ROYAL NORWEGIAN MINISTRY OF CHILDREN, EQUALITY AND SOCIAL INCLUSION

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Norwegian response to the Office of the High Commissioner for Human Rights regarding information referring to Human Rights Council resolution 27/22

The Norwegian Ministry of Children, Equality and Social Inclusion presents its compliments to the Office of the High Commissioner for Human Rights. We are pleased to contribute to the preparation of a report on good practices and major challenges in preventing and eliminating female genital mutilation (FGM), which will be submitted to the twenty-ninth session of the Human Rights Council. We hereby provide information about the Norwegian national policy regarding FGM as requested in the questionnaire for Member States Human Rights Council resolution 27/22.

Question 1: *Can the Member State provide information on what it considers to be good practices in preventing and eliminating FGM?*

1.1 Does the Member State have a national policy or strategy on FGM which is enacted in law?
The Norwegian national policy on FGM is not enacted in law, however the national policy has since 2000 been organized through four successive Action Plans to prevent and combat FGM. The current *Action Plan against Forced Marriage, Female Genital Mutilation and Severe Restrictions on Young People's Freedom (2013-2016)* contains 22 measures.

1.2 Does the legislation contain preventive measures, as well as measures for the protection of and assistance to victims including in cases where the mutilation has been found to have been done in another country?
FGM is prohibited and punishable by law in Norway. It is a punishable offence to

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practice or assist and abet the practice of FGM. This prohibition also applies when the procedure is carried out outside Norway. For certain groups of professional practitioners and employees, it is a punishable offence not to attempt to prevent FGM. Everyone who works for public bodies or services, and a number of practitioners who have taken a vow of professional secrecy, have a statutory duty to report to the municipal child welfare service any suspicion that a child is being maltreated in his/her home or exposed to other forms of gross neglect. FGM is regarded as gross neglect. A justified concern or suspicion that a child may be subjected to FGM must therefore always be reported to the child welfare service. There may sometimes also be a duty to report in cases where FGM has already been carried out. All measures of preventive and protective kind as well as assistance to victims are applicable regardless if the mutilation is carried out outside Norway.

1.3 Does the legislation have special provision regarding health provider's practicing FGM?
It is prohibited for health providers to practice FGM in all cases, including if an adult woman herself has the wish to undergo FGM. The remaking of FGM after giving birth is also prohibited.

1.4 Are these mechanisms implemented and in use across the member state?
These mechanisms are implemented and in use nationwide.

1.5 What does the Member State consider as good practices in support and care services for women and girls at risk of FGM?
Through the long-term efforts against FGM the Norwegian policies have resulted in the implementation of a broad range of measures, which target groups at risk of FGM, civil society organizations, as well as public services and support services.

Evaluation of the policy measures and Norwegian research on FGM has pointed out measures that can be considered as good practices in the Norwegian context. Evaluation of the *Action Plan against Female Genital Mutilation (2008-2011)* shows among other things that the measures have generated greater focus on targeted health information, preventive health efforts and offering health care in relation to FGM.

These services are to be made available in a way that does not lead to stigmatization, by providing them through public health clinics and school health services that are low-threshold services available to the entire population.

Prevention of FGM and follow up of women and girls who have been mutilated, has been implemented as part of the ordinary work of mother-and-child clinics and the school health services, and is featured in the guide for health promotion and prevention in local authorities.

The health authorities have established programmes for maintaining and developing the special skills necessary for the psychosocial issues of violence and trauma,

including FGM. Expert measures and special guidance are monitored in the regular health service infrastructure.

In Norway, all genitally mutilated women who ask for it may be reopened. The service is free and provided by gynecological clinics in several locations in the country. Referral from a GP is not required.

1.6 Does the Member State have any disseminate evidence based information based on the health risks of FGM?
Information on the health risks of FGM is a continuous focus of the Norwegian policy to prevent and combat FGM. A good deal of relevant and accessible information has been developed. The Directorate of Children, Youth and Family Affairs is responsible to manage a network for developing and updating information. The network consists of the relevant directorates for health and welfare services, the police and immigration authorities, research institutions and voluntary organizations. To assess how to disseminate information about FGM and how to reach the target groups with good and correct information are among the tasks of the network.

1.7 Does the Member State have a proactive outreach programme aimed at raising awareness on FGM including penalties for perpetrators and available services for victims?
Awareness raising measures are implemented through various means. The offer of medical care for asylum seekers and refugees in transit centers helps to identify illnesses or conditions that require immediate treatment. Persons who have been reunited with their families in Norway have a duty to report to the police within seven days of their arrival in Norway. The police must inform the municipal health service of their arrival and they must be offered the possibility of a medical examination. It is important that the municipal medical officer follows up these groups after arrival in Norway. All girls and women, who come from countries where FGM is practiced, should be asked whether they have any special health problems which require attention or treatment, such as a gynecological examination and reopening.

Information about FGM such as Norwegian legislation is provided to newly arrived immigrants through the Introduction Programme, that gives newly arrived immigrants (refugees) and their families the right and obligation to participate in a qualification programme to prepare them for further education or work.

1.8 Good practices in working with civil society organizations including women groups, community leaders, and United Nations Partners to end this practice?
Civil society organizations play an important role in promoting dialogue and on many occasions serve as bridge-builders between the authorities and the population groups concerned. It is therefore important that the Government continues to support organizations that work to prevent FGM, and to maintain an ongoing dialogue with these organizations. The Government supports civil society organizations with funding directed towards awareness raising activities, such as seminars and dialogue groups.

The organizations were consulted during the preparation of the current *Action Plan against Forced Marriage, Female Genital Mutilation and Severe Restrictions on Young People's Freedom (2013-2016)*.

Question 2: *Can the Member State provide information on what it considers to be the major challenges in preventing and eliminating FGM?*
Evaluations of policy measures show that there is still a need for more knowledge and better preparedness in - and increased coordination of - ordinary public services. The measures in the current Action Plan are directed towards strengthening preventive efforts in schools and voluntary work, and better coordination and cooperation in public assistance.

It has proved difficult both to obtain reliable data and to establish procedures for systematic recording of the incidences of FGM in Norway. This makes it especially important to develop a critical approach to measures and use of resources, as well as providing services in a way that does not lead to stigmatization.

Question 3: *Where applicable, has the Member state identified good practices in building the capacity through promoting self-learning, training, and mentoring of key persons and professionals from the health, social, educational, judicial, law enforcement, migration and asylum sectors in responding to the specific needs of girls and women at risk of FGM or affected by FGM?*
The current action plan has measures for knowledge transfer within public service agencies, schools, among health workers and other professional groups through training and awareness rising.

It is an aim that the policies and measures should be evidence based. The National Competence Centre for FGM was established in 2008 at the National Centre for Violence and Traumatic Stress. They provide research on FGM and dissemination of knowledge towards both professionals as well as population groups where the risk of FGM may occur.

Question 4: *Where applicable, has the Member State identified good practices in providing assistance by means of technical cooperation and the exchange of information concerning administrative, legislative and judicial and non-judicial measures to address FGM, as well as experiences and best practices regarding data collection to map prevalence and incidence rates among various groups inside the country?*
The Expert Team against Forced Marriage and Female Genital Mutilation has a national and central role for capacity building and coordination and guidance for case workers in the public sector. The team consists of representatives from The Directorate of Health, The Directorate of Children, Youth and Family Affairs, The Directorate of Immigration, The Directorate of Integration and Diversity, The National Police Directorate, and The Labour and Welfare Administration.

There are no Norwegian surveys that accurately map prevalence of FGM in Norway. The National Competence Centre for FGM has in a recent study calculated the probable distribution of FGM among women and girls with immigrant background in Norway. The study has calculated probable prevalence by looking at the number of women and girls who have immigrated to Norway after the age FGM usually takes place in the country of origin, and prevalence of FGM in the country of origin. The study gives estimated indications on prevalence of FGM that can be a tool in assessing and designing measures and target groups in various municipalities in Norway.

Further information and guidance that has been developed through the Norwegian policy is available at page 42 in the Norwegian national Action Plan, which is accessible on the following website:
http://www.regjeringen.no/upload/BLD/IMA/tvangsekteskap/Handlingsplan_2013_ENG_web.pdf

Yours sincerely,

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The document is approved electronically, as such no handwritten signatures are required.