United Nations E/CN.6/2012/8

Economic and Social Council

Distr.: General
5 December 2011

Original: English

Commission on the Status of Women
Fifty-sixth session
29 February-9 March 2012
Item 3 (c) of the provisional agenda*
Follow-up to the Fourth World Conference on Women and to the twenty-third special session of the General Assembly, entitled "Women 2000: gender equality, development and peace for the twenty-first century": gender mainstreaming, situations and programmatic matters

Ending female genital mutilation

Report of the Secretary-General

Summary

Pursuant to resolution 54/7 of the Commission on the Status of Women, the present report provides information on measures taken by Member States and activities carried out within the United Nations system to address female genital mutilation. The report concludes with recommendations for future action.

* E/CN.6/2012/1.

11-62159 (E) 090112

I. Introduction

1. In its resolution 54/7 (E/2010/27-E/CN.6/2010/11) on ending female genital mutilation, the Commission on the Status of Women urged States to, inter alia, enact and enforce legislation to prohibit female genital mutilation, develop social and psychological support services and care, and take measures to improve health, in order to assist women and girls who are subjected to this type of violence. The resolution also called on States to develop, support and implement comprehensive and integrated strategies for the prevention of female genital mutilation; develop policies to ensure effective implementation of national legislative frameworks on eliminating discrimination and violence against women and girls, in particular female genital mutilation; and develop unified methods and standards for the collection of data on all forms of discrimination and violence against women and girls, including on female genital mutilation. The Commission requested the Secretary-General to submit to it at its fifty-sixth session, in 2012, a report on the implementation of the resolution. The present report, submitted in accordance with that request, is based, inter alia, on information received from Member States[1] and entities of the United Nations system,[2] as well as on contributions by Member States to the Secretary-General's database on violence against women.[3] It covers the period since the previous report to the Commission (E/CN.6/2010/6), up to 31 October 2011.[4]

II. Background

2. According to the World Health Organization (WHO),[5] there are an estimated 130 million to 140 million girls and women in the world who have undergone female genital mutilation. Every year, approximately 3 million girls and women are at risk of being subjected to such mutilation. The practice is prevalent in 28 countries in Africa and in some countries in Asia and the Middle East. In addition, a

[1] Replies were received from Austria, Belgium, Burkina Faso, Cameroon, Denmark, the Dominican Republic, Finland, Italy, Japan, Mexico, the Philippines, Portugal, Sweden, Switzerland and the United Kingdom of Great Britain and Northern Ireland. The contribution of Qatar received after the deadline for the previous report (E/CN.6/2010/6) is also considered in the present report.

[2] The Joint United Nations Programme on HIV/AIDS, the Department of Public Information, the United Nations Children's Fund (UNICEF), the United Nations Development Programme, the United Nations Educational, Scientific and Cultural Organization, the United Nations Entity for Gender Equality and the Empowerment of Women, the Office of the United Nations High Commissioner for Refugees, the Permanent Forum on Indigenous Issues, the secretariat for the Convention on the Rights of Persons with Disabilities, the United Nations Population Fund (UNFPA) and the World Health Organization (WHO).

[3] Contributions to the Secretary-General's database by the following States were used for the report: Côte d'Ivoire, Djibouti, Germany, Liberia, Norway, the Sudan and Yemen.

[4] This report uses the term "female genital mutilation" in accordance with resolution 54/7 of the Commission on the Status of Women. Some United Nations agencies use the term "female genital mutilation/cutting", wherein the additional term "cutting" is intended to reflect the importance of using non-judgemental terminology in the context of practising communities. Both terms emphasize the fact that the practice is a violation of girls' and women's human rights.

[5] WHO, "An update on WHO's work on female genital mutilation (FGM): Progress report" (2011).

growing number of women and girls among immigrant communities have been subjected to or are at risk of female genital mutilation in Australia and New Zealand, as well as in countries in Europe and North America.[5]

3. According to the Department of Economic and Social Affairs,[6] female genital mutilation continues to be widespread but appears to be declining slightly. Numerous efforts at the national, regional and international levels involving a wide range of actors have contributed to the decline. Initiatives such as enactment of laws prohibiting female genital mutilation, complemented by comprehensive policies and prevention measures, including community-based programming, have created changes in social beliefs and behaviour that have led to the abandonment of female genital mutilation.[7] For example, 15 African States where female genital mutilation is prevalent and a number of States in other parts of the world have enacted laws criminalizing the practice (A/61/122/Add.1 and Corr.1).

4. Nonetheless, some trends on female genital mutilation indicate that the average age at which girls are subjected to the practice is becoming lower in some countries and that, increasingly, medical professionals are involved[5] A recent analysis of existing data shows that over 18 per cent of all girls and women who have been subjected to female genital mutilation have had the procedure performed by a health-care provider.[8] Adverse cultural norms, practices and traditions, as well as patriarchal attitudes and deep-rooted stereotypes regarding the roles, responsibilities and identities of women and men, that perpetuate discrimination against women and girls, are some of the underlying factors that contribute to the continuation of the practice (see, for example, A/63/38).

III. Global and regional legal and policy developments

5. During the reporting period, United Nations bodies continued to address female genital mutilation as a human rights violation with detrimental effects on the health of women and girls. The General Assembly, in its resolution 65/228 on strengthening crime prevention and criminal justice responses to violence against women, urged States to review, evaluate and update their criminal laws in order to ensure that harmful traditional practices, including female genital mutilation, in all their forms, are criminalized as serious offences under the law. In its resolution 64/145 on the girl child, the Assembly urged States to enact and enforce legislation to protect girls from female genital mutilation; to complement punitive measures with educational activities designed to promote a process of consensus towards the abandonment of female genital mutilation; and to provide appropriate services for those affected by the practice.

6. The Commission on the Status of Women adopted resolution 54/7 on ending female genital mutilation at its fifty-fourth session, in 2010, in which it recognized that female genital mutilation violates and impairs or nullifies the enjoyment of the

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[6] See Department of Economic and Social Affairs, *The World's Women 2010: Trends and Statistics*, 2010.

[7] See UNICEF, *Legislative Reform to Support the Abandonment of Female Genital Mutilation/Cutting, 2010, and UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting: Accelerating Change — Annual Report 2010*.

[8] See *Global Strategy to Stop Health-care Providers from Performing Female Genital Mutilation*, 2010, available from http://whqlibdoc.who.int/hq/2010/WHO_RHR_10.9_eng.pdf.

human rights of women and girls and constitutes a serious threat to the health of women and girls. In the same resolution, the Commission called upon States to strengthen advocacy and awareness-raising programmes and to develop policies, protocols and rules towards the elimination of such practices. In addition, the Commission adopted resolutions 54/2 and 55/2, both on women, the girl child and HIV and AIDS, at its fifty-fourth and fifty-fifth sessions. In those resolutions, the Commission expressed its concern that the vulnerability of women and girls to HIV is increased by, inter alia, female genital mutilation, and it urged Governments to strengthen and implement legal, policy, administrative and other measures for the prevention and elimination of all forms of violence against women and girls, including female genital mutilation.

7. The Permanent Forum on Indigenous Issues also addressed violence against women and female genital mutilation, stressing the importance of adopting an intercultural approach in the prevention and eradication of violence against women (see E/2010/43-E/C.19/2010/15, para. 163), and recommending that States should ensure that all cultural and customary practices that negatively affect the rights of indigenous women (for example, female genital mutilation), are eliminated, including through legislation (see E/2006/43-E/C.19/2006/11, para. 53).

8. The Human Rights Council adopted resolution 14/12 on accelerating efforts to eliminate all forms of violence against women and ensuring due diligence in prevention, in which it urged States to publicly condemn violence against women and provide visible and sustained leadership at the highest levels to prevent all forms of violence against women and girls, and, in particular, in efforts to confront the attitudes, customs, practices and gender stereotypes that lie at the core of discriminatory and harmful acts and practices that are violent towards women, such as female genital mutilation. The Council also adopted resolution 13/20 on the rights of the child, which addressed sexual violence against children and strongly condemned all forms of sexual violence and abuse against children, including female genital mutilation. The Working Group on the Universal Periodic Review of the Council issued several recommendations on ending female genital mutilation to countries under review. The Working Group recommended that Governments prohibit female genital mutilation (see A/HRC/16/17, recommendation No. 25), ensure that existing laws prohibiting female genital mutilation are enforced throughout the countries concerned (see A/HRC/18/16, recommendation No. 107), and take all measures to ensure the prohibition of female genital mutilation through awareness-raising and sensitization activities (see A/HRC/17/15, recommendation No. 26).

9. The Committee on the Rights of the Child, in its general comment No. 13 (CRC/C/GC/13) on the right of the child to freedom from all forms of violence, outlined harmful practices, including female genital mutilation, among the forms of violence that children can experience. The Committee on the Rights of the Child and the Committee on the Elimination of Discrimination against Women are in the process of elaborating a joint general recommendation/comment on harmful practices, including female genital mutilation.

10. Special Rapporteurs of the Human Rights Council devoted attention to and made recommendations on the elimination of female genital mutilation. The Special Rapporteur on violence against women, its causes and consequences and the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or

punishment have continuously addressed the issue (see, for example, A/HRC/17/26/Add.1 and A/HRC/13/39/Add.4, respectively), including in their dialogue with Governments and in the context of country visits. In his 2010 report (A/HRC/13/39), the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment stated that, by not acting with due diligence to protect victims of female genital mutilation, States may commit torture or cruel, inhuman or degrading treatment or punishment by acquiescence. In his 2010 interim report (see A/65/207), the Special Rapporteur on freedom of religion and belief stated that States should penalize those performing female genital mutilation and develop prevention measures, including through dialogues between Government authorities and religious leaders and other members of society. Female genital mutilation has also been the subject of a number of individual complaints and urgent appeals sent to United Nations Special Rapporteurs.

11. The importance of enhancing efforts at the global level to address the practice of female genital mutilation was reaffirmed by the decision of the Assembly of the African Union on the support of a draft resolution at the sixty-sixth session of the General Assembly to ban female genital mutilation in the world (see Assembly/AU/Dec.383 (XVII)), adopted at the seventeenth session of the Assembly of the African Union . In that decision, the Assembly of the African Union called upon the United Nations General Assembly to adopt a resolution at its sixty-sixth session to ban female genital mutilation worldwide, by harmonizing the actions of its Member States and by providing recommendations and guidelines for the development and strengthening of regional and international legal instruments and national legislations. Following the African Union decision, a representative of Burkina Faso brought the issue of female genital mutilation to the attention of the Third Committee of the General Assembly, and announced the intention of the African Group to introduce a resolution at its sixty-sixth session on ending female genital mutilation.

IV. Measures reported by Member States and United Nations entities

12. Member States and United Nations entities have worked towards ending female genital mutilation by implementing international human rights conventions through national legal frameworks, policies, programmes and institutional mechanisms for the prevention of the practice and support to victims, data collection and collaboration among different stakeholders at the national, bilateral, regional and international levels.

A. International instruments[9] and national legislation

13. All of the reporting Member States are party to the Convention on the Elimination of All Forms of Discrimination against Women and to the Convention on the Rights of the Child, the two international treaties referred to in paragraph 1 of resolution 54/7 of the Commission. In accordance with this international framework,

[9] Information in this section is taken from Government submissions and the multilateral treaties website of the Office of Legal Affairs.

States parties are required to enact laws and policies to address female genital mutilation. Reference was also made by some Member States to their adherence to regional legal instruments that contain provisions on the elimination of female genital mutilation, including the African Charter on the Rights and Welfare of the Child, which entered into force in 1999, and the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, which entered into force in 2005.[10] Some reporting States are signatories to the Council of Europe Convention on preventing and combating violence against women and domestic violence (CETS No.210), a legally binding instrument that was adopted by the Committee of Ministers of the Council of Europe on 7 April 2011 and includes provisions on female genital mutilation.

14. A comprehensive legal framework that prohibits female genital mutilation and provides prevention measures and support for victims and women at risk is crucial. In Italy for example, a comprehensive law was adopted, which not only prohibits female genital mutilation but also mandates a range of prevention measures and support services to victims of female genital mutilation. A number of States have either criminalized female genital mutilation (Belgium, Burkina Faso, Denmark, Finland, Italy, Portugal, Sweden, Switzerland and the United Kingdom of Great Britain and Northern Ireland) or ruled that tradition cannot be invoked as a ground of defence (Portugal). In Kenya, the Prohibition of Female Genital Mutilation Bill was adopted in 2010, with the support of the United Nations Children's Fund (UNICEF)-United Nations Population Fund (UNFPA) Joint Programme on Female Genital Mutilation/Cutting, while in Ethiopia, a draft bill is being debated in Parliament. Some States (Italy and the United Kingdom) have introduced more severe penalties varying from fines to imprisonment. Prison terms range from one to six years and sentences are increased in such aggravating circumstances as cases of female genital mutilation committed against minors, for profit and/or resulting in death (Belgium, Denmark, Finland and Italy). In Burkina Faso, commitment of the crime by medical practitioners is punished by a suspension of their licences. Legislation in numerous States creates extraterritorial jurisdiction, punishing female genital mutilation even if performed in another country where the practice is not prohibited, in the light of the fact that the practice can be committed across borders (Belgium, Denmark, Sweden, Switzerland and the United Kingdom). In order to enhance the enforcement of legislation, newly adopted laws or those being considered for adoption were widely disseminated (Belgium, Burkina Faso and the United Kingdom); and sensitization workshops were conducted in Eritrea with support from the United Nations Development Programme (UNDP) on Proclamation 158/2007 abolishing female genital mutilation/cutting.

15. States have adopted different laws or applied provisions to their existing legislation to further protect and support women and girls subjected to or at risk of female genital mutilation. In Sweden, the Social Services Act requires professionals to report to public administration authorities when there is a reason to believe a girl is at risk of or has already been subjected to female genital mutilation. In some States, it is illegal not to assist a person at risk of female genital mutilation by not reporting the case to the authorities (Belgium and Djibouti). The duty of medical professionals to observe confidentiality is negated in other States, including Belgium, if they encounter cases of female genital mutilation. In Portugal, State

[10] Both treaties are available from www.africa-union.org/root/au/Documents/Treaties/treaties.htm.

intervention in cases of female genital mutilation is provided under the Law on the Protection of the Children. In Burkina Faso, the Civil Code provides that victims of female genital mutilation are entitled to compensation. Some States, including Belgium and Portugal, recognize female genital mutilation for the purposes of asylum laws and procedures.

16. Enforcement of legislation still remains a challenge. While some States, such as the United Kingdom, noted that the law on female genital mutilation has been a successful deterrent of the practice, little information has been reported on the impact of enacted legislation. Human rights treaty bodies, while welcoming the adoption of laws to address female genital mutilation in their concluding observations to States parties, have also expressed concerns about the underreporting of cases of female genital mutilation;[11] the inconsistent enforcement of laws due to insufficient allocation of funds; lack of coordination among the relevant actors; low awareness of existing laws;[12] and impunity of perpetrators. They urged States to create adequate conditions for victims to report incidents of harmful traditional practices;[13] and to ensure the full implementation of legislation prohibiting female genital mutilation, including the prosecution of perpetrators.[14]

17. United Nations entities have supported States to adopt or improve laws that prohibit female genital mutilation and, to that end, have collaborated with national authorities to develop tools and establish mechanisms. Capacity-building of legislators to promote the adoption of laws addressing female genital mutilation was supported by the UNFPA-UNICEF Joint Programme, which is a leading actor in accelerating the abandonment of the practice in 17 African countries, in collaboration with the non-governmental organization No Peace Without Justice; and by the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), which, for instance, strengthened the Kenya Women Parliamentary Association. In 2010, UN-Women published a *Supplement to the Handbook for Legislation on Violence against Women: "Harmful practices" against women*.[15] The handbook was produced on the basis of an expert group meeting on good practices in legislation on "harmful practices" against women (convened by the former Division for the Advancement of Women, in cooperation with the Economic Commission for Africa). Its recommendations relevant to female genital mutilation include that legislation should:

(a) Define female genital mutilation and not distinguish between the different types of female genital mutilation for the purposes of punishment; clearly state that consent cannot be a defence to a charge of female genital mutilation; establish a separate and distinct offence of the act of female genital mutilation; and establish that perpetrators are subject to higher criminal penalties associated with crimes against children;

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[11] See CEDAW/C/DJI/CO/1-3, para. 18 and CRC/C/NOR/CO/4, para. 44.

[12] See CEDAW/C/ETH/CO/6-7, para. 20.

[13] See CAT/C/ETH/CO/1, para. 32; CAT/C/GHA/CO/1, para. 23.

[14] See CEDAW/C/ITA/CO/6, para. 53; CEDAW/C/DJI/CO/1-3, para. 19; CEDAW/C/UGA/CO/7, para. 22; CRC/C/EGY/CO/3-4, para. 69; CEDAW/C/BFA/CO/6, para. 26; CEDAW/C/EGY/CO/7, paras. 41-42, CCPR/C/ETH/CO/1, para. 10; CCPR/C/TGO/CO/4, para. 13; CRC/C/NOR/CO/4, para. 45; CEDAW/C/OMN/CO/1, para. 26.

[15] Available from www.un.org/womenwatch/daw/vaw/handbook/Supplement-to-Handbook-English.pdf.

(b) Mandate that all relevant professionals, including practitioners and employees in day-care centres, child welfare services, health and social services, schools and out-of-school care schemes and religious communities report cases of female genital mutilation to the appropriate authorities;

(c) Where necessary, mandate that specialized shelters be established for victims/survivors of certain "harmful practices", including female genital mutilation;

(d) Acknowledge that communities have an integral role to play in the abandonment of female genital mutilation, and call for governmental support, where requested, for community-based abandonment initiatives; and, where appropriate, support community-based initiatives that are targeted at changing behaviour and attitudes, including alternative rites of passage and the re-training of traditional practitioners for alternative professions, such as midwifery.

B. National action plans, strategies and coordination mechanisms

18. National action plans on eliminating female genital mutilation offer a framework for the development, implementation, monitoring and evaluation of comprehensive and coordinated strategies. National action plans on female genital mutilation and/or national plans of action on violence against women that address female genital mutilation are in place in a number of countries, including Austria, Belgium, Burkina Faso, Cameroon, Djibouti, Italy, Liberia, Norway, the Sudan, Sweden and the United Kingdom. A national plan of action to address female genital mutilation was elaborated in Mali, with UNDP support to the Ministry for the Promotion of Women, while new national policies to address the practice were approved in Guinea-Bissau and Senegal, with support from the UNICEF-UNFPA Joint Programme. Finland is in the process of developing a national action plan to address female genital mutilation. Some of the national action plans include measures to implement laws, prevent female genital mutilation, provide support services, systematize data collection and analysis on the prevalence of female genital mutilation, and promote cooperation among different actors involved in addressing the issue. In Burkina Faso, an evaluation plan was further elaborated to monitor the implementation and evaluation of the national action plan.

19. States also address female genital mutilation in national plans or strategies related to other issues. For example in Côte d'Ivoire, Denmark, Germany, Norway and Portugal, national action plans and strategies on gender equality, women and peace and security, and women's human rights, set out a number of actions to eliminate female genital mutilation.

20. A promising practice in several States consists of involving multiple stakeholders, including non-governmental organizations and representatives of affected groups, in the elaboration, implementation and evaluation processes of national action plans and strategies that address female genital mutilation (Austria, Belgium, Burkina Faso, Norway, Portugal and the United Kingdom).

21. The establishment of wide-ranging institutional mechanisms to coordinate the implementation of national action plans and policies has proven to be a good practice, given the multiplicity of responses required. To that end, dedicated national mechanisms, such as inter-ministerial and multisectoral working groups,

national committees and/or commissions responsible for the coordination and implementation of efforts aimed at the elimination of female genital mutilation, have been established in various States, including Austria, Burkina Faso, Djibouti, Italy, Portugal and Yemen.

22. Limited information was provided on evaluations of the implementation of national action plans, their impact and the allocation of resources for their implementation. While human rights treaty bodies have welcomed the adoption of national action plans, strategies, programmes and legislation to address female genital mutilation, they have also expressed concerns that female genital mutilation is still widely practised; and have urged States to better coordinate anti-female-genital-mutilation activities (see CRC/C/BFA/CO/3-4, para. 59) and to ensure the comprehensive implementation of national action plans.[16]

23. United Nations entities have assisted States in developing policies to effectively address female genital mutilation and its effects on the health of women and girls. Efforts increased in 2010-2011 through support from the UNICEF-UNFPA Joint Programme to better integrate the health implications of female genital mutilation into national reproductive health strategies. In *UNAIDS Strategy 2011-2015: Getting to Zero*, the Joint United Nations Programme on HIV/AIDS (UNAIDS) calls for countries to make their response to violence against women an integral part of HIV/AIDS programmes and strategies in order to stop harmful practices.

C. Prevention measures and support for victims and women at risk

24. Prevention is a core component of any strategy to end female genital mutilation and it needs to complement legislation and other measures in order to effectively eliminate the practice. States have emphasized the importance of prevention and the transformation of social beliefs and behaviours towards the abandonment of female genital mutilation, through community-based initiatives and partnerships at all levels, including with non-governmental organizations (Belgium, Denmark, Finland, Sweden and the United Kingdom).

Awareness-raising and advocacy

25. Initiatives aimed at preventing female genital mutilation through awareness-raising on the issue and its detrimental effects on the psychological and physical health of women and girls; legislation prohibiting the practice; available support services for victims; and the promotion of women's and girls' human rights were carried out in several States, including Austria, Belgium, Burkina Faso, Cameroon, Djibouti, Italy, Portugal, Sweden, Switzerland and the United Kingdom. Such initiatives, often conducted in collaboration with non-governmental organizations, included conferences, seminars and workshops, social mobilization campaigns, including theatre plays, and communication materials such as leaflets and posters translated into several languages and disseminated online. States reported the organization of events to commemorate the International Day of Zero Tolerance to Female Genital Mutilation (on 6 February) and as part of the 16 Days of Activism against Gender Violence campaign, which further promoted awareness of the

[16] CEDAW/C/KEN/CO/7, para. 20; CRC/C/SDN/CO/3-4, para. 14.; CRC/C/CMR/CO/2, para. 60.

practice. Target groups for those initiatives included immigrant communities, professionals dealing with women and girls at risk of female genital mutilation, women who have experienced female genital mutilation, traditional and religious leaders, teachers and students.

26. The media played an important role in the decline of the practice. In the Gambia, media campaigns and ongoing radio programmes promoting the abandonment of female genital mutilation were produced, with support from the UNFPA-UNICEF Joint Programme. The importance of building alliances was recognized in Burkina Faso, where different networks of religious and traditional leaders, journalists and non-governmental organizations were created to further advocate for the abandonment of female genital mutilation. Condemnation of the practice by high-profile figures who exert influence on public opinion can further contribute to the prevention of female genital mutilation. In Burkina Faso, for example, the First Lady and religious and traditional leaders all condemned the practice.

27. In the context of the campaign of the Secretary General entitled "UNiTE to End Violence against Women", United Nations entities, including the Department of Public Information, UNAIDS, UNESCO, UNFPA, the Office of the United Nations High Commissioner for Refugees (UNHCR), UNICEF, UN-Women and WHO, were further engaged in or supported a wide range of awareness-raising and advocacy initiatives at the global or regional level, mainly in Africa, using a variety of communication channels such as social networks, radio, films, websites, public performances and workshops. A number of entities have further strengthened awareness of the practice by supporting and being engaged in events held to commemorate International Day of Zero Tolerance to Female Genital Mutilation and International Women's Day (UNESCO, UNFPA-UNICEF Joint Programme). UNAIDS, in collaboration with the Government of Uganda, the non-governmental organization REACH and Makerere University and with support from other United Nations entities, continued to support community mobilization in three Sabiny districts to further protect and promote the rights of girls against female genital mutilation. To that end, sensitization workshops among Sabiny people resulted in the abandonment of the practice by traditional practitioners. UNHCR conducted awareness-raising activities on female genital mutilation in refugee camps in Djibouti and Kenya in collaboration with the non-governmental organization CARE.

Community-based programming

28. The importance has been increasingly acknowledged of community-based initiatives, which facilitate a process of social change towards the abandonment of female genital mutilation. In Burkina Faso, development projects that improved overall hygiene and health conditions and supported income-generating activities and community mobilization, have resulted in public declarations of abandonment of female genital mutilation in 95 communities of the country. In another initiative in Burkina Faso, community patrols by the military police were used to sensitize communities to the harmful effects of female genital mutilation with a view to discouraging the practice. In the United Kingdom, the Scottish government supported community engagement in prevention activities and the development of a minority ethnic women's network to work with policymakers on issues related to female genital mutilation.

29. The need to address female genital mutilation as a social norm and to empower communities to achieve sustained social change towards the abandonment of female genital mutilation guided several community-based initiatives supported by United Nations entities. For instance, the UNFPA-UNICEF Joint Programme supported the building of partnerships among multiple stakeholders and community education on reproductive health, HIV/AIDS and human rights in 12 countries, thereby facilitating community dialogues on female genital mutilation. Those efforts resulted in collective public declarations by community and religious leaders on commitment to end the practice in Burkina Faso, Djibouti, Ethiopia, the Gambia, Guinea, Kenya, Somalia and the Sudan. The non-governmental organization Tostan, in collaboration with the UNFPA-UNICEF Joint Programme, carried out community empowerment programmes in several sub-Saharan countries, using human rights education and community ownership approaches towards the abandonment of the practice. The UN-Women-administered United Nations Trust Fund to End Violence against Women supported the non-governmental organization Save the Children Sweden to conduct human rights-based community mobilization in the Gambia, Guinea, Mali and Senegal that engaged traditional leaders, youth, police officers and health workers.

Educational programmes

30. Educational curricula and institutions provide an important forum for educating on and raising awareness of female genital mutilation. In Burkina Faso, specific modules on female genital mutilation were included in the curricula of primary and secondary schools. In order to enrol youth advocates, in particular boys, for ending female genital mutilation, the United Nations Trust Fund to End Violence against Women supported non-governmental organizations such as Save the Children Sweden to integrate awareness-raising programmes in school curricula, in collaboration with the Ministries of Education of the Gambia, Guinea, Mali and Senegal; and such as Action Aid Ethiopia to establish boys' clubs in primary and secondary schools to raise awareness on harmful practices among students.

31. Teacher training on female genital mutilation was organized in several States (Austria, Burkina Faso and Italy). Teacher training on female genital mutilation, HIV/AIDS, human rights and reproductive rights was also carried out in Brazil, Cape Verde, Guinea-Bissau and Senegal, with support from UNESCO.

Training

32. Training programmes for professionals dealing with cases of women and girls at risk of or who have already undergone female genital mutilation can enhance the implementation of laws and policies addressing the practice. Such training took place in several States, targeting health professionals, social workers, traditional practitioners, law enforcement and immigration officials (Austria, Belgium, Burkina Faso, Cameroon, Finland, Sweden, Switzerland and the United Kingdom). Training of health-care providers, including traditional birth attendants, and of law enforcement officials was also carried out in Djibouti, Ethiopia, the Gambia, Guinea-Bissau, Kenya and the Sudan, with support from the UNICEF-UNFPA Joint Programme. Training programmes focused on women's human rights, health issues related to female genital mutilation, investigation techniques and the implementation of legal and policy frameworks. Guidelines, training modules and good-practice handbooks were also produced to further assist relevant professionals

in the prevention and management of cases of female genital mutilation. WHO published online information for health-care providers and researchers, including counselling guidelines for victims. In order to address the increased medicalization of the practice, the UNFPA-UNICEF Joint Programme supported the publication of a training manual for health-care providers in Kenya.

33. Training on issues related to harmful practices, the detrimental effects of female genital mutilation and women's human rights was provided for other stakeholders in order to strengthen their role in preventing the practice. Such training was offered to religious and traditional leaders as well as journalists in Burkina Faso. In Ethiopia, the United Nations Trust Fund to End Violence against Women supported the non-governmental organization Action Aid to train traditional and religious leaders in order to further engage them in community mobilization. In order to strengthen media coverage of the issue of female genital mutilation and to encourage community dialogues about the practice, the UNICEF-UNFPA Joint Programme supported capacity-building of journalists and media institutions in Ethiopia, the Gambia, Guinea-Bissau, Kenya, the Sudan and the United Republic of Tanzania, in collaboration with the Association for Women in Development. The Joint Programme also supported the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children to train youth leaders from Ethiopia, Kenya, Uganda and the United Republic of Tanzania and increase their capacity as peer educators and advocates.

34. While some Member States reported on the allocation of resources to implement prevention activities (Italy and Switzerland), additional information on how systematically those programmes were carried out and evaluated has been limited. Human rights treaty bodies have expressed concerns about States not having sufficiently sustained actions to modify or eliminate stereotypes, negative cultural values and harmful practices (see CEDAW/C/ETH/CO/6-7, para. 18). The bodies have urged States to continue and increase their awareness-raising and educational efforts to completely eliminate female genital mutilation;[17] to ensure that such measures are systematically and consistently mainstreamed, targeting all segments of society (see CRC/C/CMR/CO/2, para. 60); and to assess the impact of such measures (see CEDAW/C/ZAF/CO/4, para. 21).

Support for victims and women at risk

35. A number of Member States have reported on measures to protect and assist women and girls who have experienced or are at risk of female genital mutilation (Belgium, Burkina Faso, Cameroon, Italy, Portugal, Sweden, Switzerland and the United Kingdom). For example, specialized clinics to treat victims have been created in Sweden and the United Kingdom. In Burkina Faso, medical kits are distributed to victims in order to mitigate the health effects of the practice. Hotlines have been established in a few States to receive reports on cases of female genital mutilation and provide information on available support services (Burkina Faso and Italy). In Switzerland, in addition to medical treatment, women and girls who have experienced female genital mutilation are offered literacy courses to further empower them. Legal aid is provided to victims of the practice by the National Association of Women Lawyers, with support from UN-Women, in States such as

[17] CEDAW/C/KEN/CO/7, para. 18; CEDAW/C/EGY/CO/7, para. 42; CEDAW/C/BFA/CO/6, para. 24; CEDAW/C/UGA/CO/7, para. 22.

Burkina Faso, Côte d'Ivoire, Guinea, Mali, the Niger and Sierra Leone. Some countries, including Belgium, Portugal and Sweden, have granted asylum to women and girls at risk of female genital mutilation.

36. United Nations entities have stressed the negative effects of female genital mutilation on the health of women and girls, including disability, and focused efforts on ensuring that victims and girls at risk have access to related services and support. For example, UNHCR supported the provision of counselling services and medical assistance to women who experienced female genital mutilation in refugee camps. In order to address the medicalization of the practice, the UNFPA-UNICEF Joint Programme supported the creation of an anonymous reporting mechanism in Egypt, to receive information on doctors who continue to perform the practice despite its prohibition by law. A "Global strategy to stop health-care providers from performing female genital mutilation" was published in 2010 by WHO, in collaboration with seven other United Nations entities and six professional organizations. The strategy outlines recommendations to address the medicalization of the practice, including the creation of legislative and regulatory frameworks, their monitoring and evaluation, and the allocation of funds for their implementation.

D. Data collection and research

37. The availability of better data is critical for there to be evidence-based legal and policy development to address the elimination of female genital mutilation. A number of States reported that they had no available data on female genital mutilation (Belgium, Finland, the Philippines, Sweden and Switzerland) or that no cases had been reported (the Dominican Republic and Mexico). Qatar reported that the practice does not exist in the country. Burkina Faso provided data on the prevalence of female genital mutilation, the number of arrests and prosecuted cases, and reported on the training of officials tasked with the collection and analysis of such data. The national centre of information and documentation on women and children in Mali, in collaboration with UNDP and with support from Germany, has started to collect data on female genital mutilation. Lack of data was reported as an impediment for the evaluation of actions taken to address female genital mutilation (Belgium and Cameroon). Human rights treaty bodies, while noting a decline of female genital mutilation in urban areas, expressed concerns about the prevalence of the practice in rural areas (see CEDAW/C/ETH/CO/6-7, para. 20) and in various countries under review;[18] they deplored the lack of statistical data on prevalence and urged States to collect statistics and other data on the practice and to include data collection and analysis of traditional harmful practices in national surveys.[19]

38. Surveys and studies were carried out in States to enhance knowledge of the prevalence of female genital mutilation (Belgium, Cameroon and Italy). A situation analysis of female genital mutilation was carried out in Cameroon, which found that the practice was prevalent in Yaoundé and in the north and south-west regions. In Belgium, a study was carried out by the Institute of Tropical Medicine, revealing that out of 22,840 women residing in Belgium who originally came from countries

[18] CRC/C/SDN/CO/3-4, para. 56; CEDAW/C/DJI/CO/1-3, para. 18; CEDAW/C/UGA/CO/7, para. 21.

[19] CEDAW/C/OMN/CO/1, para. 26; CRC/C/CMR/CO/2, para. 60.

where female genital mutilation is practised, 8,235 had probably experienced or were at risk of female genital mutilation.

39. United Nations entities have supported the increased availability of data and knowledge regarding female genital mutilation. The 2010 multi-country UNICEF study entitled *The Dynamics of Social Change-Towards the abandonment of female genital mutilation/cutting in five African countries* found that programmes that apply a holistic approach and address female genital mutilation as a social norm are more effective. UNICEF is in the process of finalizing another study entitled *Female Genital Mutilation/Cutting: A statistical exploration*, which reviews data from all surveys carried out by UNICEF and explores the variation on prevalence from country to country depending on the impact of different socio-economic and demographic factors. UNESCO prepared a framework for collecting qualitative and quantitative information on women's empowerment, which includes a set of indicators on female genital mutilation. The organization also produced reports containing studies on how female genital mutilation affects girls' access to education and on the linkages between female genital mutilation, culture and development. WHO has disseminated information on good practices for the abandonment of female genital mutilation and is currently engaged in research on sociocultural factors contributing to the abandonment or continuation of the practice. WHO also carried out research on the health consequences of the practice and their treatment in Norway.

40. An international conference on female genital mutilation/cutting was held in Nairobi in October 2011, in collaboration with WHO, UNFPA, the International Centre for Reproductive Health and universities from Australia, Belgium, Kenya and the United States of America. The conference attracted participants from Governments, non-governmental organizations, the United Nations and academia with a view to identifying knowledge gaps about health issues related to female genital mutilation and analysing different interventions aimed at ending the practice, including community-based interventions.

E. Bilateral, regional and international cooperation

41. Many States have cooperated in and/or supported bilateral and/or multilateral programmes and projects for the elimination of female genital mutilation, together with United Nations entities, regional bodies and non-governmental organizations (Belgium, Denmark, Djibouti, Finland, Italy, Japan, Portugal, the Sudan, Sweden, Switzerland, the United Kingdom and Yemen). The initiatives often focus on legal reform, prevention efforts, including awareness-raising and training, assistance to and protection of women and girls at risk, the exchange of information on good practices and studies on the prevalence of the practice. Some partnerships and projects also focused on reproductive health and rights (Belgium and Denmark). Burkina Faso, supported by UN-Women and the UNFPA-UNICEF Joint Programme, partnered with Mali to strengthen their efforts to address female genital mutilation being practised across the border between the two countries.

42. Some States have reported that their national development agencies support, either directly or through non-governmental organizations, national efforts to address female genital mutilation in the context of (a) development cooperation initiatives, focusing on various aspects of the practice, such as health risks (the

United Kingdom); and (b) promotion initiatives, such as capacity-building, educational programmes, awareness-raising and community-based programming aimed at changing collective attitudes towards female genital mutilation (Japan and Sweden).

43. Some States, including Burkina Faso, Djibouti, Italy and Portugal, have strengthened regional cooperation and/or been represented at meetings and international seminars aimed at sharing good practices, information on prevalence and trends and work priorities. Burkina Faso for example hosted a subregional conference of First Ladies of West Africa in October 2008, with support from UN-Women, which aimed at engaging leadership at the highest level, sharing good practices and developing common strategies to address female genital mutilation being practised across the borders of Burkina Faso, Côte d'Ivoire, Ghana, Mali and the Niger. The African Union, with support from UN-Women, organized a pan-African conference on "Celebrating courage and overcoming harmful traditions", held in Addis Ababa from 5 to 7 October 2011, aimed at enhancing partnerships and promoting good practices to combat harmful traditional practices, including female genital mutilation. The conference led to the adoption of a framework for action and recommendations on harmful practices, proposing, inter alia, holistic and integrated strategies; cooperation; the improvement of legislative and policy frameworks; prevention measures, including advocacy, awareness-raising and women's empowerment; research on issues related to harmful traditional practices; and monitoring and evaluation of related actions.

44. A number of reporting States, including Italy, Sweden, Switzerland and the United Kingdom, are part of the donor working group on female genital mutilation. The group developed a platform for action towards the abandonment of female genital mutilation/cutting, in which it proposed a common holistic programmatic approach to effectively scale up abandonment efforts, such as the review of national laws and policies, the involvement of a wide range of actors, community empowerment activities to create social change and the provision of support services to victims of female genital mutilation.

V. Conclusions and recommendations

45. **Many actions have been taken at the national, regional and international levels to end female genital mutilation. Efforts have been made to strengthen national legal and policy frameworks, enhance prevention and protection measures, improve knowledge about the practice and how to effectively address it, and facilitate coordination and cooperation at all levels. Female genital mutilation is prohibited by criminal law in many States. States are increasingly complementing such legislation and policies with prevention and protection measures, including information and awareness-raising campaigns, community-based initiatives, educational programmes and training of law enforcement officials, health-care professionals and other stakeholders such as community leaders and journalists, as well as providing medical treatment and support to women and girls who have experienced female genital mutilation. Promising initiatives have included organizing human rights-based prevention initiatives, reaching out to communities as a whole, building partnerships and involving multiple stakeholders at different phases of the programmes.**

46. **Despite the increase in efforts and focus on the abandonment of female genital mutilation, the prevalence of the practice remains a cause for concern. The challenges that have been identified include insufficient enforcement of legislation and policies; limited resources allocated for their implementation; insufficient monitoring and evaluation of the impact of laws, policies and programmes; and lack of data to facilitate monitoring of progress.**

47. **A comprehensive, coordinated, systematic approach based on human rights and gender equality principles and the involvement of multiple stakeholders at all levels, including international and regional bodies, is required to achieve and sustain abandonment worldwide. Strong political commitment is required at the national level, demonstrated by comprehensive national laws and policies and the allocation of sufficient resources, including budgets, for their implementation. Initiatives aimed at the abandonment of the practice should also approach female genital mutilation as a social norm, with a view to initiating processes that foster social dialogues, community empowerment and ownership and result in a sustained collective change of beliefs and behaviour.**

48. **States should continue to ratify international instruments and implement them through national legal and policy frameworks. In accordance with international human rights standards, comprehensive legislation should be adopted that prohibits all forms of female genital mutilation and punishes the perpetrators. Legislation should also mandate a full range of prevention and protection measures for women and girls who have been subjected to or are at risk of female genital mutilation. Provisions for the effective implementation of laws, including budgetary allocations, and mechanisms to coordinate, monitor and evaluate law enforcement should be included in legislation. Laws need to provide for effective sanctions, including for medical professionals performing the practice, or in cases where female genital mutilation is performed in a country where it is not prohibited. The enforcement of legislation needs to be enhanced, including through its wide dissemination and the training of law enforcement officials. Conditions permitting women and girls to report cases of female genital mutilation have to be improved.**

49. **States should ensure that national action plans and strategies on the elimination of female genital mutilation are comprehensive, including a range of prevention and protection measures, and multidisciplinary in scope. They should incorporate clear targets and indicators, provide for ongoing monitoring and impact assessment and ensure coordination among all stakeholders. States should promote the participation of a wide range of stakeholders in the elaboration, implementation, monitoring and evaluation of action plans and strategies. Such stakeholders should include affected groups, practising communities, non-governmental organizations and women's groups. Coordination mechanisms should continue to be strengthened. States should ensure that sufficient resources are allocated for the implementation of all plans and strategies aimed at eliminating female genital mutilation.**

50. **A stronger focus needs to be placed on primary prevention efforts and support to abandonment efforts within existing laws, policies and programmes. Information and awareness-raising campaigns and programmes need to be systematic in reaching the general public, relevant professionals, families and**

communities. Educational programmes focusing on gender equality should be systematically pursued. All segments of society, including women and girls, men and boys, youth, community and faith organizations/leaders and the media should be actively engaged in prevention initiatives. The integral role of communities in the abandonment of female genital mutilation should be recognized and community-based abandonment initiatives supported. Such issues as women's human rights and gender equality, as well as information on reproductive health, maternal health, violence against women and girls, and female genital mutilation and its impact, should be incorporated into educational curricula, community dialogues and the training of actors who can influence a process of social change towards the sustained abandonment of female genital mutilation.

51. **Health practitioners, teachers, social workers and other professionals should be trained to identify and handle cases of women and girls who have experienced or are at risk of female genital mutilation. Health professionals should also be trained to appropriately manage the health implications of the practice and specifically to reduce its impact on the reproductive health of women and girls who have been subjected to female genital mutilation. States should promote the adoption and dissemination of standards and guidelines, including by the appropriate professional bodies, that condemn all forms of female genital mutilation being performed or supported by medical practitioners. Training should be provided to other actors who could influence a process of social change towards the abandonment of female genital mutilation, such as religious/traditional leaders and journalists. States should support community-led initiatives aimed at re-training traditional practitioners of female genital mutilation in alternative income-generating activities, where it is identified by communities as necessary, complemented by awareness-raising to limit the demand for the practice.**

52. **The protection and support of victims of female genital mutilation and women and girls at risk should also be an integral part of legislation, policies and programmes that address the issue. Victims should be provided with a range of specialized services, including legal, psychological, social assistance and health services to ensure their recovery from trauma and the prevention of serious health conditions.**

53. **Data collection and analysis, including on prevalence, attitudes and beliefs surrounding female genital mutilation as well as on reported cases and enforcement of legislation, should be strengthened and made more systematic, especially with respect to data on younger girls. The sharing of good practices in the prevention and abandonment of female genital mutilation should be reinforced. Qualitative research should also be intensified to improve understanding of sociocultural factors that could facilitate abandonment and inform effective strategies to eliminate female genital mutilation.**

54. **In all cases, targeted interventions to end female genital mutilation should be addressed in a holistic and comprehensive manner in the context of overall intensified efforts to eliminate all forms of violence and discrimination against women and girls and advance gender equality.**