perpetual change, adaptations and reforms, and further convinced that behaviour changes when the dangers of harmful practices are understood,

Convinced that the abandonment of FGM/C within one generation is an attainable goal,

Noting with concern, however, that FGM/C still today affects 3 million girls every year and that 100 to 140 million women and girls around the world have undergone some form of FGM/C,

Concerned about the harmful, irreversible and sometimes fatal consequences of FGM/C, whether physical, psychological or social,

Acknowledging that FGM/C affects African countries at different levels and also concerns other countries around the world, including some countries of immigration,

Recalling that FGM/C is a universal concern, that it is a violation of women’s and children’s human rights and of their physical integrity, and that it is an expression of structural inequality between men and women,

Recalling that FGM/C has been perpetuated from generation to generation through a social dynamic whereby decisions made in the family are contingent upon decisions made by others,

Aware of the relationship between levels of development and literacy and the practice of FGM/C,

Noting with satisfaction that the United Nations has designated 6 February as International Zero Tolerance to FGM Day,

Stressing that there is no religious justification for the practice of FGM/C, and that the practice is mainly rooted in ancestral traditions,

Welcoming the increased mobilization among African countries for the abandonment of FGM/C and the numerous regional initiatives aimed at the abandonment of this practice,

Welcoming the entry into force of the Maputo Protocol to the African Charter on Human and Peoples’ Rights on the rights of women, which marks a significant milestone towards the abandonment of FGM/C,

Recalling that the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women, the United Nations Declaration on the Elimination of Violence against Women, the African Charter on the Rights and Welfare of the Child, the African Charter on Human and Peoples’ Rights, the Programme of Action adopted by the United Nations International Conference on Population and Development in Cairo, the Beijing Platform

for Action and all other relevant instruments provide an international and regional legal framework for the abandonment of FGM/C,

Acknowledging that the abandonment of FGM/C can be achieved only as a result of a comprehensive movement which involves all public and private stakeholders in society,

Determined to spare no effort to end FGM/C and to achieve the goal of abandoning this practice within a generation,

Hereby adopt the following recommendations and **commit ourselves** to their implementation:

Developing a multidisciplinary and comprehensive approach

1. FGM/C strikes at the heart of our societies and involves multiple issues; only through a multidisciplinary approach can efficient progress be achieved in abandoning FGM/C;
2. Parliaments should work in synergy with civil society, traditional chiefs and religious leaders, women's and youth movements and governments to ensure that their actions are complementary and coordinated;
3. Strategies for the abandonment of FGM/C must be developed in a framework of the promotion of human rights, the right to education, health, development and poverty reduction;

International and regional framework for the abandonment of FGM/C

4. Parliaments should oversee the actions of their governments and ensure the national implementation of international and regional commitments undertaken by their countries as States Parties or signatories of various international instruments protecting the fundamental rights and freedoms of women and children;
5. Parliaments should ensure that these international and regional instruments are translated into national languages and widely distributed to the population and the judiciary ;
6. Parliaments should also work to obtain the accession of their States to the Maputo Protocol to the African Charter on Human and Peoples' Rights on the rights of women, which furthers efforts aimed at abandoning FGM/C;

Development and enforcement of legislation for the abandonment of FGM/C

7. With respect to abandoning FGM/C, enacting legislation is an important, highly symbolic and necessary step, which has both a dissuasive and an educational impact; in such a context, it is necessary to promote sustained preventive action. Legislation must also provide assistance for women who have been subjected to FGM/C;

8. Legislation on FGM/C should always be drawn up in consultation with civil society, traditional chiefs and opinion leaders and in the context of a broader strategy aimed at abandoning the practice. It is important that all legislation be disseminated and explained. Communities and, more specifically, women should be informed of the contents of the law and their specific rights through awareness, communication and information campaigns;
9. The regional and international dimension should not be overlooked; it is important to harmonize domestic legislation and coordinate efforts at the regional and international levels to abandon FGM/C in order to prevent the sending of girls to neighbouring or other countries where FGM/C is practised;
10. Providing training of judicial staff and law enforcement and security personnel should be an integral component of strategies for the implementation and enforcement of the law;
11. Parliaments should work with the medical profession to ensure that medical staff respects the law and to prevent their involvement in the practice. In addition, basic health-care services, especially sexual and reproductive health services, should be enhanced to ensure that women who have undergone FGM/C have access to all the care they may need. The conversion of excisers should also be taken into consideration by parliaments, within the framework of the general fight against poverty;
12. It is important for parliaments to regularly review and assess the enforcement of the law in order to correct for any potential negative effects and adapt the legislation to the evolution of society;

Development of national strategies

13. The drafting of national action plans for the abandonment of FGM/C makes it possible to identify the different roles and responsibilities of the actors involved, to ensure proper coordination and the complementarity of the efforts undertaken. The adoption of clear objectives with specific time frames also facilitates synergy among the various actors;

Adoption of adequate national budgets

14. Parliaments should ensure that national budgets allocate sufficient resources to the implementation of legislation and action plans aimed at abandoning FGM/C;
15. The development of gender sensitive national budgets would also help reduce the practice of FGM/C for example by promoting girls' education, literacy, women's and girls' empowerment and access to health services. Parliaments should systematically analyse their national budgets from the perspective of gender equality with a view to correcting inequalities and discrimination;

Changing mentalities

16. Parliaments should also work on awareness and changing mentalities. Because of the social status incumbent upon their office, members of parliament are in a position to address sensitive issues and have an impact on public opinion and mentalities. In this regard, traditional chiefs are priceless allies. Awareness activities conducted jointly with traditional chiefs, religious leaders and women's and youth groups at the community level have a decisive impact;
17. Cooperation with the media is vital; modern and traditional media need to be involved in all strategies aimed at abandoning the practice, through awareness, communication and information campaigns;
18. It is crucial to ensure that the message sent out regarding abandonment of FGM/C is positive, non-judgemental and consistent. All the actors involved must speak with the same voice. In this context, each parliament is invited to establish a distinction to be awarded to individuals and organizations that make a significant contribution to the abandonment of FGM/C;
19. Education plays a fundamental role in the prevention of FGM/C. With this in mind, it is necessary to review school curricula at all levels, to sensitize teachers, and to keep girls in school up until they reach higher education in order to delay marriage and possibly avoid the genital mutilation that often precedes it;
20. Any action aimed at ensuring the abandonment of FGM/C must be coupled with initiatives for community development, in particular through the improvement of the living conditions of women and children, as part of the fight against poverty;

Strengthening parliament's role and enhancing its operations

21. In every country concerned by the practice, a parliamentary body should be mandated to follow up on the FGM/C issue, in particular on the implementation of national action plans for the abandonment of FGM/C;
22. Regular debates should be held in parliament to focus public attention on the issue and assess the progress achieved and the constraints met on the basis of clear and comparable indicators;
23. The representatives of national commissions on FGM/C should present annual reports on the issue, including to their parliaments;
24. Members of parliament should make use of all the parliamentary mechanisms at their disposal, including written and oral questions to the government;

International and regional cooperation

25. It is important to promote and enhance cooperation among African countries and other countries where

FGM/C is practised, as well as countries of immigration. It is vital to promote the regular exchange of information and to coordinate strategies aimed at harmonizing approaches and initiatives;

26. The work of international organizations should be brought to the attention of parliaments on a regular basis in order to keep them abreast of the progress made and issues identified;
27. It is important to ensure national follow-up to the various studies and recommendations issued by international bodies. The UNICEF Innocenti Digest on FGM/C, a soon to be published report of the World Health Organization on the issue and the review of national strategies carried out by the United Nations Population Fund (UNFPA) should be presented and distributed to parliaments. Lastly, the findings of the studies carried out by the United Nations Secretary-General on violence against children and on violence against women, which will be presented in 2006, should also be the focus of debate and follow-up in each parliament;
28. Parliaments should be associated in the preparation and celebration of International Zero Tolerance to FGM Day;
29. While appreciating the efforts made by the international community, development partners are requested to continue to mobilize sufficient resources and technical assistance to support States and their parliaments in their efforts to secure the abandonment of FGM/C.

Follow-up to the Conference

We hereby undertake to ensure rigorous follow-up to the outcome of the Conference. Accordingly, **we hereby commit ourselves** to ensuring the dissemination of the proceedings of the Dakar Conference within each of our parliaments;

We resolve to strengthen our cooperation with specialized international organizations in this area;

We undertake to report to the APU and the IPU on the progress achieved in the implementation of these recommendations;

We urge the organizers of this Conference to forward this Declaration to the African Union for information purposes and for its further distribution to the Conference of Heads of State and Government, which will meet in Khartoum in January 2006, the AU Executive Council and the Pan-African Parliament, and also to forward it to sub-regional parliamentary structures;

We further urge them to forward it to the competent bodies of the APU, the IPU, UNICEF, United Nations specialized agencies and other partners;

Lastly, we call upon the organizers as soon as possible to put in place an operational mechanism for follow-up on the proceedings of this Conference.

Dakar, 5 December 2005

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