



JOINING FORCES
For All Children



JOINING FORCES FOR ZERO TOLERANCE FOR FEMALE GENITAL MUTILATION IN WEST AND CENTRAL AFRICA

The International Day of Zero Tolerance for Female Genital Mutilation is celebrated every February 6th. The theme of this year's commemoration is: **"Accelerating Investment to End Female Genital Mutilation"**.

Several international conventions prohibit female genital mutilation (FGM) such as the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), and the African Charter on Human and Peoples' Rights (Banjul Charter), among others.

Despite some progress in the area, a number of countries in West Africa still report high prevalence rates of FGM amongst women aged 15 to 49 years: Guinea 95%, Mali 89%, Sierra Leone 86%, Burkina Faso, 76%.

Recently, during African Girls Summit held from 16 to 18 November 2021, the African Union gave an opportunity to girls to express their points of view on harmful traditional practices. Female genital mutilation was the most important of all harmful practices.



"Even though the government has set up some policies in order to eliminate FGM, there are still some gaps to fill. The only way to fill them is to bring together all the stakeholders including community leaders, religious leaders, children and adults to discuss and agree on mechanisms to reinforce human rights and girl's rights respectively."

A girl from Mauritania



The practice of FGM continues due to strong social and gender norms that lead parents to believe it is in the best interests of their daughters. In such contexts, having a law alone - even one that is effectively enforced - is not enough to eliminate this deeply rooted traditional practice. Strong law enforcement

without efforts to promote social change is unlikely to have a positive effect and can even drive the practice underground. For laws to have a significant positive impact, they need to be widely understood, discussed and 'owned' by the people that are affected by them.

JOINING FORCES WACA CALL TO ACTION FOR ZERO TOLERANCE FOR FEMALE GENITAL MUTILATION

WACA Governments:

- All governments should undertake representative data collection on the scale and scope of FGM, including its prevalence, in line with global commitments under SDG 5.3.2 to eliminate all harmful practices, and international human rights law, including in diaspora contexts.
- Greater funding commitments towards interventions aimed at the abandonment of all forms of FGM are required in order to scale up current efforts ten-fold to end FGM by 2030 in line with SDG commitment 5.3.2.
- National legislation needs to include dedicated resources and strategies for behaviour change programs including norm change for effective multisectoral implementation at local and community level, which must include the justice and policing sectors, education, health professionals and child protection actors and grassroots women's organisations. The focus of national legislation should not be punitive or stigmatizing in approach to practising communities, but should seek to support community engagement and outreach on abandoning the practice.
- Interventions and activities to support the rights-based abandonment of FGM should be evidence-based, gender transformative in nature, and seek to address harmful social norms underlying the practice. They should seek to understand what are the factors that keep the practice persisting in order to address them accurately. Interventions must engage all members of a community, including girls themselves, men, FGM practitioners and key stakeholders such as grandmothers and older women, religious and community leaders, health professionals, teachers, and the justice system.
- Religious and community leaders should openly dispel myths that associate FGM with any religion as well as the harmful gender norms underlying the practice. They should support communities to abandon FGM through local and national advocacy and the issuance of religious edicts or fatwas, where relevant, that prohibit the practice under religious law.
- Survivors of all forms of FGM have a right to access information, education and healthcare services relating to the practice and its impacts, and all of these should be provided in child and adolescent-friendly formats. Healthcare services, including mental health and psychosocial support, must be available, accessible, acceptable and of sufficient quality to survivors of FGM, and sufficient resources should be put in place to deliver these services.
- Girls' access to education should be recognised as a right, as well as a protective factor for FGM, and governments should seek to prioritise girls' education, which should include provisions for comprehensive sexuality education (CSE). CSE curricula should include discussion and learning about the practice of FGM to support shifts in harmful social norms. Similar actions should address child, early and forced marriage and unions (CEFMU), in context where this is a concern as well.
- Governments, NGOs, UN agencies and stakeholders ensure that children (girls and boys) participate at all levels, from community to global, in meetings that talk about issues related to violence against children in order to increase child participation in the search of sustainable solutions

Recommendations for contexts where FGM is not yet criminalized:

- Governments should ensure that national legislation includes a clear definition of all types of FGM in its national laws, upon reference to the internationally recognised definitions set out by the World Health Organization and prohibit all forms of FGM, including when carried out by medical professionals or in medical settings, and provide extraterritorial jurisdiction to the offence, in line with international human rights law recommendations and best practice. The focus of any legislative approach must be towards community outreach and engagement with the law and should not be punitive or stigmatizing to certain communities.

Recommendations for contexts where cross-border cutting occurs:

- In regions where cross-border cutting is prevalent, governments and regional bodies should seek to establish and implement coordination mechanisms to align legislation, policy, and implementation strategies across border regions to support communities to abandon FGM. This should include aligning criminal penalties in legislation and the establishment of effectively resourced monitoring bodies and mechanisms to coordinate a multi-sectoral response across different national jurisdictions, and to improve policing of porous borders.
- Where legislation prohibits FGM, provisions should give extra-territorial jurisdiction over the offence of FGM, to allow the justice sector to respond to cases of FGM that have taken place abroad or in neighbouring jurisdictions.
- Community-based interventions to shift social norms and

end FGM in border regions should seek to include intermarrying groups and communities from cross-border regions within interventions.

- ➔ Further research and evidence are required on the scale, scope and driving factors of cross-border cutting. Donors

should increase available funding to support the improvement of the evidence base on FGM, including cross-border cutting, and should support increased interventions to interrupt cross-border cutting with robust evaluation frameworks to identify effective approaches.

Recommendations for where FGM has been medicalized:

- ➔ Legislation should prohibit medicalised forms/settings of FGM and national campaigns and awareness raising should take care to avoid focus on physical harms or harm-reduction approach. National action plans to support the abandonment of all forms of FGM/C must include and engage with medical professionals as key stakeholders.
- ➔ Medical curricula should include professional training on the causes and consequences of FGM and train and equip medical professionals to meaningfully engage with

practising communities to influence the abandonment of the practice. Medical professionals should also be equipped with training and support to resist community pressure to perform FGM.

- ➔ National medical associations should adopt clear codes of conduct that prohibit health professionals from carrying out any form of FGM, and seek to apply severe sanctions to any health professional found to be practising any form of FGM in contravention of medical ethics.

African Union, ECOWAS and ECCAS

- ➔ Encourage member states to improve their policies, enforce laws and allocate more budget for better protection of women and girls against FGM in Africa.

Technical and Financial Partners:

- ➔ Donors should increase funding towards research and evidence into the scale, scope and impacts of FGM, and on expanding the evidence base on effective interventions to support abandonment of the practice.

