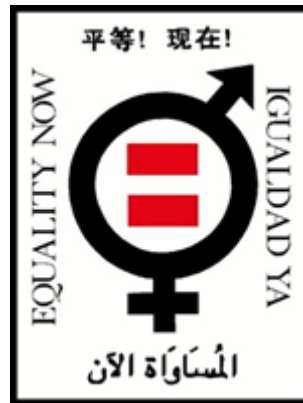


EQUALITY NOW



Submission to

Office of the United Nations High Commissioner for Human Rights

for the upcoming

**Report of Good Practices and Major Challenges in Preventing and
Eliminating Female Genital Mutilation**

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Abbreviations

AAP	American Academy of Pediatrics
ACHPR	African Charter on Human and Peoples' Rights
ACRWC	African Charter on the Rights and Welfare of the Child
AMSOPT	Association Malienne Pour le Suivi et l'Orientation des Pratiques Traditionnelles
ARP	Alterative Rite of Passage
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CEWLA	Center for Egyptian Women's Legal Assistance
CRC	Convention on the Rights of the Child
DPP	Director of Public Prosecutions
ECCR	Egyptian Coalition for Children's Rights
FGM	Female Genital Mutilation
LHRC	Legal and Human Rights Centre
Maputo Protocol	Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa
MOH	Ministry of Health
NAFGEM	Network against Female Genital Mutilation
NUEYS	National Union of Eritrean Youth
OHCHR	Office of the United Nations High Commissioner for Human Rights
ONEF	Organisation Nationale Pour l'Enfant, la Femme et la Famille
PNLE	Programme National de Lutte Contre l'Excision
PROFESAB	Promotion des Femmes de Sabalibougou
Prohibition of FGM Act	Prohibition of Female Genital Mutilation Act No. 32 of 2011
TNI	Tasaru Ntomonok Initiative
WOLPNET	Women of Liberia Peace Network
WONGOSOL	Women's NGO Secretariat of Liberia
WOSI	Women Solidarity, Inc.
WRIP	Women Rights Institute for Peace

I. INTRODUCTION

Equality Now welcomes the opportunity to submit information in response to the Office of the United Nations High Commissioner for Human Rights (OHCHR) request in accordance with Human Rights Council resolution 27/22 (2014) calling for a compilation of good practices and major challenges in preventing and eliminating female genital mutilation (FGM). This submission provides good practice examples of legislation, national policy and regional strategies including education and awareness raising campaigns, and services for women and girls living with FGM or who are at risk of FGM, as well as major challenges in preventing and eliminating FGM including information on health providers practicing FGM.

Equality Now is an international human rights organization with ECOSOC status, founded in 1992, working for the protection and promotion of the rights of women and girls worldwide. Equality Now's membership base, the Equality Action Network, is comprised of individuals and organizations in over 190 countries. Issues of concern to Equality Now include FGM, discrimination in law, sexual violence, trafficking of women and girls, and all other forms of violence and discrimination against women and girls. The views and examples below are based on the over 20 years of Equality Now's experience on legal advocacy and work with local grassroots anti-FGM organizations in countries where FGM is widely practiced, including several African countries as well as countries such as the United Kingdom and the United States, which have a large diaspora of FGM practicing communities.

FGM violates various human rights under international law, including women's and girls' rights to equality, life, security of the person, dignity, as well as freedom from discrimination and torture, cruel, inhuman or degrading treatment. At the international level, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Convention on the Rights of the Child (CRC) call for an end to FGM. Article 2(f) of CEDAW obliges States Parties to undertake all appropriate measures, including legislation, to modify or abolish existing laws, regulations, customs and practices that constitute discrimination against women. Article 24(3) of the CRC requires that States Parties take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of the child.

At the regional level, the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol), the African Charter on the Rights and Welfare of the Child (ACRWC), and the African Charter on Human and Peoples' Rights (ACHPR) all require States Parties to protect women and girls who are at risk of being subjected to FGM and to provide support to victims of the practice. The Maputo Protocol requires States Parties to "take all necessary legislative and other measures . . . including: prohibition, through legislative measures backed by sanctions, of all forms of female genital mutilation, . . . medicalization and para-medicalization of female genital mutilation. . . ." Article 5(a) requires States Parties to conduct public awareness and education outreach programmes on the effect of FGM, and Articles 5(c) and (d) require States Parties to provide protection to women at risk of being subjected to FGM and to support victims of FGM through providing basic services such as health services, legal and judicial support, and emotional and psychological counselling. Similar requirements are imposed on States Parties by Article 21 (eliminate harmful social and cultural practices prejudicial to the health of children) of the ACRWC, as well as Articles 3 (equality provision), Article 4 (respect for life and

integrity of the person), Article 5 (prohibiting all forms of exploitation and degradation of the person), Article 16 (right to health), and Article 18(3) (non-discrimination provision) of the ACHPR.

II. LEGISLATION BANNING FEMALE GENITAL MUTILATION

Several countries have passed legislation criminalizing FGM, in some cases also criminalizing the practice known as “vacation cutting,” which involves the transport of a girl outside her home country or state for the purpose of undergoing FGM. Model countries, where Equality Now has partnered with local organizations, include Kenya, Tanzania, the United Kingdom, and the United States. The passage of legislation and its implementation provide a critical foundation for protecting women and girls from FGM, deterring the practice and holding accountable those who subject girls to the practice.

A. Legislation in Kenya

Kenya has taken some important steps to comprehensively outlaw FGM. In Kenya’s national legal framework, FGM is prohibited under the Prohibition of Female Genital Mutilation Act No. 32 of 2011 (Prohibition of FGM Act)¹ as well as the Children’s Act No. 8 of 2001.² The Prohibition of FGM Act criminalizes all those involved in performing or procuring FGM, as well as punishes the transport of a girl outside of Kenya for the purpose of undergoing FGM. In addition, Kenya’s Constitution protects the rights to life, equality and freedom from discrimination, human dignity, freedom and security of the person, health, justice, as well as children’s right to freedom from harmful cultural practices, violence and inhuman treatment.³

The Prohibition of FGM Act also mandates the establishment of an Anti-FGM Board. The function of the Anti-FGM Board is to: “(a) design, supervise and co-ordinate public awareness programmes against the practice of female genital mutilation; (b) generally advise the Government on matters relating to female genital mutilation and the implementation of this Act; (c) design and formulate a policy on the planning, financing and co-ordinating of all activities relating to female genital mutilation; (d) provide technical and other support to institutions, agencies and other bodies engaged in the programmes aimed at eradication of female genital mutilation; (e) design programmes aimed at eradication of female genital mutilation; (f) facilitate resource mobilization for the programmes and activities aimed at eradicating female genital mutilation; . . .”⁴

In December 2013, Kenya appointed an anti-FGM advocate and former Minister/Member of Parliament, Honorable Linah Jebii Kilimo, from an area with high FGM prevalence, as the first chairperson of the government’s Anti-FGM Board.⁵ Since her appointment, Honorable Kilimo has

¹ Prohibition of Female Genital Mutilation Act No. 32 of 2011, *available at* www.kenyalaw.org:8181/exist/kenyalex/actview.xql?actid=CAP.%2062B.

² Children’s Act No. 8 of 2001, *available at* www.kenyalaw.org:8181/exist/kenyalex/actview.xql?actid=CAP.%20141.

³ Constitution of Kenya, 2010, *available at* www.kenyalaw.org:8181/exist/kenyalex/actview.xql?actid=Const2010.

⁴ Prohibition of Female Genital Mutilation Act No. 32 of 2011, Art. 5, *available at* www.kenyalaw.org:8181/exist/kenyalex/actview.xql?actid=CAP.%2062B.

⁵ The Republic of Kenya, THE KENYA GAZETTE, Vol. CXV-No. 182 (27 Dec. 2013), *available at* kenyalaw.org/kenya_gazette/gazette/volume/Nzcw/Vol.%20CXV-No.%20182.

worked to actively engage civil society organizations, including Equality Now and its Kenyan partner Tasaru Ntomonok Initiative (TNI), in order to achieve her mandate.

While implementation of the laws against FGM has long been a challenge, Kenya's Director of Public Prosecutions (DPP) in 2014 has taken several steps to more effectively implement and enforce the Prohibition of FGM Act, particularly since it imposes stronger penalties for FGM than the Children's Act. In April 2014 the DPP established a 20 member Anti-FGM Prosecution Unit, in order to streamline the prosecutorial management of FGM cases in Kenya. The unit has completed a two month long roll-out program nationwide, which included several proactive techniques being employed by prosecutors together with community sensitization programming. The Office of the DPP issued a draft report of their assessment of FGM cases stemming from the roll out of its FGM Prosecution Unit to curb FGM nationwide.⁶ Based on the DPP's initial roll out program of the Anti-FGM Unit, the Office of the DPP is proposing amendments to the Prohibition of FGM Act to strengthen penalties for FGM.⁷ The Office of the DPP is considering hosting a national consultative meeting based on the findings of the assessment to reflect on measures taken to date. Kenya's Principal Prosecution Council within the Office of the DPP also recently launched a hotline dedicated to FGM reporting to rescue girls from FGM and child marriage and to help prosecute these crimes. This is in response to recent reports of FGM cases that led to the death of girls in Oloitoktok, West Pokot and Baringo. Most recently in 2014, the ODPP also released a warning letter to all parents, teachers, guardians and medical practitioners that anyone caught will be prosecuted.

Civil society and non-governmental organizations in Kenya have been active in advocating for the implementation and enforcement of laws against FGM. Equality Now and TNI have also long been calling for prosecutions of cases of FGM. For example, TNI called for the prosecution of the circumcisor and the father of 12 year-old Sasiano who died as a result of FGM on 8 August 2008. After Equality Now and TNI raised with the authorities the issue of police inaction in implementing the anti-FGM provisions in the law (the Children's Act) at the time, the police re-arrested the circumcisor and the father who had skipped out on bail. We called on the prosecutor and police to show up to the court hearings. In April 2010, the defendants pleaded guilty to manslaughter and were each sentenced to ten years imprisonment. TNI reported that this case had a chilling effect and it seemed fewer girls were being cut in Sasiano's community. Since Sasiano's case, Kenya enacted the Prohibition of FGM Act in 2011.

In October 2013, Equality Now and its partners issued an action⁸ calling on the government of Kenya to enforce its laws against FGM and child marriage. In our action, we highlighted examples of girls running away from both FGM and child marriage, which in Kenya, often go hand in hand:

- Elizabeth from Churo village was barred from attending school by her parents who planned to subject her to FGM and marry her off. She found refuge with her aunt for a while and was attending school, but was forced to run away when her father tried to

⁶ Office of the Director of Public Prosecutions Anti-FGM Prosecution Unit, *Draft Report on Sensitization of Prohibition of FGM Act 2011* (Nov. 2014), available at www.scribd.com/doc/246975950/Final-FGM-Report.

⁷ *Id.*

⁸ Equality Now, Action 52.1 (10 October 2013, updated 31 July 2014): *Kenya: Protect girls by enforcing FGM and child marriage laws*, available at www.equalitynow.org/take_action/fgm_action521.

remove her from her aunt's home at age 16. She walked for three days before arriving at a rescue center for girls. Her father came to the center and tried to force her back home, but when the center's management threatened him with police action, he left and did not return.

- Alsine from Tangelbei village was pulled out of school by her parents at age 14 and subjected to FGM to 'prepare her for marriage.' She ran away to her older sister's home, but her father forcibly removed her from her sister's home and began marriage preparations. She managed to escape once more, and after spending two nights sleeping outdoors, was directed to a rescue center for girls where she is once again attending school.

In January 2014, Equality Now issued a report on child marriage,⁹ which highlighted another example of a girl running away from both FGM and child marriage:

- Liloe fled to the Rescue Center run by TNI when she was 14 years old to escape FGM and child marriage. TNI staff arranged reconciliation with her family and her mother promised not to mutilate her. When Liloe was 16, her mother again tried to marry her off and Liloe again fled to Tasaru. FGM and early marriage are illegal in Kenya. This time TNI reported the case to the police who prosecuted Liloe's mother in court under the Children's Act 2001. Liloe's mother was found guilty and sentenced in 2013 to two years of community service. Liloe continues to attend school and has recently been reconciled with her relatives.

These case studies highlight that in some contexts, FGM and child marriage may need to be addressed together and as related issues. In Kenya (as well as Tanzania), FGM is seen as a rite of passage into womanhood and an immediate precursor to marriage. Therefore once a girl has undergone FGM she is under pressure to marry as soon as possible and in most cases the parents find a husband for her. TNI provides a good practice example for how laws and legal institutions can address both FGM and child marriage when necessary.

B. Legislation in Tanzania

Tanzania has also criminalized FGM under its Sexual Offences Special Provision Act 1998.¹⁰ The law provides that anyone having custody, charge or care of a girl under eighteen years of age who causes her to undergo FGM commits the offence of cruelty to children.

One successful result of using the law in Tanzania is that of an 80-year-old woman, who is serving a one-year sentence because she mutilated a baby of 1.5 years; she has spoken out that she no longer wants to be a circumcisor once she is released.¹¹ Her experience has sparked dialogue in

⁹ Equality Now, *Protecting the Girl Child: Using the law to end child, early and forced marriage and related human rights violations* (Jan. 2014), available at www.equalitynow.org/childmarriage-report.

¹⁰ The Sexual Offence Special Provisions Act No. 4 of 1998, available at polis.parliament.go.tz/PAMS/docs/4-1998.pdf.

¹¹ Equality Now's Tanzanian partner, Network against Female Genital Mutilation (NAFGEM), shared this example during a training workshop convened by Equality Now aimed at strengthening an Africa led campaign to end FGM through building the capacity of our partner/activist organizations working to end FGM held in January 2014. The report from this meeting is on file with Equality Now.

her community about ending FGM. According to our Tanzanian partner, Network against Female Genital Mutilation (NAFGEM), taking a circumciser to court sends the message that the government is serious about ending FGM and this acts as a strong deterrent of the practice.

C. Legislation in the United Kingdom

The United Kingdom has also taken several steps to address FGM since there are many women and girls from diaspora communities affected by or at risk of FGM in the UK. The UK has had a law in place since 1985, updated in 2003 to close a loophole so that those taking girls abroad to be mutilated would be criminalized in the same way as those carrying out FGM in the UK. Until very recently, there had been no prosecutions under the law, but on 21 March 2014, the Crown Prosecution Service announced its first two prosecutions under the FGM law,¹² with the first trial scheduled for January 2015. New legislation as of November 2014 is being discussed, which would close a further small loophole with respect to those with uncertain UK resident status as well as proposing protection orders for at-risk girls and protection of victim identity in court cases. In addition, a specialized FGM Unit is being set up in the Home Office which will not have an operational role but will aim to ensure coordination of cross-governmental work for better effectiveness.

D. Legislation in the United States

The United States has been following in the UK's footsteps to address FGM for the women and girls living with FGM in the US, and who are still at risk of FGM. The US has had a federal law in place addressing FGM, 18 U.S. Code § 116 'Female Genital Mutilation,'¹³ since 1996. The law makes it illegal to perform FGM in the US. The law was amended in 2013 to close a loophole, preventing anyone from knowingly transporting a girl out of the US for the purpose of inflicting FGM. Twenty-three states in the US also have laws against FGM. The states of Arizona, Florida, Georgia, Kansas, Louisiana, Nevada, and New Jersey currently each have a "vacation provision" as part of their state laws prohibiting FGM, which makes it illegal to take girls out of the state, usually during vacation, for the purpose of having FGM performed on them.¹⁴

III. NATIONAL POLICY AND REGIONAL STRATEGIES INCLUDING EDUCATION AND AWARENESS RAISING CAMPAIGNS

In addition to legislation, national policies and education and awareness raising initiatives are key to ensure laws are enforced, as well as to change attitudes toward the practice of FGM. Good practice examples of awareness raising efforts and policies to address FGM can be found in Kenya, Tanzania, Mali, the United Kingdom, and the United States where Equality Now has worked closely with partner organizations, as well as in Ethiopia, Eritrea and Burkina Faso. In several of these examples, primarily civil society groups have engaged in a great deal of awareness raising and sensitization efforts regarding FGM, but present good examples for how governments

¹² Crown Prosecution Service, *First prosecutions for female genital mutilation* (21 Mar. 2014), available at www.cps.gov.uk/news/latest_news/first_prosecutions_for_female_genital_mutilation/.

¹³ 18 United States Code § 116 Female Genital Mutilation, available at www.law.cornell.edu/uscode/text/18/116.

¹⁴ Equality Now, *Female Genital Mutilation in the US Factsheet*, available at www.equalitynow.org/sites/default/files/EN_FAQ_FGM_in_US.pdf.

can engage in awareness raising or of the types of awareness raising programs governments could support.

A. *Awareness Raising in Kenya*

As mentioned above, Kenya recently established an Anti-FGM Board. One of its functions includes designing, supervising and coordinating a national policy towards ending FGM. The policy will include “public awareness programmes against the practice of female genital mutilation . . .”¹⁵ Equality Now continues to support the Anti-FGM Board in awareness raising efforts as well. In August, Equality Now printed 1,000 copies of the Prohibition of FGM Act that the Board circulated at the Kenya Primary School Head Teachers’ National Retreat to encourage teachers to play a role in ending FGM. Equality Now is also simplifying the Prohibition of FGM Act into language that can be understood by the public and is supporting its translation into Kiswahili to expand its reach amongst the populations in areas where FGM is prevalent. The simplified and Kiswahili versions of the Prohibition of FGM Act are intended for partners and could be used by the Anti-FGM Board during their fieldwork.

The county of West Pokot has also committed to spending Ksh100 million in the fight against female genital mutilation. Much of the funding will be used to provide scholarships for girls and so they can be involved in “educating the public and conducting other programmes” aimed at changing attitudes toward FGM and eliminating the practice. Governor Simon Kachapin has said the county is committed to supporting the education of girls.¹⁶

B. *Awareness Raising in Tanzania*

The Government has adopted a National Plan of Action on the Eradication of FGM/C (2001-2015). The government has also implemented several awareness raising and training activities in collaboration with civil society organizations. Additionally, civil society organizations on their own initiative in Tanzania have taken several measures to raise awareness about the issue of FGM. In 2014, the Legal and Human Rights Centre (LHRC), for example, identified three community radio stations operating in local languages and screened documentaries to spread messages about FGM. The LHRC works with paralegals to present on community radios about the harmful consequences of FGM. LHRC also presents anti-FGM messages through television, and has identified five television stations in the country where there are key people the organization can work with. LHRC has developed a list of journalists who have been trained on investigative journalism and human rights issues including FGM. LHRC aims to work with these journalists going forward to spread messages to the public about FGM and related human rights issues.

C. *Awareness Raising and National Policies in Mali*

In January 2014, Equality Now convened a training workshop aimed at strengthening an

¹⁵ Prohibition of Female Genital Mutilation Act No. 32 of 2011, Art. 5, available at www.kenyalaw.org/8181/exist/kenyalex/actview.xql?actid=CAP.%2062B.

¹⁶ Mathews Ndanyi, *Kenya: Sh100 Million to Fight FGM in West Pokot County*, THE STAR (19 Nov. 2014), available at allafrica.com/stories/201411190949.html.

Africa led campaign to end FGM through building the capacity of our partner/activist organizations working to end FGM. The five-day workshop brought together 29 organizations from 17 African countries¹⁷ working to end the practice of FGM in their respective communities. One of our partners, Association Malienne Pour le Suivi et l'Orientation des Pratiques Traditionnelles (AMSOPT) from Mali, shared successful strategies of working with community and religious leaders to combat FGM.

AMSOPT has found success by working with community leaders such as Imams, village chiefs and youth leaders. Our partner has reported that when community leaders denounce the practice of FGM, or religious leaders explain that FGM has no basis in religion, that attitudes change toward FGM among the communities in which they work.

In Mali, AMSOPT has also been working extensively with youth to accelerate the abandonment of FGM. On 27-28 August 2014, AMSOPT organized a workshop which targeted 100 youth (boys and girls) in Commune IV, Bamako to influence them to take a stand against FGM and initiate dialogues on it among their peers. AMSOPT used success stories from its previous youth workshops where five youth sensitized their parents and convinced them to abandon the practice protecting their younger sisters from FGM. As a result, 85 percent of the youth targeted understood that FGM is a violation of women's rights which must be stopped and pledged to support the campaign. They signed a letter denouncing the practice and developed an action plan on raising awareness on FGM among their peers. The success of the workshop was reported in the local newspaper L'Essor which highlighted the support from the education officials who pledged commitment to support the youth to continue the dialogue among the youth in Commune IV. This is another good example for governments to refer to on how to involve youth to combat the practice of FGM.

Mali's Programme National de Lutte Contre l'Excision (PNLE) has put in place a national action plan to end FGM (2008-2011), which was extended up to 2014. Following the Girl Summit held in London in 2014, the government of Mali made a commitment to adopt a new national plan of action to end FGM for 2014-2018 and to enact a law against FGM in 2018.

D. National Strategies and Policies in the United Kingdom

A 2014 FGM prevalence study in England and Wales issued by Equality Now and City University London¹⁸ shows interim provisional estimates that approximately 137,000 women and girls living in the UK were born in countries where FGM is prevalent. More detailed local authority level data are being worked on for planning and commissioning of services, to inform maternity, gynaecological and psycho-sexual care provision and for targeted advocacy with affected communities.

The Director for Public Prosecutions developed an Action Plan in 2012; and a hotline for

¹⁷ Civil society organizations from Burkina Faso, Cameroon, Côte d'Ivoire, Djibouti, Egypt, Eritrea, Ethiopia, Gambia, Ghana, Guinea, Kenya, Liberia, Mali, Nigeria, Sierra Leone, Somalia/Somaliland, and Tanzania were present at the workshop. The report from this meeting is on file with Equality Now.

¹⁸ City University London and Equality Now, *Female Genital Mutilation in England and Wales: Updated statistical estimates of the numbers of affected women living in England and Wales and girls at risk* (21 July 2014), available at www.equalitynow.org/sites/default/files/FGM%20EN%20City%20Estimates.pdf.

girls at risk of or who have undergone, FGM¹⁹ was instituted by the National Society for the Prevention of Cruelty to Children during the summer of 2013. Equality Now also worked with the UK Home Office to develop a ‘Health Passport,’²⁰ that outlines UK laws on FGM and is designed to either fit into the back of a girl’s passport or to be carried by parents who want to protect their daughter from extended family members overseas who pressure them.

E. National Strategies and Policies in the United States

In the US, in August 2012, the US Strategy to Prevent and Respond to Gender-Based Violence Globally was introduced by the US Department of State and the US Agency for International Development.²¹ It defines FGM as a form of violence against women and girls. President Obama issued an Executive Order²² calling for US implementation of this strategy. As of 2014, the US Department of State Human Rights country reports include FGM as a human rights violation and include information on how each country addresses FGM.²³

In addition, the US government made several commitments during the July 2014 Girl Summit in London,²⁴ including to undertake a nationwide study on FGM to determine how many women and girls are living with the consequences of FGM or are at risk of FGM in the US, and to send a newsletter to all US Attorney Offices setting forth guidance on investigating and prosecuting cases of FGM.

A US inter-agency working group made up of 13 agency heads, including Departments of Justice, Health and Human Services, Department of Education, and Homeland Security in October 2014 came together with civil society organizations, members of Congress, and FGM survivors as a first step to discuss the development of a national action plan to address FGM in the US and implement legislation against FGM. In addition, Equality Now is hosting a monthly meeting among advocates and civil society organizations to share information and resources among those working on issues related to FGM in the US. This will allow enhanced collaboration and communication among these organizations to address FGM.

F. Awareness Raising in Ethiopia and Eritrea

During Equality Now’s workshop for anti-FGM organizations held in January 2014, two more of our partners – Hundee from Ethiopia and National Union of Eritrean Youth (NUEYS) from Eritrea – have used similar strategies as AMSOPT to work with community and religious leaders to combat FGM.²⁵

¹⁹ Over a three month period, there were 102 calls relating to women and girls at risk of FGM – 38 of which were referred to the police for further investigation.

²⁰ *Statement opposing female genital mutilation*, Home Office (23 Nov. 2012), available at www.gov.uk/government/publications/statement-opposing-female-genital-mutilation.

²¹ US Department of State and US Agency for International Development, *US Strategy to Prevent and Respond to Gender-Based Violence Globally* (Aug. 2012), available at www.state.gov/documents/organization/196468.pdf.

²² The White House, *Executive Order - Preventing and Responding to Violence Against Women and Girls Globally* (10 Aug. 2012), available at www.whitehouse.gov/the-press-office/2012/08/10/executive-order-preventing-and-responding-violence-against-women-and-gir.

²³ US Department of State, *Country Reports on Human Rights Practices for 2013*, available at www.state.gov/j/drl/rls/hrrpt/humanrightsreport/#wrapper.

²⁴ Girl Summit Commitments, available at www.girlsummit2014.org/Commitment/Show.

²⁵ The report from this meeting is on file with Equality Now.

For instance, NUEYS started approaching religious leaders, and worked with religious leaders to spread messages disassociating FGM from religion, and that FGM is not in fact a religious requirement. Since these messages were presented to communities through religious leaders, religion ceased to be part of discussions around FGM. In a country where the primary rationale for practicing FGM has been religion, this has been effective in breaking down the justifications for the practice and contributing toward its decline. Hundee, like AMSOPT in Mali, has also found success by working with community leaders such as Imams and village chiefs to instigate attitude change toward FGM. These again are further examples that governments could look to when engaging in awareness raising and sensitization efforts regarding FGM.

G. National Strategies and Policies in Burkina Faso

While we have not worked as extensively in Burkina Faso as the other countries discussed in this report, Burkina Faso's response offers a good model to follow when addressing FGM.²⁶ It presents an effective way to holistically deal with FGM as a form of violence against women and girls, and to directly tackle the root causes of FGM. As the late Efua Dorkenoo, a leader in the global movement to end FGM and Equality Now's former Senior Advisor on FGM, and Nimco Ali wrote in 2013, "Burkina Faso has a national plan on FGM and employs multiple strategies including:

- *Political will:* The government of Burkina Faso has had a policy to end FGM since 1983 and continues to advocate strongly against the practice. At national level, it has created a secretariat, which is government-funded, to oversee work on FGM. It has a specific law banning FGM, which is enforced.
- *Multiplicity of interventions:* In addition to the enforcement of anti-FGM laws, there is involvement of several advocates from several sectors - religious leaders, members of the police force, medical professionals, teachers, youth and women's organisations. This has ensured that messages on FGM are broadly disseminated to reach the wider public. Most importantly, FGM messages are mainstreamed within existing development and reproductive programmes.
- *Outreach:* A range of resources and outreach programmes - including awareness-raising campaigns by the police and army teams, information, education, and communication projects, media exposure and a free Child Line hotline for both the public to report suspected cases of FGM and for survivors or other affected parties to receive counselling.
- *Clinic:* In addition to integrating FGM into reproductive health programmes, Burkina Faso is developing a specialist clinic to address the complications of FGM.
- *Data:* . . . Burkina Faso has up-to-date information on the prevalence on FGM, so is able to monitor trends and other behavioural factors influencing FGM through the periodic DHS surveys (Demographic and Health Surveys). It also uses these to fine-tune and continuously improve its actions."²⁷

²⁶ Efua Dorkenoo and Nimco Ali, *FGM Is Not 'Cultural': It Is Violence against Women and Girls*, THE HUFFINGTON POST (28 March 2013), available at www.huffingtonpost.co.uk/efua-dorkenoo/fgm-is-not-cultural_b_2970553.html.

²⁷ *Id.*

IV. SERVICES FOR WOMEN AND GIRLS LIVING WITH FEMALE GENITAL MUTILATION OR WHO ARE AT RISK OF FEMALE GENITAL MUTILATION

The provision of services for those at risk of FGM and those living with FGM are critical as well in order to address and prevent FGM. Those at risk of FGM need access to services, especially emergency and legal services, such as safe houses and protection orders, to avoid undergoing the practice. Those living with the consequences of FGM should also be able to access health, psycho-social and legal services. Kenya, the United Kingdom and the United States have some examples of such services. Governments can play an active role by ensuring such services are provided and accessible to those in need, and that such services are adequately funded.

A. Services in Kenya

In Kenya, there are several civil society organizations that provide services to girls living with FGM or who are at risk of FGM. Tasaru Ntomonok Initiative (TNI), for instance, has used a comprehensive approach over the last decade, which has included conducting inter-generational workshops on FGM, as well as providing shelter to girls running away from FGM, making sure they stay in school and then helping them to re-integrate into the community.²⁸

TNI has also been holding Alternative Rite of Passage (ARP) ceremonies during school holidays, which are typically seasons of mass mutilations. TNI held its most recent ARP Ceremony on 15 August 2014 at Eselenkei Girls Primary school in Narok County for 59 girls from the Maasai community. The girls graduated after completing the ARP syllabus that includes children's rights and the laws protecting them, HIV and AIDS, harmful cultural practices such as FGM, early marriage as well as dropping out of school. It also celebrates positive cultural practices of the Maasai such as dressing, language, songs as well as life skills such as how to avoid early pregnancies, sexual harassment and drug abuse. The ceremony included several county officials and the Guest of Honor was the Deputy Governor of Narok.

Last December in 2013, a season of mass mutilation, Equality Now provided our partner, Women Rights Institute for Peace (WRIP), with an emergency grant to support them in rescuing girls running away from FGM and early marriage. They were able to rescue 45 girls and move them to a safe place. In response to this and our action issued in 2013, the local county government pledged to build more shelters as a short-term strategy after receiving letters from our members all over the world.

B. Services in the United Kingdom

In November 2013, Equality Now together with the Royal College of Obstetricians and Gynaecologists, the Royal College of Nursing, the Royal College of Midwives and Unite, a health union, produced *Tackling FGM in the UK: Intercollegiate recommendations for identifying,*

²⁸ Equality Now, Protecting girls from undergoing Female Genital Mutilation – The experience of working with Maasai communities in Kenya and Tanzania (2011), available at www.equalitynow.org/sites/default/files/Protecting%20Girls_FGM_Kenya_Tanzania.pdf.

*recording and reporting.*²⁹ The recommendations call for health and social care agencies, the Department for Education and the police to integrate FGM prevention into national and local strategies for safeguarding children from FGM abuse. Several of these are now being taken up by the UK government. Also, in September 2014, the University College Hospital in London opened its first specialist clinic for child victims of FGM. Initially to be open once a month, the clinic will “offer medical treatment and psychological help to girls up to 18, who have suffered or may be at risk of FGM.”³⁰

C. Services in the United States

There are some services available to women and girls in the US who have undergone FGM. The Brigham and Women’s Hospital located in Boston, Massachusetts started an African Women’s Health Center³¹ in 1999 providing sexual and reproductive health care services to refugee and immigrant women who have undergone FGM. It was the first clinic in the US to be established that provides specialized services for women and girls who have undergone FGM, including reconstructive surgery for victims. Other similar clinics have since been established in other US states, such as the Refugee Women’s Health Clinic of the Maricopa Integrated Health System³² in Phoenix, Arizona. The American Society of Obstetricians and Gynecologists has a FGM clinical management tool available for medical practitioners to learn how to provide sexual and reproductive health care services to women who have undergone FGM.³³

Safe Hands for Girls is a nonprofit organization dedicated to helping women and girls that have gone through FGM or are at risk of going through the practice. Staff and volunteers work together with youth and women to provide them with a safe space and assist them with services including education, social services and advocacy, as they rebuild their lives in the greater Atlanta area in Georgia.

V. INFORMATION ON HEALTH PROVIDERS PRACTICING FEMALE GENITAL MUTILATION

Medicalization of FGM – the performance of FGM by medical practitioners – is unfortunately still a problem in various parts of the world. There is evidence of medicalization in Kenya, Egypt and Indonesia, and at one point there was a move toward allowing it in the United States as well.

A. Medicalization in Kenya

The NGO, 28 Too Many, has reported that medicalization of FGM is increasing in Kenya, particularly among the Kisii, even though it is prohibited under the Prohibition of FGM Act. 28 Too Many noted that “in 2003, 46% of Kenyan daughters had FGM performed by a health

²⁹ Equality Now, *Tackling FGM in the UK: Intercollegiate recommendations for identifying, recording and reporting* (Nov. 2013), available at www.equalitynow.org/sites/default/files/Intercollegiate_FGM_report.pdf.

³⁰ Emma Batha, *UK opens first clinic for child victims of female genital mutilation*, THOMSON REUTERS (22 Sept. 2014), available at uk.reuters.com/article/2014/09/22/us-foundation-britain-fgm-idUKKCN0HH0VL20140922.

³¹ See www.brighamandwomens.org/Departments_and_Services/obgyn/services/africanwomenscenter/default.aspx.

³² See refugeewomensclinic.org/.

³³ The American College of Obstetricians and Gynecologists, *Female Genital Cutting: Clinical Management of Circumcised Women*, Second Edition (2008), available at sales.acog.org/Female-Genital-Cutting-Clinical-Management-of-Circumcised-Women-Second-Edition-P349.aspx.

professional (up from 34.4% in 1998).”³⁴ However, more recent statistics estimated 19.7% of Kenyan daughters overall had FGM performed by a health professional or 27.8% of daughters in urban areas.³⁵

B. Medicalization in Egypt

Egypt saw potential roll-back recently. A member of Egypt’s parliament in 2012 expressed his view that the law banning FGM should be revoked. UNICEF reports that despite the ban on FGM, 72 percent of operations in Egypt are now performed by doctors.³⁶ One such doctor, Raslan Fadl, performed FGM on thirteen-year-old Soheir Mohamed el-Batea on 6 June 2013 following which she died. Equality Now and human rights organizations in Egypt, such as the Center for Egyptian Women’s Legal Assistance (CEWLA) and the Egyptian Coalition for Children’s Rights (ECCR), have been calling upon the Egyptian government to provide justice for Soheir and prevent further cases of FGM. In response to public pressure, the Attorney General charged both the doctor and father in her death. The trial began 22 May 2014. Unfortunately, however, on 20 November 2014, the judge acquitted both the doctor and father without providing a reason.³⁷ On 21 November 2014, the General Prosecutor of Aga submitted a request to the Appeal Court against the verdict of the first instance court, and as of this writing the appeal will be heard.

C. Medicalization in Indonesia

In Indonesia, in November 2010, the Ministry of Health passed a regulation [No. 1636/MENKES/PER/XI/2010 regarding “Female Circumcision”] legitimizing the practice of FGM and permitting medical professionals to perform it.³⁸ The 2010 regulation was revoked by a new Health Ministry Regulation No. 6 of 2014, citing the lack of health benefits of FGM. While this is a positive step, the new regulation does not expressly prohibit all forms of FGM. According to our partner Kalyanamitra, instead it disturbingly states that while no actual cutting of the female genitalia should be performed by medical personnel, any practice of FGM should be done with regard for the health and safety of the girl or woman. A complete ban is critical to educate all those involved that any form of FGM is both a human rights violation and a breach of the ethical code governing the professional conduct of doctors, nurses, midwives and other healthcare workers. Any continued medicalization of any form of FGM legitimizes the practice, thus rendering it more difficult to stop the practice. Equality Now and our partner Kalyanamitra issued an action in September 2012 calling on Indonesia to ban FGM, including by medical practitioners.³⁹

D. Medicalization in the United States

³⁴ 28 Too Many, Country Profile, FGM in Kenya (May 2013), available at 28toomany.org/media/uploads/final_kenya_country_profile_may_2013.pdf.

³⁵ *Id.*

³⁶ UNICEF, *Tackling Female Genital Mutilation/Cutting in Egypt* (2010), available at www.unicef.org/egypt/Eng_FGMC.pdf.

³⁷ Massoud Hayoun, *Egypt’s first FGM trial ends in not guilty verdicts for doctor, father*, ALJAZEERA (20 Nov. 2014), available at america.aljazeera.com/articles/2014/11/20/verdict-tbd-egyptfgmtrialstory.html.

³⁸ Minister of Health of the Republic of Indonesia Regulation Number 1636/MENKES/PER/XI/2010 on Female Circumcision, 15 November 2010, enacted in Jakarta on 28 December 2010.

³⁹ Equality Now, Action 43.1 (12 September 2012, updated 3 September 2014): *Indonesia: End government legitimization of female genital mutilation*, available at www.equalitynow.org/take_action/fgm_action431.

In the US in 2010, the American Academy of Pediatrics (AAP) issued a policy statement essentially promoting FGM by doctors here in the form of a “ritual nick” of the clitoris to “satisfy cultural requirements.” The public responded with outrage, and letters poured in to Equality Now from our members and partners around the world. Equality Now issued a press release calling on the AAP to revoke elements of its 2010 policy statement that endorses pediatricians’ “nicking” of girls’ genitalia.⁴⁰ A joint statement was issued by the World Health Organization, UNICEF and others challenging the AAP’s policy, which was then withdrawn.

VI. MAJOR CHALLENGES IN PREVENTING AND ELIMINATING FEMALE GENITAL MUTILATION

Despite progress that has been made around the world to address FGM and several good practice examples, there are still major obstacles that exist to fully eliminating FGM. Key obstacles include lack of legislation, or poor implementation of legislation in FGM-practicing countries. In Liberia and Mali, for instance, where prevalence rates are 66 percent and 89 percent respectively, there is no law against FGM.⁴¹ Based on our work with local partners, we have highlighted a multitude of challenges to addressing FGM in Kenya, Tanzania, Mali, Liberia, the United Kingdom, the United States, and other African countries. Another obstacle is that governments often leave efforts to combat FGM, such as awareness raising and education efforts as well as the provision of services for those at risk of FGM and those who have already undergone FGM, to NGOs that are small and under-resourced. There is a need for governments to play a greater role in providing such programs or services, or ensuring that such programs and services are adequately funded.

A. Challenges in Kenya

Even though Kenya has taken several steps in the past year to address FGM, the effort must be sustained for it to be effective. In the past, the law against FGM has been poorly implemented. Girls continue to be at risk of FGM and there are still reports about girls running away to escape FGM and child marriage. Many girls go to rescue centers to escape these practices, but many rescue centers are run by NGOs that are under-resourced and do not have the capacity to indefinitely house and educate all the girls seeking refuge.

Past cases have also taken a long time to go through the justice system. Such delays are especially problematic for girls seeking protection via the criminal justice system, as their trust in the system wanes, witnesses are compromised or dissuaded from testifying, and at times community pressure against formal legal action persists, threatening the girl’s safety.

In addition, there are still many people, including chiefs and law enforcement officials who are not aware of the laws against FGM and child marriage, or how to effectively implement them. Many cases of FGM or child marriage are not reported or prosecuted. When cases are brought forward, they are often not brought under the Prohibition of FGM Act or Children’s Act,

⁴⁰ Equality Now, *Equality Now Calls On AAP To Revoke Elements Of Its 2010 Policy Statement That Endorses Pediatricians’ “Nicking” Of Girls’ Genitalia*, Press Release (5 May 2010), available at www.equalitynow.org/american-academy-pediatrics-aap-advocating-us-pediatricians-perform-certain-types-female-genital-mut.

⁴¹ UNICEF, *Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change* (July 2013), available at www.unicef.org/publications/index_69875.html#.

and are brought as lesser crimes. Police and prosecutors also often prefer to use the Children's Act to prosecute cases of FGM, where the penalty is only a small fine and jail time of less than one year. However, under the Prohibition of FGM Act, violators should be jailed for three years. Law enforcement agencies are often under-resourced as well, or they lack sufficient capacity and training to effectively investigate and prosecute cases of FGM and child marriage.

B. Challenges in Tanzania

Although the government of Tanzania prohibits the practice of FGM under its Sexual Offences Special Provision Act 1998, only a handful of cases have ever reached the courts in recent years and the police are reluctant to arrest and prosecute the perpetrators.

For example, in November 2010, press reports gave an early warning signaling the planned mutilation of over 5,000 girls to take place during FGM ceremonies in the Tarime district of the Mara Region of Tanzania. Following the reports, Equality Now issued an urgent alert requesting the government of Tanzania to take immediate action to stop the mutilation of girls and to arrest the perpetrators. Although the law enforcement agencies were aware that mass mutilations were to take place, no action was taken to protect girls from undergoing the practice or arrest of any perpetrators. While a number of police stations house units to specifically address gender-based violence, including enforcement of the anti-FGM law, the police failed to protect the girls from FGM. Several girls fled for fear of being mutilated and were housed in local shelters.

It is not known precisely how many of the 5,000 girls deemed at risk of FGM in Tarime between November and December 2010 underwent the mutilation. However, reports from a field visit to the region conducted by one of Equality Now's partners, the Legal and Human Rights Centre (LHRC) - an NGO based in Tanzania – showed that from 28 November 2010 to 6 December 2010 alone, over 700 girls were mutilated. While it was common knowledge that the communities practice mass mutilation every two years, there was no attempt by the statutory and law enforcement agencies to educate the communities against FGM and to impress on them the illegality of the practice.

Recently, one of our partners in Tanzania, the Network against Female Genital Mutilation (NAFGEM), has expressed that there continue to be many obstacles to enforcing the law including corruption and manipulation from community leaders, and issues of lack of evidence or failure to give evidence by the victims. Sometimes victims are forced not to give evidence by community and family members, especially when they are very young. It is difficult for a young girl to take her mother or father to court and testify against them; it goes against their culture. Police, magistrates, and prosecutors also lack the requisite knowledge and training to enforce the law. Families and communities also change tactics of practicing FGM in response to the law. Parents used to have their girls cut around the age of 15 or 16; now they are mutilating babies so the babies are not aware of what is happening and cannot stand up for their rights.⁴² Some NGOs have also reported that the practice is increasingly being done in secret without ceremonies due to fear of

⁴² Our partner shared this insight during a training workshop convened by Equality Now aimed at strengthening an Africa led campaign to end FGM through building the capacity of our partner/activist organizations working to end FGM held in January 2014. The report from this meeting is on file with Equality Now.

prosecution under the law.⁴³

C. Challenges in Mali

Mali, like Liberia, has no law against FGM.⁴⁴ Mali's PNLE put in place a national action plan to end FGM (2008-2011), which originally indicated that an anti-FGM law would be adopted towards the end of 2014, and which Equality Now and our partners welcomed. As a result of the civil war, however, a law has still not been passed. Achievement of the government target of decreasing the prevalence of FGM to 65 percent will require intensified action that includes the enactment of and implementation of a law against FGM. The PNLE and the Ministry of Women, Family and Children have worked with stakeholders to draft an Anti-FGM bill for parliament to enact. There is a government directive in place prohibiting FGM in public health facilities (Ministry of Health's (MOH) Circular Letter N° 0019 MSPAS-SG, January 7, 1999). However, in a recent visit to Mali by Equality Now, a UN agency there argued that failure to enact a law in Mali is affecting the struggle against the practice because girls and women from neighboring countries that have banned the practice are often brought into Mali for the purpose of undergoing FGM.

A new demographic health survey to be carried out by the Government on the prevalence of FGM throughout Mali was interrupted by the March 2012 coup and ensuing hostilities. As of this writing, the data on the prevalence and forms of FGM (Type I and Type II) from the 2005 Demographic and Health Survey is the most recent official information. A new demographic and health survey is needed as soon as possible with the simultaneous goal of eliminating this harmful practice which continues to affect a very significant proportion of the population in the name of culture and tradition.

Civil society groups, including AMSOPT and Promotion des Femmes de Sabalibougou (PROFESAB), have continued to work tirelessly at the grassroots level, including by engaging with religious leaders, to sensitize communities against the practice. A law against FGM is needed to support those who want the practice to end in their community, including religious people who have committed to abandoning the practice.

D. Challenges in Liberia

In Liberia, Section 38 of the Children's Act (2011) bans "all forms of harmful cultural practices." However, despite its international, regional and national obligations, Liberia does not enforce this provision and does not have a law specifically banning FGM, which would send a strong message that FGM is a crime and must be dealt with in a comprehensive way.

Although culturally entrenched, the practice of FGM in Liberia is propagated by a politically influential female secret society known as the *Sande*, in which young girls that attend traditional *Sande* schools go through the process of indoctrination of social and traditional training

⁴³ See, e.g., 28 Too Many, *Country Profile: FGM in Tanzania* (Dec. 2013), available at bit.ly/1s21aqG.

⁴⁴ The Government of Mali in its "Comments on the concluding observations of the Human Rights Committee," (CCPR/CO/77/MLI/Add.1) (30 Nov. 2007) said it was "aware of the need to pass legislation" banning FGM and that it would be "working to develop such an instrument."

and graduate to womanhood. FGM is a key element of this indoctrination, following which the girls are considered members of the women's secret society, meaning that they are "clean" and eligible for marriage, capable of child-bearing and eventually able to hold important societal roles and offices. Until December 2011, the Liberian Ministry of Internal Affairs issued permits to the women, known as *Zoes*, who run these schools and who carry out FGM on the girls in attendance. Mrs. Marpue Speare, director of the Women's NGO Secretariat of Liberia (WONGOSOL), has stated that social and cultural circumstances in Liberia do not allow girls and women to oppose FGM or to escape, though girls sometimes resort to running away and hiding due to the lack of laws to protect them from the practice. In some cases, women and girls from non-practicing communities are forced to undergo FGM by the *Sande* society.

Equality Now has been monitoring cases of FGM around the world including in Liberia. Equality Now issued actions (petitions) regarding FGM in Liberia in 2010 and 2012. See Action 37.1 (April 2010, updated 8 July 2011): *Liberia: Ensure justice in the case of Ruth Berry Peal who was forcibly subjected to FGM*,⁴⁵ and Action 37.2 (26 June 2012, updated 12 March 2013): *Liberia: Enact a law banning FGM as a matter of urgency*.⁴⁶

The case of Ruth Berry Peal provides a candid perspective on the problem of FGM in Liberia. Ms. Peal is a wife, a mother and a member of the Kru Tribe ethnic group - a community which does not practice FGM - who was forced to undergo FGM by the *Sande* society. In January 2010, Ms. Peal had an argument with two women from the Gola ethnic group and was summoned by the Gola Chief who ruled that she be genitally mutilated despite her belonging to an ethnic group that does not practice FGM. The following day, Ms. Peal was forcibly taken from her home to the "bush" where she was genitally mutilated in an initiation ritual, was forced to take an oath of secrecy and was threatened with death if she broke the oath. She was kept in the "bush" for one month and developed health complications, which required three months of treatment following her release.

Ms. Peal filed a lawsuit against the two women who forcibly mutilated her. But because she exposed their practice, Ms. Peal along with her husband and children received threats from the Gola community and the *Zoes* of the *Sande*. In July 2011, the two women were found guilty of kidnapping, felonious restraint and theft of property and were sentenced to three years imprisonment. However, the defendants appealed the judgment and were released on bail. On 24 January 2013, the court dismissed their appeal on the grounds that "the defendants did not file an approved bill of exceptions or did not secure the approval of the trial judge on the purported bill of exceptions." On 26 February 2013, the court issued a letter commanding the Sheriff of Montserrado to arrest the defendants.

Although Ms. Peal has finally gotten justice for being forcibly mutilated, almost two years later the government has still failed to arrest and jail the perpetrators in order for them to serve their three-year sentence, and effective measures have not been taken to protect Ms. Peal and her family. The perpetrators remain at large while Ms. Peal continues to be threatened by members of

⁴⁵ Equality Now, Action 37.1 (24 March 2011, updated 8 July 2011): *Liberia: Ensure justice in the case of Ruth Berry Peal who was forcibly subjected to FGM*, available at www.equalitynow.org/take_action/fgm_action371.

⁴⁶ Equality Now, Action 37.2 (26 June 2012, updated 12 March 2013): *Liberia: Enact a law banning FGM as a matter of urgency*, available at www.equalitynow.org/take_action/fgm_action372.

the *Sande* society and supporting traditional leaders in response to bringing her case before a court. In the absence of protective measures provided by the government, for a while Ms. Peal had to relocate away from her home and family in Bomi to Monrovia for safety reasons. Even though she is back in Bomi with her family, she continues to face stigma and abuse from members of the community including the convicted women who accuse her of destroying their tradition.

In June 2011, Equality Now met with the Liberian Minister of Internal Affairs regarding Ms. Peal's case and ending FGM in Liberia. During the meeting he indicated that he would stop the issuance of FGM permits and would work with the Ministry of Justice to draft a law banning FGM. In November 2011, the Government took steps towards ending FGM by persuading *Sande* leaders to suspend all *Sande* activities and condemned all forms of forcible initiation into the *Sande* and a ceremony to mark the event took place in the presence of the Liberian President Ellen Johnson Sirleaf. Subsequently in January 2013, the Ministry of Internal Affairs issued a notice to all counties directing that all *Sande* activities be shut down and underlined that violators would be held liable. This action was further reinforced by a second General Circular released in June 2014, which suspended all *Sande* and *Poro* (another secret society) activities for ninety days while their licenses and registration were under review and reaffirms the General Secular No. 12 of January 15, 2013 prohibiting the induction of any person into a "cultural practice or traditional ritual" without supervision by the Ministry of Internal Affairs.

Despite the alleged ban on *Sande* activities, according to our partners, *Sande* activities including FGM continue to be carried out. Women in practicing communities have little choice but to adhere to tradition if they are to be considered full members of the community. According to our Liberian partner, the Women of Liberia Peace Network (WOLPNET), survivors also do not feel comfortable or safe reporting cases of FGM to the police because they are intimidated by traditional leaders.⁴⁷ Women from non-practicing communities such as Ruth Berry Peal may also be forced to undergo this practice. If the Liberian government were to pass a law against FGM and effectively implement that law, the government would send a strong message that FGM must come to an end.

E. Challenges in the United Kingdom

Implementation of the law against FGM through prosecutions remains a challenge in the UK. The UK government is in the process of amending the FGM law to address this challenge. Ten out of a possible twelve cases have been dropped by the Crown Prosecution Service due to insufficient evidence and loopholes in the law. The new amendment will address all loopholes including parents' duty to prevent their daughters from being subjected to FGM.

F. Challenges in the United States

In the US, while the government has taken nascent steps to address FGM, domestic responses to FGM are still inadequate. Firstly, the statistics available about FGM in the US are

⁴⁷ Equality Now's partner shared this during a training workshop convened by Equality Now aimed at strengthening an Africa led campaign to end FGM through building the capacity of our partner/activist organizations working to end FGM held in January 2014. The report from this meeting is on file with Equality Now.

extremely limited. In 1997, the US Department of Health and Human Services estimated that over 168,000 girls and women living in the US have either been, or are at risk of being, subjected to FGM. In 2000, the African Women's Health Center at Brigham and Women's Hospital estimated that 227,887 women and girls were at risk of being subjected to FGM in the US that year. Fortunately, however, the US has committed to issuing updated statistics by the end of 2014.

Secondly, while there have been only a couple of reported cases of FGM in Georgia (in 2003 and 2010), anti-FGM activists in the US have heard from community members about American girls from practicing communities being subjected to FGM when they are on vacation in their parents' countries of origin, when circumcisers are brought into the US to cut girls, or in some cases by doctors in hospitals in the US. This is despite the fact that the 2013 US federal law, as well as the laws of several US states, makes it illegal to perform FGM in the US or to transport a girl out of the US for purpose of undergoing FGM (a practice known as "vacation cutting").⁴⁸

Finally, the US also does not have a comprehensive action plan to address FGM. Equality Now has helped inform US policy on FGM and continues to advocate with FGM survivors for a comprehensive approach to effective implementation of US laws and policies against FGM. Along with FGM survivor and activist Jaha Dukureh, Equality Now recently supported a Change.org petition which gained over 200,000 signatures, calling on President Obama to develop a comprehensive strategic plan to end the practice in the US, and to provide services to those who have already been subjected to FGM. Developing such a national plan and ensuring the effective provision of services would go a long way to address the practice of FGM in the US.

In addition, in major cities many services are readily available for women and girls who have undergone FGM, but it is difficult for women and girls to access such services in more remote areas. For example, in Georgia, it is difficult to find a doctor who can provide services and proper medical care to a woman who has undergone FGM and is pregnant. Many medical practitioners do not know how to provide targeted care for a woman who has undergone FGM, and more medical practitioners need education on this issue. It is important that the US update the prevalence statistics, ensure the laws are effectively enforced, and develop a national action plan to address FGM in the US.

G. Challenges in Other African Countries

As mentioned above, in January 2014, Equality Now convened a training workshop bringing together 29 organizations from 17 African countries⁴⁹ working to end the practice of FGM. During this workshop, several organizations noted that implementation of laws against FGM was a major challenge. An organization from Burkina Faso, Voix de Femmes, noted for example that the law provides that cases of FGM should be referred to a national board on FGM for prosecution, but in practice cases are not always reported and when they are reported circumcisers are rarely apprehended. Another organization from Côte d'Ivoire, the Organisation Nationale Pour l'Enfant, la Femme et la Famille (ONEF), also noted that even though a law was

⁴⁸ Equality Now, *Female Genital Mutilation in the US Factsheet*, available at www.equalitynow.org/sites/default/files/EN_FAQ_FGM_in_US.pdf.

⁴⁹ Burkina Faso, Cameroon, Côte d'Ivoire, Djibouti, Egypt, Eritrea, Ethiopia, Gambia, Ghana, Guinea, Kenya, Liberia, Mali, Nigeria, Sierra Leone, Somalia/Somaliland, and Tanzania.

enacted criminalizing FGM in 1998, many people including the police are still not aware of the law, and thus there are very few prosecutions – it was only in 2012 that the first person was convicted under this law. Other organizations from Egypt, Niger, Guinea, Mali, Kenya and Tanzania shared these sentiments as well, emphasizing a need for education and awareness raising about existing laws, particularly for law enforcement and other actors within the judicial system responsible for implementing the law such as judges and prosecutors.

One of our Ghanaian partners, the Ghanaian Association for Women’s Welfare (GAWW) noted it is difficult to report cases of FGM. She gave an example of one case in which seven girls underwent FGM and community watchdogs reported this to the police station. However, the police arrested the girls rather than the parents or circumcisers. The regional director of health services had to intervene to have the girls released and given treatment. After that no effort was made to arrest the parents or circumcisers.

One of our Liberian partners, Women Solidarity, Inc. (WOSI) also noted there is very limited funding for civil society organizations to engage in efforts to combat FGM such as through awareness raising, education and sensitization efforts as well as to provide services to women and girls at risk of FGM or who have undergone FGM. Increased funding and resources are needed for such organizations to be able to continue to carry out their work effectively.

VII. CONCLUSION AND SUMMARY RECOMMENDATIONS

Equality Now respectfully requests OHCHR to recommend the following to member states as good practices for eliminating and preventing FGM:

A. Legislation Banning Female Genital Mutilation

- 1) Enact and enforce a comprehensive law prohibiting FGM, including performance by health providers, if none exists.
- 2) Law enforcement officials must work together with local NGOs and service providers to ensure laws against FGM are effectively implemented with proper investigation and prosecution of violations, accompanied by strong penalties.
- 3) Law enforcement offices, police stations, and particularly gender desks in police stations must have adequate logistical support, capacity and training in issues concerning FGM in order to effectively implement the laws against FGM.
- 4) Ratify regional and international human rights instruments and report to the relevant treaty-monitoring bodies on the issue of FGM.

B. National Policy and Regional Strategies Including Education and Awareness Raising Campaigns

- 5) Awareness-raising and education campaigns are conducted to change cultural perception and beliefs on FGM and child marriage and acknowledging the practices as human rights

violations with harmful consequences. Implement education and training for front line professionals such as teachers and healthcare providers on how to deal with FGM.

- 6) Government agencies, such as the Anti-FGM Board in Kenya, should be adequately funded and fully constituted.

C. Services for Women and Girls Living with FGM or Who are at Risk of FGM

- 7) Immediate steps are taken to protect, and provide support (such as helplines), health care, legal services, counseling and shelter to, girls escaping FGM or who have been subjected to FGM and to ensure that at-risk girls are not subjected to FGM at any time and in particular during the school holidays. Governments should anticipate mass mutilation during FGM seasons and allocate additional resources to the statutory agencies responsible for child protection.
- 8) National and local authorities and law enforcement officials work with chiefs and leaders from practicing villages and practicing communities to put into place protective measures within at-risk communities to protect girls from FGM, and to ensure that they are able to continue their education.

D. Information on Health Providers Practicing Female Genital Mutilation

- 9) National efforts to eradicate the harmful cultural practice of FGM are well coordinated to ensure that all sectors are working effectively and collaborating where necessary with civil society. Joint working protocols across social services, health, education and the voluntary sector should be put into place to prevent and protect girls from undergoing FGM, including by health providers. These institutions should convene stakeholders meetings together with civil society to discuss positive synergies and collaboration to work collectively on anti-FGM initiatives.
- 10) Conduct ongoing prevalence studies on FGM in non-practicing countries to understand the extent of the issue and monitor progress.