

POLICY BRIEF

ENDING
FEMALE GENITAL MUTILATION
(FGM)



Contents

	Pg
1. Introduction	2
2. Background: Understanding Female Genital Mutilation	3
3. Existing National Statistics, Laws and Policies on FGM in East Africa	5
4. Progress Amidst Challenges on Ending FGM	6
4.1 Laws and Policies	
4.2 Girls Education and Empowerment	
4.3 Social Behaviour Change	
4.4 Faith Leaders and Community Leaders	
5. World Vision Regional Partners	8
5.1 African Union	
5.2 East African Community (EAC)	
5.3 Intergovernmental Authority on Development (IGAD)	
6. World Vision's Engagement in Ending FGM	10
6.1 WV Kenya	
6.2 WV Somalia	
6.2 WV Sudan	
6.3 WV Tanzania	
7. Recommendations and Call to Action	15
7.1 National Governments in Partnership Civil Society Organisations	
7.2 Faith and Community Leaders	
7.3 Donors	
7.4 Regional Institutions	
References and Links	16
8. Conclusion	17

Acronyms

ACRWC	African Charter on the Rights and Welfare of the Child
AU	African Union
CoH	Channels of Hope
CSOs	Civil Society Organisations
EAC	East African Community
FGM	Female Genital Mutilation
HP	Harmful Practices
IGAD	Intergovernmental Authority on Development
JC	Junior Councils
OAU	Organisation of African Unity
SGBV	Sexual Gender Based Violence
UNCRC	UN Convention on the Rights of the Child
WV	World Vision

1. Introduction

“Harmful Practices” means all behaviour, attitudes and/or practices that negatively affect the fundamental rights of women and girls, such as their right to life, health, dignity, education and physical integrity ¹. A variety of harmful practices exist, including Female Genital Mutilation (FGM), child and forced marriage, virginity testing and related practices, extreme dietary restrictions, including during pregnancy (force-feeding, food taboos), binding, scarring, branding/ infliction of tribal marks and, corporal punishment.

Other harmful practices include stoning, violent initiation rites, widowhood practices, accusations of witchcraft, infanticide, incest and body modifications that are performed for the purpose of beauty or marriageability of girls and women ². This document will focus on one type of HP which is FGM.

FGM comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. The practice has no health benefits for girls and women and cause severe bleeding and problems during urination, and later cysts, infections, as well as complications in childbirth and increased risk of newborn deaths³.

2. Background

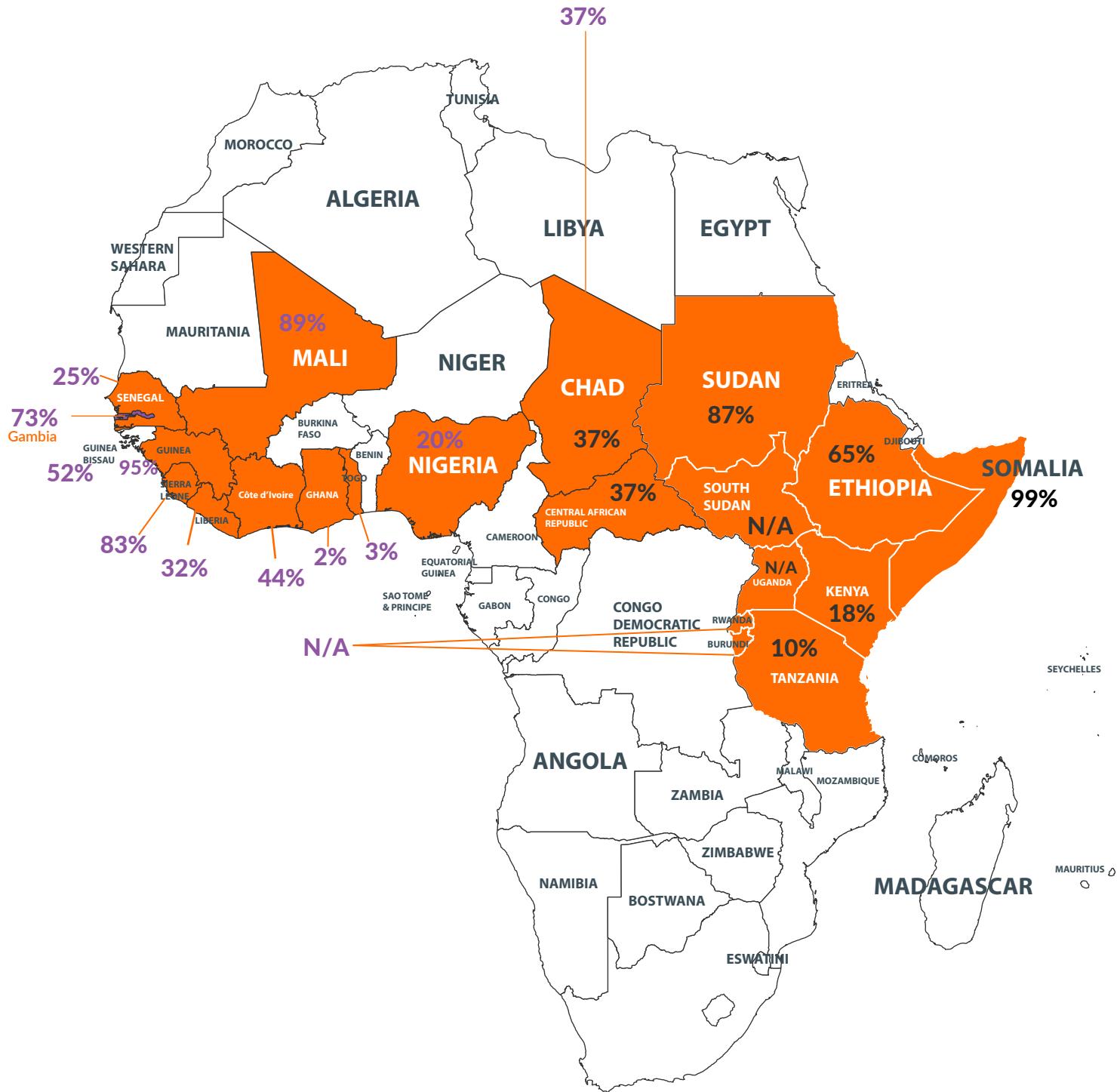
Understanding Female Genital Mutilation

Although the origins of FGM are obscure, there has been anthropological and historical research to help us understand how the practice came about. Although FGM is practised in some communities in the belief that it is a religious requirement, research shows that the practice pre-dates Islam and Christianity. Studies show that FGM can be traced back to Egypt in the fifth-century BC⁴.

FGM is practiced in 31 countries in Africa, the Middle East, and Asia. It's most prevalent in Djibouti, Egypt, Guinea, Somalia and Mali.⁵



FGM prevalence percentages among girls and women aged 15 to 49 years



3. Existing National Statistics, Laws and Policies on FGM in East Africa

Ending FGM requires creating and supporting an enabling environment through a combination of interventions that focus on the implementation of legislation that protects the human rights of girls and women including their right to be free from FGM. Stemming this vice also needs policy frameworks at the national and local levels that outline strategies and dedicate resources to eliminating FGM.

The UN Convention on the Rights of the Child (UNCRC) and The African Charter on the Rights and Welfare of the Child (ACRWC) lay the international standards for the rights and needs of children under 18. The UNCRC has been ratified by all nine countries in East Africa. Article 19 of the convention spells out the obligations above and is relevant to the protection of children against FGM.

The ACRWC has been ratified by most countries in the nine East Africa region countries except for Somalia and South Sudan. This section will focus on the good work that has currently been done through the existing laws and policies on FGM in the different countries in East Africa. Article 21 of the Charter spells out the obligations above and is relevant to the protection of children against FGM.

The existing laws and policies on FGM and ACRWC ratification⁶

COUNTRY	NATIONAL LEGISLATION AND POLICIES PROHIBITING FGM	YEAR OF RATIFICATION OF THE AFRICAN CHARTER ON THE RIGHTS AND WELFARE OF THE CHILD (ACRWC)
Burundi	There is no FGM hence no legislation	28 Jun 2004
Ethiopia	The Criminal Code (2004)	02 Oct 2002
Kenya	The Constitution of Kenya The Prohibition of Female Genital Mutilation Act 2011 The Penal Code (revised 2014) The Protection Against Domestic Violence Act (2015) The Revised Children Act (2016) Sexual Offences Act 2006 Sessional Paper No. 3 Of 2019 On the National Policy for The Eradication of Female Genital Mutilation	25 Jul 2000
Somalia	No national legislation to end FGM	Not Ratified
Rwanda	There is no FGM hence no legislation	11 May 2001
The United Republic of Tanzania	The Sexual Offences Special Provisions Act 1998 The amended Section 169 of the Penal Code The Law of the Child Act 2009	16 Mar 2003
Sudan	Article 141 of the amendment to the Criminal Act	30 Jul 2005

4. Progress Amidst Challenges on Ending FGM

Despite the prevalence of FGM in Africa, there have been some progress made by various governments in East Africa to fast track the end of FGM through various ways.

4.1 Laws and Policies

World Vision Kenya led the Joint Forces Alliance in advocating for the amendment of the Children's Act 2001. This resulted in Kenya's bicameral Parliament (National Assembly and the Senate) passing the Children's Act 2022. This new legislation has Section 23 which covers children protection from harmful cultural practices and clearly names the different harmful practices including FGM. The Republic of Sudan in 2020 passed Article 141 in the Sudanese Criminal Law by Sudan's Transitional Government, effectively criminalising the practice of Female Genital Mutilation(FGM). This landmark decision was welcomed and celebrated across Sudan. World Vision International celebrated this milestone jointly with Save the Children and UNICEF by acknowledging in a joint press statement. This showed a truly significant milestone in further promoting the rights and well-being of girls and women in Sudan.⁷

Somalia currently does not have a law prohibiting FGM which is mentioned in the country's Constitution but without a true definition and specified penalties for the engagement in its practice. However, progress on the issue has recently been noted in Puntland, a semi-autonomous region of Somalia. Although the law has not yet been ratified, it has been endorsed by the President and Cabinet and is awaiting Parliamentary approval⁸.

The Republic of Sudan through the Sudanese Council of Ministers approved the Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa, which states under Article 5 the elimination of all harmful practices, covering essential areas such as public awareness, legal action, support to victims and protection of women at risk⁹.

4.2 Girls Education and Empowerment

Any plan to decrease FGM must include education because it can significantly alter societal and individual perceptions. According to some, basic education is a crucial strategy for ending FGM, and the subject should be covered at all levels of instruction. According to data, girls and women with no formal education are significantly more likely to support FGM than those with formal education. For instance, in Kenya, 38 per cent of women and girls without formal education support the practice, compared to 6 per cent of women and girls with secondary or higher education¹⁰.

Channels of Hope one of World Vision International projects in Somaliland Puntland, highlights the story of fourteen-year-old Hawa who attends a Somali language lesson. "I heard about FGM when I was seven years old, and the long-term health consequences have always terrified me," Hawa said.

FGM is widespread in her community and in Somalia, where over 90 per cent of girls and women have experienced the procedure. World Vision's Channels of Hope programming is helping support community-wide mindset changes to end FGM in Hawa's area. So far, the programme has reached more than 2,100 girls and boys with FGM awareness education¹¹.

4.3 Social Behaviour Change

Knowledge of existing legal provisions and policies within the countries is varied, and some communities further along the borders having limited understanding of the laws prohibiting FGM. In some communities, adherence to the social, cultural and religious norms that dictate the practice of FGM is so strong that the laws banning the practice are rarely observed. Despite legislation being in place, law enforcement agencies are reluctant to implement the laws because of limited knowledge, and some officials still believe in the practice.

There is a need to focus on awareness-raising and education among communities and key stakeholders involved in the prevention and response services to end FGM along the borders. The awareness-raising should focus on FGM as a human rights violation and address the social, cultural and religious norms that perpetuate the practice despite knowledge of the laws in place prohibiting the practice.

4.4 Faith Leaders and Community Leaders

FGM is found in communities practising a variety of different religions, including Christianity, Islam and Judaism (Jews). Although FGM is not a requirement of any mainstream religion, sometimes people mistakenly believe that it is their religious duty.

World Vision, with support from the Finnish Government, is working in conjunction with local authorities and has put in place a multi-sectoral programme that aims at reducing FGM among the Somali population. One of the key elements of this programme is the Channels of Hope (CoH) approach, which aims at training and sensitising community leaders, such as faith leaders about the dangers of FGM.

CoH is one way that mobilises community leaders—especially faith leaders-- to respond to core issues affecting their communities—such as maternal and child health, gender equity and gender-based violence, and child protection. Faith leaders trained on the CoH approach become active participants in their communities and are committed to identifying and supporting the most vulnerable in their communities. They also mobilise their own congregations and seek to strengthen existing community structures¹².

"World Vision is our big partner, and it helps us through a programme whereby the faith leaders have to orient the community towards the endless problems of FGM," says Abdirizak Hassan Farah the Acting Director-General of the Ministry of Justice, Constitution, Religious Affairs and Rehabilitation in Puntland.

5. World Vision Regional Partners

5.1 African Union

The African Union (AU) is a continental body consisting of the 55 member states that make up the countries of the African Continent. It was officially launched in 2002 as a successor to the Organisation of African Unity (OAU, 1963-1999).¹³

The African Union through the department of Health, Humanitarian Affairs and Social Development jointly with partners such as World Vision International held different events that created awareness on ending Harmful Practices such as FGM. In November 2021 the 3rd African Girls' Summit, brought together representatives from 35 AU member States, more than 100 young adolescent girls and more than 1500 stakeholders – including international organisations, civil society organisations, traditional and religious leaders; hosted by the Government of the Republic of Niger and the African Union Commission under the theme: "Culture, Human Rights and Accountability – Accelerating Elimination of Harmful Practices". This later came to be referred to as the "Niamey Call to Action and Commitment on Eliminating Harmful Practices".¹⁴

The AU also launched a continental initiative to end FGM and save 50 million girls who are at risk. In Addis Ababa, on 11th February 2010 on the sidelines of the 32nd Ordinary Session of the African Union Summit of Heads of State and Government, the Government of Burkina Faso and the African Union Commission, launched the African Union Initiative on Eliminating Female Genital Mutilation. Saleema, which was designed to galvanise political action to accelerate the elimination of the harmful practice was spearheaded by H.E. Roch Marc Christian Kaboré, President of the Republic of Burkina Faso. He was designated the African Union Champion on eliminating FGM by the 32nd Session of the Assembly of African Union Heads of State and Government.¹⁵

World Vision International in the spirit of partnership, through the efforts of increasing influence and impact in Africa has partnered with the AU Department of the Health, Humanitarian Affairs and Social Development through a signed MOU to ensure that all children can live a full life.

5.2 East African Community (EAC)

The East African Community (EAC) is a regional intergovernmental organisation of seven partner states namely Burundi, Kenya, Rwanda, Uganda, South Sudan, the Democratic Republic of the Congo, and Tanzania, with its headquarters in Arusha.

The EAC is home to an estimated 283.7 million citizens, of which over 30 per cent is urban population. With a land area of 4.8 million square kilometres and a combined Gross Domestic Product of US\$ 305.3 billion. It bears great strategic and geopolitical significance and prospects for the renewed and reinvigorated EAC.¹⁶ In 2016, the EAC passed the East African Community Prohibition of Female Genital Mutilation Bill (which includes Kenya, South Sudan, Tanzania and Uganda), which defines and calls for prosecution of cross-border FGM offences and calls for the establishment of a

sub-regional coordination mechanism for reinvigorating efforts to eliminate FGM. The bill also obliges the member states to strengthen collaboration and coordination in prosecuting FGM cases.¹⁷

The EAC partners in 2016 also passed the EAC Child Policy that is the culmination of various processes geared towards the harmonisation of standards on and approaches to the implementation of child rights in the EAC. The policy seeks to provide a functional, regional, policy, and institutional framework to facilitate the development, co-ordination, harmonisation and strengthening of national efforts geared towards the promotion of children's rights and child wellbeing. The policy also highlights issues of FGM and how the partner states have committed to its end.¹⁸

5.3 Intergovernmental Authority on Development (IGAD)

The Intergovernmental Authority on Development (IGAD) in Eastern Africa was created in 1996 to supersede the Intergovernmental Authority on Drought and Development (IGADD) which was founded in 1986 to mitigate the effects of the recurring severe droughts and other natural disasters that resulted in widespread famine, ecological degradation and economic hardship in the region. Djibouti, Ethiopia, Kenya, Somalia, Sudan and Uganda – acted through the United Nations to establish the intergovernmental body for development and drought control in their region.

Eritrea became the seventh member after attaining independence in 1993 and in 2011 South Sudan joined IGAD as the eighth member state¹⁹.

In 2022 IGAD and other stakeholders including World Vision created the IGAD Child Policy of 2022. The policy provides a comprehensive, holistic and child focused policy approaches to protect and promote the rights of children within IGAD member countries. The policy contains recommendations and objectives to guide member states on how to respond to vulnerabilities that affect the rights of children within their countries and across borders in the IGAD region.

The policy focus is on strengthening systems, structures, and service delivery, addressing and responding to violence against children; tackling cross border child protection issues; dealing with migration and forced displacement; building the capacity of social workforce and conducting policy advocacy to promote the realisation and fulfilment of child right within IGAD region.

6. World Vision's Engagement in Ending FGM

World Vision East Africa partners with Civil Society Organisations and other stakeholders to ensure the End of FGM in Africa.



Kenya Big Dream Project

The Kenya Big Dream is a World Vision project that seeks to eliminate the root causes of FGM and child marriage. It also seeks to create a condition for hope for girls, boys and their families. It is often said that FGM and child marriage are challenging and too culturally ingrained to solve. The project helped participants to learn alternative sources of income, such as poultry farming and beekeeping, impacting 1,785 family members. Less financial pressure helps reduce the circumstances that lead to violence against children. The Kenya Big Dream is a holistic and proven approach to help eradicate child marriage and FGM in the following ways.

- Tradition equates the cut with womanhood but through our work with community leaders we invite girls and boys to participate in coming-of-age ceremonies to safely replace FGM as a rite of passage.
- Families need daughter's bride price but as a result of our work, families are empowered through new income generating opportunities to become resilient and financially stable.
- Girls' education is not prioritised but, our efforts aim to empower children through education. This provides both girls and boys with the opportunity to achieve their full potential as bestowed by God.

“The ARP training has increased our knowledge on pain girls and women who have been mutilated undergo especially during child birth. The training also emphasised child rights and standing against retrogressive cultures for instance forced child pregnancies and marriage that impede girls' progress in education. We thank World Vision for organising holiday camps and trainings as it cements friendships and expands our knowledge on topical child issues. In future, I want to be a journalist so that I can document positive works in our community”

Quote from Project Participant: Rophina Chelimo, 17 years, a Form 3 student at Masol Secondary School- West Pokot.

6.1 Lessons Learned from the Project

- There are notable successes realised from the integration of models and interventions on child protection and livelihoods, specifically C-Change, Empowered World View and Savings for Transformation. Households have embraced the change in attitude and behaviour expressed in these models. Various caregivers and community members have explored new and/or strengthened their business ventures hence increasing their ability to provide for the needs of their children.
- Partnership and collaboration with state and non-state stakeholders is key in planning and implementing activities as it allows for coordination and complementarity in addressing child protection priorities, and it creates a conducive environment for joint advocacy action.
- Implementation of the Community Change programme model has resulted in positive results within the community. It has catalysed self-reflection and action among community members particularly as it relates to protecting children from FGM and child marriage and in facilitating their own development, e.g., construction of sanitary facilities, security fencing, and provision of water through sinking of boreholes and piping. This combined effort has also led to increased enrolment of children in schools.
- Contextual challenges such as drought and insecurity have resulted in negative outcomes such as loss of livestock and pasture which is an economic stressor to vulnerable livelihoods, food shortages, and a heightened risk of FGM, child marriage and child labour.
- Due to the high levels of poverty and vulnerability in the project locations, there are increased requests from parents, leaders and school heads for school fees support for vulnerable children and children out of school.

6.2 WV Somalia



The implementation of Channels of Hope (CoH) is one way that WV Somalia mobilises community leaders—especially faith leaders-- to respond to core issues affecting their communities—such as maternal and child health, gender equity and gender-based violence, and child protection like FGM. Faith leaders are trained by CoH to become active participants in their communities and who are committed to identify and support the most vulnerable in their communities and fight FGM²⁰.

WV Somalia also finalized their policy brief on ending violence against children. The policy brief titled It Takes Somalia & Somaliland to End Violence against Children covers different forms of violence against children including FGM and how it contributes to a multitude of health complications ranging from long-term physiological and psychological trauma, death resulting from haemorrhage, risks of HIV infection and future obstetric complications such as obstetric fistulas. It also identifies the connection between early experiences of sexual violence and negative behavioural outcomes in adulthood and how forced child marriage leads to school drop outs²¹.

6.2 WV Sudan

In June 2022, World Vision Sudan participated in the Day of the African Child and collaborated with UNICEF, Save the Children and Plan International. Together, they released a joint press statement whose message was to end violence against children and improve lives of the most vulnerable children in Sudan. The statement acknowledged and appreciated the ongoing promising steps being taken towards the elimination of FGM/C in Sudan in addition to criminalising the practice.



6.3 WV Tanzania

According to the 2016 Tanzania Demographic and Health Survey, FGM is still practiced despite the efforts by the government of Tanzania and stakeholders to end the vice. There are incidences of FGM especially in five regions of Manyara (58per cent), Dodoma (47per cent), Arusha (41per cent), Mara (32per cent) and Singida (31per cent). World Vision Tanzania is working in four regions of Manyara, Dodoma, Arusha and Singida. In ending FGM in the four regions, World Vision Tanzania contributed the following:



1. World Vision Tanzania rescued children from FGM in four regions (in areas where World Vision Operates). This was conducted in collaboration with the government and other partners resulting in the girls being accommodated in safe houses.
2. World Vision Tanzania provided capacity building to traditional leaders and mutilators (In Swahili known as Ngariba). Change behaviour interventions at the Programme were implemented through different models such as Channel of Hope Gender (CoH-Gender) and Celebrating Family where faith leaders were trained to cascade and deliver trainings on behaviour change. Faith leaders, community leaders and members were trained on alternative rites of passage and the message was delivered to the congregation. World Vision Tanzania empowered mutilators with income generating activities so that they can stop earning money through practicing FGM.
3. World Vision Tanzania strengthened 407 Children and Women Protection Committee which is a government structure developed in National Plan of Action in ending violence against women and children. The committees in Tanzania were trained by WV on how to prevent, respond to, and restore cases of abuse against women and children in their respective villages. The members of these committees are now responsible for carrying out these important tasks to ensure the safety and well-being of vulnerable individuals in their communities.

4. World Vision Tanzania collaborated with Local Government Authority in forming and strengthening 360 Junior Councils (JC) in schools (primary and secondary schools). JCs were empowered with their rights (survive, develop, participate, protect and non-discrimination), responsibilities. Child Protection includes shielding children from harmful traditional practices such as FGM which is connected to child marriage. JC is the platform and government structure where children learn, reflect and express their views/ issues freely in all matters affecting their lives including child abuse cases.
5. At the national level, World Vision Tanzania is a member of the National Anti- Female Genital Mutilation Coalition which has 22 members. As part of the coalition, World Vision Tanzania participated in preparing policy briefs, press releases for advocating policy change and budget increase on child protection interventions including FGM eradication.
6. World Vision Tanzania participated fully in developing Anti FGM strategy for 2021/22-2024/25 and its implementation plan. World Vision Tanzania also participated in strategy dissemination to the public in five regions of Tanzania mainland leading on FGM.

WV Tanzania in partnership with other Civil Society Organisations are advocating for the review of the age of child marriage through the amendment of the Law of Marriage Act, 1971 to revise the age of girls getting married from the current 15 years to 18 years. There is a linkage between child marriage and FGM.

They are both driven by gender norms linked to controlling women and girls' sexuality, and maintaining social and religious norms. FGM can be linked to a girl's marriageability, and is sometimes a precursor to marriage thus emphasising the importance of amending of the Marriage Act in Tanzania to stop both harmful practices.



7. Recommendations and Call to Action

7.1

National Governments

- Strengthen and/ or establish national child-sensitive and gender transformative social protection systems, ensure adequate budgetary allocations and put in place accountability mechanisms to ensure the most vulnerable women and girls receive transfers of sufficient size and duration to meet lifesaving food and nutrition needs.
- Increase investments especially by governments on social protection, provision of education and health services and economic strengthening to end diverse forms of violence against children and women.
- Train all law enforcement officials on the practice of FGM and the anti-FGM laws. Joint training sessions would be ideal to ensure uniformity of understanding of the practice of FGM and the law.
- Improve the ability of law enforcement officials to arrest perpetrators and raise awareness of FGM and the law within their communities by improving the infrastructure and other resources such as cars to increase their mobility within their respective administrative areas.
- Create awareness and speak out on the harm of FGM, and any other SGBV as violations of human rights.

7.2 Faith and

Community Leaders

- Faith leaders to use places of worship and sermons to sensitise their communities to protect children from abuse, neglect and harm.

7.3 Donors

- Mobilise additional, comprehensive humanitarian funding to address urgent and growing humanitarian needs. At present, despite the gravity of the situation, the humanitarian response in Africa remains largely unfunded.
- Take diplomatic action to prevent famine, protect civilians and ensure humanitarian access in conflict situations, now and in the future.

7.4 Regional Institutions

- Regional intuitions such as AU, IGAD and EAC should pass a regional law that prohibits FGM
- FGM should consider provisions that:
 - I. Harmonise the offences and minimum penalties to eliminate the need for people to cross borders to faceless punitive penalties and escape the law
 - II. Capitalise on local and religious rules and laws that prohibit the practice of FGM
 - III. Protect those who report or are witnesses in FGM cases for instance through adoption and enforcement of witness protection laws
 - IV. Address emerging issues such as the medicalisation of the practice and self-mutilation

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8. Conclusion

The eradication of FGM/C can only be achieved through a strong and coordinated approach implemented at local, regional, national and international levels. Supportive education and targeted training are recommended to enable all stakeholders to sensitively and respectfully address this complex and long-standing practice. Healthcare providers have a duty of care and are in many ways uniquely positioned to support the eradication of FGM.



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